

Housing Support Screening for Services Form:

**Applicant Name:** \_\_\_\_\_ **DOB** \_\_\_\_\_ **AGE** \_\_\_\_\_

**Total Number of:** Adults in Household \_\_\_\_\_ Children in Household \_\_\_\_\_

**Applicant Phone Number:** \_\_\_\_\_ **How long in Mohave County?** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Emergency Contact Phone Number:** \_\_\_\_\_

**\*Household Income Sources:** \_\_\_\_\_ **Monthly Household Income:** \$ \_\_\_\_\_

\*(examples; employment, un-employment, child support, SSI, SSDI, pension, retirement, trusts)

**Briefly, describe the issue causing you to seek assistance (if you need more space write on the back of this form):**

\_\_\_\_\_  
\_\_\_\_\_

**Household Characteristics (please check if any of the below pertain to yourself or anyone in household)**

Mental Health: \_\_\_\_\_ Substance Abuse: \_\_\_\_\_ Physical Health Issue: \_\_\_\_\_ Victim of Domestic Violence: \_\_\_\_\_

Veteran: \_\_\_\_\_ Youth (18-24): \_\_\_\_\_ Was ever in Foster Care: \_\_\_\_\_

Household Characteristics (please check if any of the below pertain to yourself or anyone in household)

\*Legal Issues Pending: \_\_\_\_\_ \*Probation/ Parole: \_\_\_\_\_ \*Felonies: \_\_\_\_\_ \*Past Evictions: \_\_\_\_\_

Provide information on any of the above \* that you checked (charges, dates, and where): \_\_\_\_\_

\_\_\_\_\_

**Household Service Needs: (please check box and answer the question to each service need)**

**Rental Assistance** 1. How many months behind in rent? \_\_\_\_\_ 2. Do you have a court order to evict? \_\_\_\_\_  
(attach copy) 3. Do you have a 5 day pay or quit? \_\_\_\_\_ (attach copy) 4. Do you receive rental assistance, such as section  
8 or subsidized housing? \_\_\_\_\_ 5. How long have been living in this rental unit? \_\_\_\_\_ 6. Do  
you have a signed lease? \_\_\_\_\_ 7. Total amount due? \_\_\_\_\_ 8. Amount you can pay? \_\_\_\_\_  
9. Have you received rental assistance in the past? If yes, please indicate date, from who, and amount of assistance  
received: \_\_\_\_\_

**Emergency Shelter** 1. Where did you sleep last night? \_\_\_\_\_ 2. When did this episode of  
homelessness start? \_\_\_\_\_ 3. How many times have you been homeless in 3 years? \_\_\_\_\_ 4. How many  
months have you been homeless in 3 years? \_\_\_\_\_ 5. Have you received services from a shelter in the past, if  
yes please give dates, names and locations? \_\_\_\_\_  
Are you a victim of Domestic Violence? \_\_\_\_\_ Are you currently fleeing? \_\_\_\_\_  
Substance Abuse (alcohol or drug) \_\_\_\_\_; How long since last use? \_\_\_\_\_  
Allergies: \_\_\_\_\_ Medical Issues: \_\_\_\_\_

**Street Outreach/ Case Management Services** 1. Where did you sleep last night? \_\_\_\_\_ 2. When  
did this episode of homeless start? \_\_\_\_\_ 3. How many times have you been homeless in 3 years?  
\_\_\_\_\_ 4. How many months have you been homeless in 3 years? \_\_\_\_\_

(please, complete the back section of this form, sign and date)



*By signing this form, I agree that the information I have provided is true and accurate to the best of my knowledge. I understand that if I have distorted, misrepresented or withheld any information, I may be in-eligible for services. I understand that Cornerstone Mission is an access point for the Mohave County Coordinated Entry Assessment to determine possible referrals for housing support services.*

**Applicant Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**OFFICE USE ONLY**

**Diversion:** \_\_\_\_\_ **Self - Solve with mediation** \_\_\_\_\_

**Coordinated Entry Scheduled:** \_\_\_\_\_ **Coordinated Entry Completed:** \_\_\_\_\_

**Referred:** \_\_\_\_\_

**Referred to DFH: (background check completed):** \_\_\_\_\_

**Outcome Notes (to include notes needed for Non-CES and CES)**

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**Staff Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_