HMIS DIVERSION FORM for Households Seeking Shelter or Emergency Housing

 HMIS DATA PRIVACY NOTICE, ACKNOWLEDGEMENT, AND ROI PROCESS COMPLETED?  YES  NO

HEAD OF HOUSEHOLD (HoH) NAME (first, middle initial, last, suffix)

|  |
| --- |
|   full  partial |

START DATE (date of conversation) PHONE NUMBER SOCIAL SECURITY NUMBER (HoH)

|  |  |  |
| --- | --- | --- |
|  / / |  | ( ) -  |

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VETERAN STATUS DATE OF BIRTH (HoH) HOUSEHOLD SIZE (include HoH)

|  |  |
| --- | --- |
|  **Yes** | Served Active Duty in the US Military |
|  **No** | Did Not Serve Active Duty in the US Military |

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|  / / |

 # of adults:

 # of children:

  full  approx. or partial ETHNICITY (HoH) PRO-NOUNS (HoH)

|  |  |
| --- | --- |
|  Non-Latino / Non-Hispanic |  |
|  Latino / Hispanic |  |

|  |
| --- |
|  He/Him  She/Her  |
|  They/Them  Other |

|  |  |  |
| --- | --- | --- |
|  American Indian or Alaskan Native (AI / AN) |  |  Male |
|  Black / African American (B) |  |  Female |
|  Native Hawaiian / Other Pacific Islander (NH) |  |  Transgender female to male (Transgender man) |
|  Asian (A) |  |  Transgender male to female (Transgender woman) |
|  White (W) |  |  Gender Non-conforming |

RACE (HoH) Check all that apply. GENDER (HoH)

CURRENT LIVING SITUATION

(Complete separately for each adult if adults were living in different living situations)

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| --- |
| Homeless Situations |
|  Place Not Meant For Human Habitation |  Emergency shelter, including hotel or motel paid for **with** emergency shelter voucher or RHY-funded Host Home shelter |  Safe Haven |
| Institutional Situations |
|  Foster care home or foster care group home  |  Long-term care facility or nursing home |
|  Hospital (Non-psychiatric) |  Psychiatric hospital or other psychiatric facility |
|  Jail, prison or juvenile detention facility |  Substance abuse treatment facility or detox center |
| Temporary and Permanent Housing Situations |
|  Hotel or motel paid for **without** emergency shelter voucher |  Rental by client, with RRH or equivalent subsidy |
|  Residential project or halfway house with no homeless criteria |  Rental by client, with HCV voucher (tenant or project based) |
|  Staying or living in a friend’s room, apartment or house |  Rental by client in a public housing unit |
|  Staying or living in a family member’s room, apartment or house |  Rental by client, no ongoing housing subsidy |
|  Rental by client, with GPD TIP subsidy |  Rental by client, with other ongoing housing subsidy |
|  Rental by client, with VASH housing subsidy |  Owned by client, with housing subsidy |
|  Host Home (non-crisis) |  Owned by client, no housing subsidy |
|  Transitional housing for homeless persons (including homeless youth) |  Permanent housing (other than RRH) for formerly homeless persons |

Was the household DIVERTED AWAY from shelter or emergency housing?

 NO- STOP here & move forward with the Coordinated Entry process.

 YES- Complete the sections below to specify how the household was diverted.

HOUSING DESTINATION (HoH) (Select ONE)

|  |  |
| --- | --- |
| Institutional Situations | Temporary and Permanent Housing Situations |
|  Foster care home or foster care group home |  Residential project or halfway house with no homeless criteria |
|  Hospital or other residential non-psychiatric medical facility |  Hotel or motel paid for **without** emergency shelter voucher |
|  Jail, prison, or juvenile detention facility |  Transitional housing for homeless persons (including homeless youth) |
|  Long-term care facility or nursing home |  Host Home (non-crisis) |
|  Psychiatric hospital or other psychiatric facility |  Staying or living with friends, temporary tenure |
|  Substance abuse treatment facility or detox center |  Staying or living with family, temporary tenure |
| Other Situations |  Staying or living with friends, permanent tenure |
|  No exit interview completed |  Staying or living with family, permanent tenure |
|  Other HUD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  Moved from one HOPWA funded project to HOPWA PH |
|  Client doesn’t know |  Moved from one HOPWA funded project to HOPWA TH |
|  Client refused |  Rental by client, with GPD TIP subsidy |
|  |  Rental by client, with VASH housing subsidy |
|  |  Permanent housing (other than RRH) for formerly homeless persons |
|  |  Rental by client, with RRH or equivalent subsidy |
|  |  Rental by client, with HCV voucher (tenant or project based) |
|  |  Rental by client in a public housing unit |
|  |  Rental by client, no ongoing housing subsidy |
|  |  Rental by client, with other ongoing housing subsidy |
|  |  Owned by client, with housing subsidy |
|  |  Owned by client, no housing subsidy |

SERVICES PROVIDED TO DIVERT HOUSEHOLD Check all that apply.

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|  Community Resource Provision / Referral: B Basic Needs |  Mediation: FP-0700.5000 Mediation |
|  Self-Resolved: BH-3700 Housing Counseling |  Financial Assistance Provided: N Income Support & Employment |
|  Gas Money: BT-8300.2500 |  Bus Ticket: BT-8300.1000 Bus Fare |
|  Gift Card Distribution Programs: NT2500 |  Bridges Referral: YJ-8600 Former Foster Children |