**Screener Instructions**:

This is designed to help guide your conversation, and space is provided to take notes. Use the following best practices:

* Introduce yourself, your agency and your role
* Assure confidentiality
* Client choice –
  + Responses are not necessary
  + The more information provided, the more creative the options can be
* Encourage questions/concerns/complaints along the way – answer/address/direct to appropriate staff as needed
* Remind the household that completion of any screening does not guarantee housing
* This process is the beginning step to look at what type of resources within the suburban metro counties (Anoka, Scott, Carver, Dakota, and Washington) might help them find and stay in housing
* Before beginning:
  + Do you have any questions before we begin?

**COVID-19 Survey – MN – Do you recommend we add this?**

|  |  |
| --- | --- |
| **Date of Survey:** | |
| In the last two weeks, have you been in close contact with anyone who is experiencing fever, new or worsening cough, and shortness of breath (symptomatic or likely have COVID-19)? | ☐ Yes ☐ No |
| Have you been asked or chosen to keep yourself away from others (quarantine) because you’ve been in contact with others who likely have COVID-19? ☐ Yes ☐ No | If yes, have you kept yourself away from others (quarantined) since that time?  ☐ Yes ☐ No |
| Staff use: Was the client screened for COVID-19 symptoms? | ☐ Yes ☐ No |
| Are you currently experiencing any symptoms consistent with COVID-19 (fever, new or worsening cough, shortness of breath)? ☐ Yes ☐ No | If yes, date symptoms began: If yes, were you tested for COVID-19?  ☐ Yes ☐ No |
| If yes, outcome of COVID-19 test results once received?  ☐ Confirmed COVID-19 ☐ Negative | Date symptoms ended: |
| Have you been asked or chosen to stay away from others (isolate) because you have or likely have COVID-19?  ☐ Yes ☐ No | If yes, have you kept yourself away from others (isolate) since that time? ☐ Yes ☐ No  Date isolation ended: |

***Screener Information:***

|  |  |
| --- | --- |
| **Location**: | **Name**: |
| **Phone**: | **Email**: |

*Client Information*:

|  |  |
| --- | --- |
| Name (First, M.I., Last): | DoB: |
| SSN: | Veteran Status: |
| Phone: | Email: |
| Race: | Ethnicity: |
| MA Status: Active Likely Eligible  Likely not eligible | County of Primary Residence: |
| Disability? (Question from Step 2) | SMI? (Question from Step 2) |

*Household (HH) Information:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| HH Size: | HH Type | Family:☐ | Single:☐ | Youth:☐ |
| # of Adults (18+): | # of Children (17 and under): | | | |

***Active Listening:*** Allow the person to tell their story about their housing crisis

***Recent Housing History***: During the last seven (7) days, where have you been sleeping?

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Length of Stay** | |
| Was the client continuously homeless (MN) for at least one year? *Yes* ☐ *No* ☐ | |
| Number of times the client has been homeless (MN) in the past three (3) years: | *1*: ☐ *2*: ☐ *3*: ☐ *4 or more*: ☐ |

***Homeless Category***: This housing summary indicates that the client:

|  |  |
| --- | --- |
| **Housing Situation** |  |
| Current Living Situation |  |
| If living in Place not meant for habitation – “If there was an emergency shelter bed available, would you take it?” | *Yes* ☐ *No* ☐ Depends |
| Is Long Term Homeless (LTH) | *Yes* ☐ *No* ☐ |
| Is anyone CURRENTLY trying to harm you, control your daily activities, resources, and/or documents, or force you to do things you do not want to do? | *Yes* ☐ *No* ☐ |

**Crisis Resolution Plan**

Things to consider: *Is it safe? What is the timeline? What does it look like? Have you tried something like this before? What resources do you need? If this doesn’t work, what is the backup plan?*

|  |
| --- |
|  |

**Housing Stabilization Questions**

1. Housing instability: Is the person experiencing housing instability?
2. Communication: Does this person need support communicating their needs to help with housing?
3. Mobility: Does this person need support getting around to help with housing?
4. Decision-making: Does this person need support in decision making related to their housing?
5. Managing challenging behaviors: Does this person need support managing challenging behaviors to help with housing?

Referrals/Services Provided:

🞎 Basic needs (i.e., food, material goods)

🞎 Childcare assistance or subsidy

🞎 Criminal justice and legal assistance

🞎 Education

🞎 Employment

🞎 Food stamps or Benefits Card (SNAP)

🞎 Medicaid

🞎 Mental health counseling

🞎 Money management counseling

🞎 Physical health

🞎 Substance abuse counseling

🞎 MFIP Assistance

🞎 Financial

🞎 Other (specify):

☐Housing Stabilization Eligibility Documentation

☐Prevention resources

☐Vet Registry

***Crisis Resolution Plan Outcome:***

Notes:

|  |  |
| --- | --- |
| Staying with family/friend | Returning to previous housing ☐ |
| Place not meant for habitation | Emergency shelter |
| Continued Housing Navigation ☐ | CES Step 2 housing assessment ☐ |

MA Eligibility: <https://mn.db101.org/mn/programs/health_coverage/medicaid-magi/program2.htm>

Income-based MA:

1. If your family’s income is at or under **138% of the** [**Federal Poverty Guidelines**](https://mn.db101.org/glossary.htm#_q1986) (FPG) ($17,609 for an individual; $36,156 for a family of four), you may qualify for income-based Medical Assistance (MA).
2. Any **children under 19 or pregnant women** in your family may be able to get income-based Medical Assistance (MA) coverage as long as your family’s income is at or under **280% of FPG** ($73,360 per year for a family of four). Note: For the purposes of calculating a pregnant woman’s family income, the unborn baby is counted as a family member.

Disability-based MA (for folks meeting Social Security definition of disability):

1. Disability-based MA doesn’t count all of your [earned income](https://mn.db101.org/glossary.htm#_q847), so you may make more and still qualify. Furthermore, people with disabilities who work and have higher income may qualify through MA-EPD.
2. You need certain services for people with disabilities, such as some [Home and Community-Based Services](https://mn.db101.org/glossary.htm#_q1969) (HCBS).
3. You also get [Medicare](https://mn.db101.org/glossary.htm#_q2012). Usually, income-based Medical Assistance (MA) isn’t available to people getting Medicare, but disability-based Medical Assistance (MA) is. It may even help pay your monthly Medicare [premiums](https://mn.db101.org/glossary.htm#_q2159).