



ST. JOHN'S COORDINATED ACCESS

PRE-SCREENER

Consent to collection & disclosure of personal info must be signed before this form is completed.

Please ensure that you're familiar with the CA Pre-Screener Information Sheet before filling out this form. Note that prevention/diversion measures must be exhausted prior to referral into CA.

1. Individual (or head of household) name: _____

2. Please indicate the individual or family's current homelessness status:

- Chronic homelessness** – Continually homeless for a year or more OR 4+ episodes of homelessness in the past 3 years, due to complex and persistent barriers related to health, mental health, and substance use
- Episodic homelessness** – Homeless for less than a year AND <4 episodes of homelessness in the past 3 years, due to complex issues such as addictions or family violence
- Transitional homelessness** – Homeless for the first time OR <2 episodes of homelessness in the past 3 years, generally due to economic or housing challenges, requiring minimal and one-time assistance
- Imminent risk of homelessness** – Housed, but do not have safe and appropriate housing for at least two months and do not have the resources or support networks necessary to avoid homelessness
- None of the above, please specify:** _____

3. What is the individual or family's current housing situation?

<input type="checkbox"/> Institution – health (including addiction treatment) <input type="checkbox"/> Institution – corrections GO TO QUESTION 4	<input type="checkbox"/> Housed <input type="checkbox"/> Couch surfing (i.e. staying with friends/family/others) <input type="checkbox"/> Group home GO TO QUESTION 5	<input type="checkbox"/> Shelter <input type="checkbox"/> Rough sleeping (i.e. outside, car) GO TO QUESTION 6
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4. Do you have a safe and stable housing situation to return to?

Yes **GO TO QUESTION 5**

No **FILL OUT BELOW, THEN GO TO QUESTION 6**

Please indicate, and explain, imminent safety and/or stability concerns:

5. Is your housing situation a safe and stable place to live for at least two months?

Yes **DIVERT**

No **FILL OUT BELOW, THEN GO TO QUESTION 6**

Please indicate, and explain, safety and/or stability concern(s):

6. What has been tried already? Specify at least 3 attempts. Please indicate the outcome.

Attempts:

- Housing search support
- Landlord mediation
- Financial mediation (budgeting, credit counselling)
- Temporary stay with family or friends until housing
- Temporary emergency shelter until housing is found
- Home care supports
- Income resources (Income Support, CPP, OAS etc.)
- Food bank, clothing, furniture support referrals
- Employment support referrals
- Access to community agency support services
- Referrals for mental health, trauma, substance use
- Referrals to address family/relationship breakdown
- Referrals to address behavioral issues

Outcomes:

Other Attempts:

Outcome:

Referral Agency: _____

Referral Contact: _____

Signature: _____

Date: _____

Phone: _____

Email: _____

***Upon completion, please send the Pre-Screener to ca-ehsj@stjohns.ca**

*To inquire about the status of a completed Pre-Screener, please contact:
Justin Mahon, Coordinated Access Support Worker
709-699-1316 or jmahon@stjohns.ca

EHSJ (CA) ONLY

Diverted

Screened in