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| **DIVERSION ASSESSMENT** | | | | | | | | | | | | | | | | | |
| **Screening**:  Phone  In Person  **Date:**       (dd/mm/yy)  **Staff Name:**       (first & last) | | | | | | | **Facility:**  Wilkinson Road Shelter  Cawthra Road Shelter  Peel Family Shelter  Brampton Queen Street Youth Shelter | | | | | | | | | | |
| **CLIENT INFORMATION** | | | | | | | | | | | | | | | | |
| **First Name:**       **Last Name:**  **Date of Birth**      (dd/mm/yy)  **Phone Number:**       **Email:**  **Best time of day and method to contact you:** | | | | | | | | | | | | | | | | |
| **SAFETY** | | | | | | | | | | | | | | | | |
| **Are you currently safe?** | | | Yes | | | | | | | | No       (*please explain and stop screening to address safety concern)* | | | | | |
| **Do you need police, fire or ambulance right now?** | | | Yes       (*please specify)* | | | | | | | | No | | | | | |
| **Are you fleeing abuse?** | | | Yes       (*please explain)* | | | | | | | | No | | | | | |
| **SCRIPT** | | | | | | | | | | | | | | | | |
| *“We have introduced a new process to help people find alternative housing solutions and avoid the need to access emergency shelter. Together we can determine if you can safely live elsewhere while looking for a new home in the community. We will work in partnership with you to find suitable housing and connect you with helpful resources. Can I ask you a few questions? It will take about 5-10 minutes.”* | | | | | | | | | | | | | | | | |
| **Do you agree to work with me?** | | | | | Yes | | | | | | | No       (*please explain)* | | | | |
| **FUNDING** | | | | | | | | | | | | | | | | |
| **What is your income source?** *(Include monthly amount & fill out the total)* | | | | | | | | | | | | | | | | |
| OW  ODSP  OSAP  CAS  No Income | | CPP  CPP Disability  OAS  Pension | | | | | Employed  *(FT, PT, casual)*  EI  WSIB | | | | | | | Child Tax Benefit  Child Support  Spousal Support  Other      *(please specify)* | | |
|  |  | | | | |  | | | | | | **TOTAL INCOME** | | | | |
| **HOUSING** | | | | | | | | | | | | | | | | |
| **Where are you currently staying or where did you sleep last night?** | | | | | House/ apartment/ room  Renting  Own | | | | | | | With family or friend  Hotel/ motel  Other       (*please explain)* | | | | |
| **Are you able to stay in your current living situation for the next 24-48hrs?** | | | | | Yes   * How much longer can you stay there?     (*please explain)*   No       (*please explain)*   * Is there somewhere you could stay for the next 24-48hrs?      (*please explain)* | | | | | | | | | | | |
| **What brought on your housing crisis?** | | | | | | | | | | | | | | | | |  | |  |
| Relationship breakdown  Domestic violence  Foreclosure of rental property  Living in household that has been condemned, unsafe or under repair  Problem with landlord   * Is mediation needed?   Yes  No | | | | | | | | | Utilities have been or will be disconnected   * Are funds available for arrears?   Yes       (*please explain)*  No  Other       (*please explain)* | | | | | | | |  | |  |
| At risk of eviction  *(if selected, proceed to questions below).* | | | | | | | |
| **Did you pay this month’s rent?** | | | | | | Yes | | | | | | | | | No | |  | |  |
| **Did you pay last month’s rent?** | | | | | | Yes | | | | | | | | | No | |  | |  |
| **Have you had a Landlord Tenant Board Hearing?** | | | | | | Yes       (*please explain)* | | | | | | | | | No | |  | |  |
| **Have you received a Sherriff’s notice?** | | | | | | Yes      (*please explain & list paperwork to bring to shelter)* | | | | | | | | | No | |  | |  |
| **What do you need in order to stay in your current living situation for the rest of the month?** *(Do not read list to client, allow client to verbally describe needs).* | | | | | | | | | | | | | | | | |  | |  |
| Referral to OW for financial assistance  Food (cards, food bank)  Transportation (gas card, bus tickets, taxi)  Clothing Voucher  Utility assistance  Furniture | | | | | | | | | Mediation (landlord, family, friend)  Housing search support  Referral to counselling or reconciliation  Referral for mental health services  Referral for addiction services  Other      (*please specify)* | | | | | | | |  | |  |
| **Have you secured a place to live for next month?** | | | | | | | | Yes       (*please explain)* | | | | | | | | No |  | |  |
| **Do you have any other supports or workers that are helping you at this time?** | | | | | | | | Yes       (*please explain)* | | | | | | | | No |  | |  |
| **TRANSPORTATION** | | | | | | | | | | | | | | | | |
| **What kind of transportation do you use?** *(Select all that apply)* | | | | | | | | | | | | | | | | |
| Public Transit | By foot | | | Personal vehicle | | | | | | Family/ friend | | | Other      *(please explain)* | | | |
| **FOLLOW UP** | | | | | | | | | | | | | | | | |
| **Next appointment date:**       (dd/mm/yy) **Time:**       ( \_\_:\_\_ am/pm)  **Worker:**  **Next Steps:** | | | | | | | | | | | | | | | | |
| **Diversion Worker to arrange a time to contact the client for further assistance. Diversion Worker to provide business card.** | | | | | | | | | | | | | | | | |
| **COMMENTS** | | | | | | | | | | | | | | | | |
| **Comments:** | | | | | | | | | | | | | | | | |