Housing Screening Form

The following questions are about your housing and service needs to determine your eligibility for various housing that you may qualify for. Please answer all questions honestly and to the best of your knowledge.

Name______________________________

Are you a US citizen or legal resident? □ Yes □ No □ NA

How many individuals are in your household including yourself? _____ # of adults? ___ # of children? ___

If you are a woman, are you currently pregnant? □ Yes □ No □ NA

Are you in need of housing to reunite with your children? □ Yes □ No □ NA

What is your age range? □ 12-17 □ 18-20 □ 20-24 □ 25-54 □ 55-61 □ 62+

If age 24 or under, have you ever been in the foster care system? □ Yes □ No □ NA

Where did you sleep last night? □ Emergency Shelter □ Streets/Car □ Transitional Housing
□ Hospital/Treatment □ Hotel/motel □ Other (specify)__________________

Do you have a discharge date (date when you must leave)? □ Yes □ No If yes, when?_________________________

Which county do you currently reside in? □ Douglas □ Sarpy □ Pottawattamie □ Other

How long have you resided in that county? _______________________

How long have you been homeless this episode (in shelter or on streets)? ___________

How many separate times have you been homeless in the last three years? ___________

Do you currently have any income? □ Yes □ No If yes, please list the monthly amount:

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
<th>Source</th>
<th>Amount</th>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Earned Income</td>
<td>Unemployment</td>
<td>Child Support</td>
<td></td>
<td></td>
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<tr>
<td>Armed Forces</td>
<td>SSI/ SSDI</td>
<td>Other</td>
<td></td>
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<tr>
<td>Pension/Retirement</td>
<td>TANF/ ADC</td>
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</tbody>
</table>

Have you ever served in the US Armed Forces? □ Yes □ No

If yes, were you discharged honorably? □ Yes □ No □ NA

Are you currently on the waitlist for a housing subsidy (Sec 8, GA)? □ Yes □ No If yes, what? ___________

Do all adults in the household have an ID? □ Yes □ No

Do all household members have S.S. cards and birth certificates? □ Yes □ No

For Guests to complete on their own if possible:

Have you ever had any criminal charges pressed against you? □ Yes □ No

Were any of the charges a felony? □ Yes □ No □ NA

Were any of the charges related to drugs or a violent crime? □ Yes □ No □ NA

Are you or should be listed as a sex offender? □ Yes □ No □ NA

Do you have any past or present mental health diagnosis? □ Yes □ No

Have you ever in your life had an addiction to drugs or alcohol? □ Yes □ No

Do you have any long-term physical health conditions? □ Yes □ No
Have you ever tested positive for HIV/AIDS?  
☐ Yes  ☐ No

Are you currently or have you recently been in a relationship where domestic violence was present?  
☐ Yes  ☐ No
If yes are you in imminent danger  
☐ Yes  ☐ No

FOR HOUSING SPECIALIST TO COMPLETE

IF WOMAN OR FAMILY GO TO:
☐ Metro Home Base  ☐ Completed  ☐ Bethlehem House  ☐ Completed
☐ MICAH  ☐ Completed

IF SINGLE MALE GO TO:
☐ Vulnerability Index (VI)  ☐ Completed  ☐ Veterans Affairs  ☐ Completed
☐ Heartland Family Service  ☐ Completed  ☐ Youth Emergency Services  ☐ Completed
☐ The Salvation Army  ☐ Completed

OTHER HOUSING PROVIDERS TO GO SEE:
☐ Siena Francis House  ☐ Completed
☐ Community Alliance  ☐ Completed
☐ Douglas County G.A.  ☐ Completed
☐ Douglas County Housing  ☐ Completed
☐ Omaha Housing Authority  ☐ Completed
☐ Open Door Mission  ☐ Completed
☐ Oxford House  ☐ Completed
☐ Stephen Center  ☐ Completed
☐ MOHM’s Place  ☐ Completed
☐ Family Housing Advisory Services  ☐ Completed

GOALS FOR CLIENTS TO FOLLOW UP ON WITH CASE MANAGER
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