

HMIS Diversion Form

Please follow the HMIS Diversion Workflow to input this record in HMIS. Only gather if the household is seeking shelter or emergency housing.

Today's Date: _____

HMIS Privacy Notice & Consent and HMIS Release Of Information *(Completed using the BoSCoC Client Notification and Consent Form)* Yes ____ No ____

Name: _____

Date of Birth: _____

SSN: _____

Phone Number: _____

Household Size (including Head of Household): _____

Gender:

- Male
- Female
- Trans Female
- Trans Male
- Gender Non-Conforming
- Client doesn't know
- Client Refused

Race (select (P)rimary Race, and (S)econd Race if provided)

- Black or African American
- Hawaiian or Pacific Islander
- White
- Other Race
- Native American or Alaska Native
- Unknown
- Asian
- Refused

Ethnicity: Hispanic or Latino Non-Hispanic or non-Latino

Veteran Status: Have you served Active Duty in the US Military? Yes No

Prior residence: Where did you stay last night?

Literally Homeless:

- Place not meant for habitation
- Emergency Shelter

Institutional:

- Hospital (Non-psychiatric)
- Long-term care facility or nursing home
- Jail, prison or juvenile detention facility
- Foster care home or foster care group home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

Transitional or Permanent Housing:

- Hotel or motel paid for without emergency shelter voucher
- Rental by client with other housing subsidy, including RRH
- Rental by client, no housing subsidy
- Owned by client, with housing subsidy
- Owned by client, no housing subsidy
- Rental by client, with GPD or TIP subsidy
- Rental by client with VA housing subsidy
- Residential project or halfway house with no homeless criteria
- Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Transitional housing for homeless persons including homeless youths

OFFICE USE ONLY

Was this household diverted? Yes No

Staff that completed diversion: _____

Agency that completed diversion: _____

If the household was not diverted, stop here and follow the process outlined by the CE standards. If the household was diverted, complete the remainder of this form.

Check the box that most closely applies to where client was diverted to (or back to):

Temporary Situations:

- Hotel or motel paid for without emergency shelter voucher
- Residential project or halfway house with no homeless criteria
- Staying or living in a friend's room, apartment or house (temporary)
- Staying or living in a family member's room, apartment or house (temporary)

Institutional Situations:

- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center
- Hospital or other medical facility (non-psychiatric)
- Foster care home or foster care group home
- Long-term care facility or nursing home

Other Situations:

- No Exit Interview (or Interview not completed)

- Other

Permanent Situations:

- Rental by client, no housing subsidy
- Rental by client with RRH or equivalent subsidy
- Rental by client with GPD or TIP subsidy
- Staying or living in a friend's room, apartment or house (permanent)
- Staying or living in a family member's room, apartment or house (permanent)
- Rental by client with VASH housing subsidy
- Rental by client, with other ongoing housing subsidy
- Permanent housing for formerly homeless persons (other than RRH)
- Owned by client, no housing subsidy
- Owned by client, with housing subsidy

Briefly list referrals provided to assist with housing crisis:

Briefly list services provided to assist with housing crisis:
