**CHEMUNG COUNTY HOMELESS PRE-SCREENING FORM**

DRAFT 11/28/17

Referral Agency**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Pre-screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Completing Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Consumer Information**

1. First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Also known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last 4 Numbers of Social Security: \_\_\_\_\_ \_\_\_ \_\_\_\_\_\_
3. Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. If we need to find you where do you typically spend your time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently seeking housing services? ☐ Yes ☐ No
2. Are you currently homeless (living in a shelter, hotel/motel paid by DSS, or on the street)? ☐ Yes ☐ No
3. Where did you sleep last night? Briefly explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently, residing in, or trying to leave a domestic violence situation where you feel threatened or fearful?

☐ Yes ☐ No

1. Do you have a safe family member who you can stay with for the night? ☐ Yes ☐ No Briefly explain**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code: \_\_\_\_\_\_\_\_\_­­ Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you served one active day of duty in the military? ☐ Yes ☐ No Discharge Status if known: \_\_\_\_\_\_\_
2. If you answered Yes to Question 11, please indicate which branch of the military you’ve served active duty in.

☐ Army ☐ Air Force ☐ Navy ☐ Marines ☐ Coast Guard ☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

I authorize the Chemung County Department of Social Services to share the information collected on this form with the agency checked below to help me gain housing services. This information may be faxed to the agency to alert them of this referral. This consent pertains to this form only.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Check preferred referral agency. Fax a copy of this form to agency. Give form to customer to take with them.

**Note:** Individual must sign form to authorize faxing of form.

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| **The Samaritan Center**  380 South Main Street, Elmira  Phone 734-4898  Hours: M-F, 8:30–4:30, closed 12-1  After hours or weekends, go to **Second Place East Shelter** 605 College Avenue, Elmira  Phone 732-5954 | **Domestic Violence Safe House**  Salvation Army  Phone 732-1979 |
| Samaritan Center Fax 734-1213 | Safe House Fax xxxxxxx |