

Detroit CoC Homelessness Prevention Tool

For use by CAM staff only

The Detroit Homelessness Prevention Tool is designed to help staff with the following functions:

1. **Verify household eligibility for homelessness prevention**
 - a. Imminent risk of literal homelessness (within 14 days)
 - b. Very-low income status (under 50% AMI ESG-CV only; 30% AMI ESG)
2. **Identify and prioritize the most vulnerable households most likely to be literally homeless if they do not receive prevention assistance**

Part 1: Eligibility	
<p>A. Household is at imminent risk of literal homelessness. Without prevention assistance, household is likely to be literally homeless within the next 14 days.</p> <p>B. Household is very-low income (below 50%/30% AMI)</p>	
	Check
Housing Status	
<p>Identify the primary place where the client is staying:</p> <p><i>Can you tell me about the place you stayed last night? Is this the primary place you stay, or is there somewhere else you normally stay? (Check 1 below)</i></p>	
Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/>
Staying or living in a family member's room, apartment or house	<input type="checkbox"/>
Staying or living in a friend's room, apartment or house	<input type="checkbox"/>
Rental by client, no ongoing housing subsidy	<input type="checkbox"/>
Rental by client, with other ongoing housing subsidy	<input type="checkbox"/>
Permanent housing for formerly homeless persons (e.g., CoC Program funded unit)	<input type="checkbox"/>
Owned by client, no ongoing housing subsidy	<input type="checkbox"/>
Owned by client, with ongoing housing subsidy	<input type="checkbox"/>
Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>
Long-term care facility or nursing home	<input type="checkbox"/>

Jail or prison	<input type="checkbox"/>
Residential project or halfway house with no homeless criteria	<input type="checkbox"/>
Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>
Substance abuse treatment facility or detox center	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>
Do you have to leave this place (or the place you normally stay) within 14 days?*	<input type="checkbox"/> YES
<i>**IF NO, STOP HERE: Client is <u>not</u> eligible for prevention resources</i>	
Identify why the client must leave the primary place they are staying:	
<i>What's causing you to have to leave? (Check 1 below):</i>	
Court-ordered judgement to vacate rental unit*	<input type="checkbox"/>
<i>**IF YES, STOP HERE: See Eviction Prevention Tool //</i>	
Written or verbal notice from family, friend or host to leave doubled-up housing	<input type="checkbox"/>
Exiting an institution or system of care (e.g., hospital, jail, treatment facility, etc.)	<input type="checkbox"/>
Insufficient resources to continue to pay for hotel or motel	<input type="checkbox"/>
Other (describe):	<input type="checkbox"/>
Income Status	
Household size:	
A. Total annual gross income (from all sources):	
B. 30%/50% of Area Median Income for household size:	
Is total annual gross income (A) less than 30/50% of area median income (B)?	<input type="checkbox"/> YES
<i>**IF NO, STOP HERE: Client is <u>not</u> eligible for prevention resources</i>	

Part 2: Targeting

Use the following questions to determine household prioritization for resources:

	Check	Points
Urgency of Housing Situation		
Current housing loss expected in: (check 1 below)		
<ul style="list-style-type: none"> 0-6 days 	<input type="checkbox"/>	5
<ul style="list-style-type: none"> 7-14 days 	<input type="checkbox"/>	4
Vulnerabilities & Housing Barriers		
Income		
Have you experienced a sudden & significant loss of income (50% or more) (including employment and cash benefits) within the last 60 days AND/OR Uncontrollable & significant increase in non-discretionary expenses (ie rent, medical expenses, etc.) in the last 60 days due to COVID-19?	<input type="checkbox"/>	3
Household Annual Gross Income Amount: (check 1 below)		
<ul style="list-style-type: none"> No income (ie unemployed, no cash benefits) 	<input type="checkbox"/>	5
<ul style="list-style-type: none"> 1-14% of AMI for family size 	<input type="checkbox"/>	4
<ul style="list-style-type: none"> 15-30% of AMI for family size 	<input type="checkbox"/>	3
<ul style="list-style-type: none"> 31-40% of AMI for family size 	<input type="checkbox"/>	2
<ul style="list-style-type: none"> 41-50% of AMI for family size 	<input type="checkbox"/>	1
Household demographics		
Major change in household composition (ie death of family member, divorce by head of household, new child) in the last 6 months that directly affects ability to secure or maintain housing	<input type="checkbox"/>	3
Senior over the age of 55	<input type="checkbox"/>	3
Household size of 5 persons or larger	<input type="checkbox"/>	3
Household member is pregnant	<input type="checkbox"/>	3

At least 1 dependent child under 6	<input type="checkbox"/>	3
Single parent	<input type="checkbox"/>	3
Any household member has a disability that severely impedes the ability to maintain housing independently	<input type="checkbox"/>	2
Criminal History		
Household member was recently (within the last 6 months) discharged from an institution (jail, hospital, etc.)	<input type="checkbox"/>	4
Criminal record for arson, drug dealing or manufacture, felony offense against persons or property	<input type="checkbox"/>	4
Registered sex offender	<input type="checkbox"/>	5
Census Tract		
Resides in a prioritized census tract	<input type="checkbox"/>	5
Housing History		
Head of Household has been homeless one or more times in the last 3 years	<input type="checkbox"/>	3
Prior rental evictions (in the last 3 years): (check 1 below)		
<ul style="list-style-type: none"> • 4 or more rental evictions 	<input type="checkbox"/>	5
<ul style="list-style-type: none"> • 2-3 rental evictions 	<input type="checkbox"/>	4
<ul style="list-style-type: none"> • 1 rental eviction 	<input type="checkbox"/>	3
How many times have you moved (not related to evictions) in the last year: (check 1 below)		
<ul style="list-style-type: none"> • 4 or more moves 	<input type="checkbox"/>	5
<ul style="list-style-type: none"> • 2-3 moves 	<input type="checkbox"/>	4
<ul style="list-style-type: none"> • 1 move 	<input type="checkbox"/>	3

Score Range	Eligibility
0-15	<p>Light Touch - Resources only</p> <p><i>Non-monetary assistance, including referrals to Detroit at Work, Wayne Metro.</i></p>
16-35	<p>One-Time Assistance</p> <p><i>"Prevention" assistance: one month rent, security deposit, utility payment, moving costs, rental / utility arrears</i></p>
36+	<p>Short-term assistance</p> <p><i>"Longer-term prevention" Rental assistance not to exceed 3 months</i></p>