



North Carolina Balance of State Continuum of Care

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BoS Coordinated Assessment Tool

The NC BoS Coordinated Assessment Tool is made up of 3 parts that are used at different phases of coordinated assessment. Assessments may only be modified as specified below beside MODIFICATIONS. People administering assessments must watch the individual training for that part of the assessment tool. If a person is administering all three parts of the tool, s/he must watch all three trainings.

1. Prevention and Diversion Screen

PURPOSE	Reduce entries into homeless system and direct households entering system to appropriate emergency services
WHEN TO ADMINISTER	Immediately, as applicants present themselves to enter the homeless service system
HOW TO ADMINISTER	Agencies complete screening in person and/or by phone as people initially access the homeless service system
TRAINING	https://prezi.com/3swi9bhxszd/prevention-and-diversion-screen-version-2/
MODIFICATIONS	None

2. VI-SPDAT

PURPOSE	Assign appropriate referral for client and prioritize which client will receive housing and services next
WHEN TO ADMINISTER	Recommendation: 14 days after entering system
HOW TO ADMINISTER	Designated locations and staff administer VI-SPDAT
TRAINING	https://prezi.com/ebmxox_3qwqd/vi-spdats-version-2/#
MODIFICATIONS	How scoring determines program referrals

3. Case Management Tool

PURPOSE	Standardized tool for case management to track outcomes
WHEN TO ADMINISTER	At program entry, at housing entry, every six months thereafter until program discharge, twelve months after assistance ends
HOW TO ADMINISTER	Housing programs administer this tool to all participants
TRAINING	https://prezi.com/adwfk2xzig_/case-management-tool-version-2/
MODIFICATIONS	None

Prevention and Diversion Screen (Page 1 of 2) *Instructions in italics*

INTRODUCTORY QUESTIONS

1. Are you homeless or do you believe you will become homeless in the next 72 hours?

☐ Yes ☐ No

HUD definition of homeless: living in a place not meant for human habitation, in emergency shelter (including domestic violence shelter), in transitional housing, or exiting an institution where they temporarily resided for up to 90 days and were in shelter or a place not meant for human habitation immediately prior to entering that institution.

2. Are you currently residing with, or trying to leave, an intimate partner, family member, caregiver, or other person in your home who threatens you or makes you fearful?

☐ Yes ☐ No

If no to Question 1 AND Question 2, refer to mainstream resources (Appendix B)



If yes to Question 2, refer to DV resources (Appendix B). If yes to Question 2, clients are referred to DV resources and DO NOT PROCEED WITH THIS ASSESSMENT or any part of the Coordinated Assessment process

3. Where did you sleep last night? _____

4. Was it a safe location? ☐ Yes ☐ No

If no, ask "What made the location unsafe?" "Is there another place you can think of where you feel safe and could stay for a couple of nights?"

If unsafe due to domestic violence, refer to DV services (Appendix B).

PREVENTION/DIVERSION QUESTIONS

5. Why did you have to leave the place you stayed last night? _____

Could you stay tonight at the same location? ☐ Yes ☐ No *If*

no, skip to Question 6

- a. What would you need to help you stay where you stayed last night again? ☐ Landlord mediation

☐ Conflict resolution

☐ Rental assistance (Amount: \$ _____)

☐ Utility assistance (Amount: \$ _____)

☐ Other financial assistance (Amount: \$ _____)

☐ Other assistance (Please describe: _____)

Prevention and Diversion Screen (Page 2 of 2) *Instructions in italics*

- b. **Would it help if I contacted the person you stayed with? What is the best way to contact that person?**

Name _____ Phone _____

Contact date(s) and result

6. **Is there anyone else you (and your family) could stay with? Friends, family, co-workers?**

☐ Yes ☐ No

If no, skip to Question 7

- a. **What would you need to help you stay there?**

☐ Landlord mediation

☐ Conflict resolution

☐ Rental assistance (Amount: \$ _____)

☐ Utility assistance (Amount: \$ _____)

☐ Other financial assistance (Amount: \$ _____)

☐ Other assistance (Please describe: _____)

- b. **Would it help if I contacted someone you can stay with? What is the best way to contact that person?**

Name _____ Phone _____

Contact date(s) and result

7. **Is the assistance needed to prevent or divert this household from entering the homeless system available in your community?**

☐ Yes ☐ No

8. **If no, what was the result of this screening process for this household?**

☐ Referred to shelter

☐ Referred to DV program

☐ Received hotel/motel voucher

☐ No assistance given

☐ Referred to Transitional Housing

☐ Other