

## Screening for Risk of Persistent Homelessness

*If the individual being screened is an unemployed worker, obtain answers to questions that have a number in the first column. If the individual is a young adult 18 to 24 years of age, obtain answers to questions that have a number in the second column. If the individual is both an unemployed worker and a young adult, obtain answers to all of the questions.*

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Name	Date of Birth	Date of Screening
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Contact Information (optional): \_\_\_\_\_

Phone	Email
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Unemployed Workers	Young Adults	Question	Answer
		<b>Demographics</b>	
1		Age 18-57	___ Yes ___ No
2		Age 58+	___ Yes ___ No
3		Male	___ Yes ___ No
4		Female	___ Yes ___ No
5	1	African American	___ Yes ___ No
6	2	Alaskan American or American Indian	___ Yes ___ No
7	3	Latino	___ Yes ___ No
8	4	Other Ethnicity	___ Yes ___ No
9	5	European American	___ Yes ___ No
10		Single individual household at time of unemployment	___ Yes ___ No
11		Other adults or children in the household at the time of unemployment	___ Yes ___ No
12		Married individual	___ Yes ___ No
13		Separated, divorced or unmarried partner now	___ Yes ___ No
14		Single individual now	___ Yes ___ No
		<b>Employment History</b>	
	6	Employed now	___ Yes ___ No
15		Employed year before last (anytime 13 to 24 months ago)	___ Yes ___ No

<b>Unemployed Workers</b>	<b>Young Adults</b>	<b>Question</b>	<b>Answer</b>
16	7	Employed three to five years (anytime 25 to 60 months) ago	___Yes ___No
17		<i>Number</i> of months employed last year	___ months
18		<i>Number</i> of months employed three to five years ago (during months 25 to 60)	___ months
19		<i>Number</i> of months employed at most recent job	___ months
20		<i>Number</i> of times unemployed before this time (5 maximum)	___ months
21		<i>Average</i> monthly earnings last year	\$ _____
22		<i>Maximum</i> monthly earnings last year	\$ _____
		<b>Homeless History</b>	
23	8	Homeless last year	___Yes ___No
24	9	Homeless year before last (anytime 13 to 24 months ago)	___Yes ___No
25	10	Homeless three to five years ago (during months 25 to 60)	___Yes ___No
26		<i>Number</i> of months of homelessness three to five years ago (during months 25 to 60)	___ months
27		Homeless in the month before unemployment started	___Yes ___No
	11	Homeless now	___Yes ___No
		<b>Health and Behavioral Health</b>	
28		Emergency medical service encounters this year	___Yes ___No
29		<i>Number</i> of outpatient visits to medical clinic last year	___ visits
30		Outpatient visit to medical clinic last year	___Yes ___No
31		No disability history (unable to work because of health condition lasting 6+ months)	___Yes ___No
32		Disability at the time of unemployment	___Yes ___No
	12	Disability now (unable to work because of health condition lasting 6+ months)	___Yes ___No
33		Mental health outpatient service encounter last year	___Yes ___No

Unemployed Workers	Young Adults	Question	Answer
	13	Mental health outpatient service encounter last year for the first time	___Yes ___No
	14	Mental health outpatient service encounter more than 2 years (25+ months) ago	___Yes ___No
	15	Any mental health service encounter, inpatient or outpatient, last year	___Yes ___No
	16	Any mental health service encounter year before last (13-24 months ago)	___Yes ___No
	17	Alcohol or substance abuse services in each of the past 3 years	___Yes ___No
34	18	<i>Number</i> of alcohol and substance abuse service encounters last year	_____ encounters
35		Detox services last year	___Yes ___No
36		Alcohol or substance abuse services year before last (anytime 13 to 24 months ago)	___Yes ___No
		<b>Criminal Justice</b>	
37		<i>Number</i> of days in jail last year	_____ days
38	19	Jailed in last year	___Yes ___No
39		Jailed year before last (anytime 13 to 24 months ago)	___Yes ___No
40		On probation last year	___Yes ___No
		<b>Social Services</b>	
41		Cash aid at the time of unemployment	___Yes ___No
42		No public benefits at the time of unemployment	___Yes ___No
43		Food stamps or Medi-Cal at the time of unemployment	___Yes ___No
	20	Cash aid (General Relief or CalWORKs) now	___Yes ___No
	21	Food stamps or Medi-Cal now	___Yes ___No
		<b>Foster Care</b>	
	22	History of foster care	___Yes ___No

## Employment History and Interests

1. Do you want a job where you show up on time every day, do your work and get paid a fair wage?  Yes  Uncertain  No
2. Have you had a job before?  Yes  No *If yes:*
  - a. What was the job? \_\_\_\_\_
  - b. How many months did it last? \_\_\_\_\_ months
  - c. What was the hourly wage? \$ \_\_\_\_\_ per hour
  - d. Why did the job end? \_\_\_\_\_
  - e. What did you like about the job? \_\_\_\_\_
  - f. What did you dislike about the job? \_\_\_\_\_
3. What do you do best? \_\_\_\_\_
4. What is your ideal job? \_\_\_\_\_
5. What level of education have you completed? \_\_\_\_\_
6. What was the last school you attended? \_\_\_\_\_
7. Are you a U.S. citizen or do you have a green card?  Yes  No
8. Do you have a valid driver's license?  Yes  No
9. Do you have any physical or emotional problems that would make it difficult for you to work?  Yes  Uncertain  No *If yes or uncertain, describe problem:*  
\_\_\_\_\_

*Interviewer assessment: Does this individual have the motivation and mental and physical capabilities to complete boot camp and job training and become a reliable employee?*

Yes  Uncertain  No