

## **Instructions for HPRP Screening Form**

### **Purpose:**

The purpose of the Homeless Prevention Program screening form is to provide a quick and simple way to answer two questions:

- 1) Is an individual or family eligible to receive Homeless Prevention Program services?
- 2) Where can that individual or family go to receive those services?

### **Who should fill out this form?**

- 1) A service agency, non-profit, or mainstream program that is working with someone who appears to be in need of Homeless Prevention services.
- 2) A person who feels they themselves are in need of Homeless Prevention services.

### **How to complete the form:**

**Section I:** Information about the person who is filing out the form. If you are an agency, please make sure to write your program name.

**Section II:** Information about the person who is interested in receiving homeless prevention program services. Answer all questions. For residency, use *current* living situation to determine what city the person lives in; potential program participants must be living in San Francisco to receive services. No length of residency is required.

### **Section III:**

A) *Income:* This section is about total household annual income. To calculate, make sure you include all members of the household that contribute income (a single person is a household of one). To do an annual projection, take the *current* monthly income and multiply that by 12. Once income is calculated, compare it to the AMI chart listed on the screening form. The total household income that you calculated CANNOT exceed 30% AMI (amounts listed). If it exceeds 30% AMI, the household is not eligible for the program.

B) *Risk Factors:* In order to be eligible for the program, the potential program participant must have at least one of the risk factors listed on the screening tool. Go through the risk factors and check all that apply. If not one risk factor is checked, then the person is not eligible for the program.

C) *Defined Service Need:* Go through all of the possible service/financial needs listed on the tool and mark each one that the potential program participant states as a need.

**Section IV:** Referral. If the potential program participant appears to be eligible, meaning: 1) Is an SF resident; 2) Is at or below 30% AMI for the entire household; and 3) Has at least one identified risk factor, they should then be given an appropriate referral to one of the HPRP agencies listed on the form.

\*When making a referral, make sure you refer to the agency serving the appropriate target population (singles, families, or youth) AND that the agency provides the services that the potential program participant lists as a need. All of this information is on the screening form.