## Diversion Assessment Tool: Hamilton's Men's Emergency Shelters 2018

Staff Name:	
Client First and Last Name:	
Source of Income:	
Contact number/email:	
HIFIS ID:	DOB: MM / DD / YYYY
Date: MM / DD / YYYY	Time: 00 : 00 AM / PM
**Common Consent Signed**	

## **Opening Script**

We have introduced a new process to help you find a safe and appropriate alternative to staying in emergency shelter. Our goal is to learn more about your specific housing situation **right now** and what you need so that **together** we can identify the best possible way to get you a place to stay tonight and to find safe and appropriate permanent housing as quickly as possible. That might mean staying in emergency accommodation tonight, but we want to avoid that if at all possible.

- 1. A) Why are you seeking shelter today? Screen for safety/ Physical Safety
  - B) What are all the other things you tried before you came?
  - C) What are all the other things you have thought about trying but have not tried yet?

2. Where did you stay last night? Could you stay there for 3-7 more days?

3. Any reason why you can't stay there longer?

4. Could you go back if we provide help and referrals to find permanent housing? If no, why not?

5. If you can't go back there, is there somewhere else you could stay?

6. What is making it hard for you to find permanent housing?

7. What resources do you have right now that could help you? Is anyone else helping you right now?Ie. Housing program, faith group, mental health, etc.

8. If admitted to shelter, you still have to look for housing. What is your plan to find housing?

## CASE MANAGER - OFFICE USE ONLY

9. Please circle outcome :

Diverted or Not Diverted or Decline Diversion Assistance\*

\*\* \*( i.e. already has a unit or someone to stay with but wants to stay in shelter)

**10.** Did you use flex funds for diversion? Please circle: Yes or No Amount:

If yes, please explain what the flex funds were used for.