



Instructions:

The homelessness prevention targeting tool is designed to assist program staff with two functions: 1) verify eligibility for homelessness prevention assistance and 2) identify the most vulnerable youth who are most likely to experience literal homelessness if they do not receive assistance. In assisting with these two activities (verifying eligibility and targeting most vulnerable youth), the tool will support the goals of preventing the incidence of new cases of homelessness in Los Angeles County.

To administer the tool, agency staff should check each box for which the condition or attribute is present. Each checked box has a point value associated with it. After completing all questions, staff will add up the value of all checked boxes and assign a total score to the presenting household. As a screening tool the questions are designed to identify youth who are most likely to experience literal homelessness in the imminent future (within 1 month) and for whom the experience of homelessness will pose the greatest risk for increased trauma, severe health consequences, and/or greatest degree of instability. While no tool can precisely predict the future, this tool is based on national research and program evaluation data which identify conditions, characteristics, and attributes most closely associated with future incidence of literal homelessness.

Step 1. Determine if the presenting household is eligible for prevention assistance. Agency staff should document eligibility evidence by securing a copy of the eviction notice, 'pay or vacate' notice, or through written or oral communication with a friend/family member where the presenting youth is currently doubled up. In order to be eligible for prevention assistance, the presenting youth must provide third party documentation evidence and complete the Imminent Risk of Homelessness Certification Form.

Step 2. Determine targeting priority based on vulnerability of housing barriers. Agency staff will ask a series of questions of the prospective prevention participant to determine the presence of current or past conditions that are most closely correlated with the incidence of literal homelessness. Check each box where the condition is present or true for the youth.

Step 3. Determine targeting priority based on local policy priorities. Agency staff will ask a series of questions of the prospective prevention participant to determine whether they meet the criteria for local policy priorities. Check each box where the condition is present or true for the youth.

The prevention targeting tool is critical when an agency does not have sufficient resources or capacity to provide homelessness prevention services to every youth that meets homelessness prevention eligibility and is imminently at-risk of literal homelessness. An individual must score a 19 or higher on the targeting tool to receive homeless prevention services. This threshold will be evaluated throughout the program and may be altered depending on program availability. Youth that are both determined eligible for prevention and score within the appropriate range on the prevention targeting tool may receive the full range of homelessness prevention services. These youth should be enrolled in the homelessness prevention program and tracked within HMIS.

Those youth who do not meet the threshold should be provided **Light Touch Assistance**. *Light Touch Assistance* refers to the provision of all types of homelessness prevention assistance except temporary financial assistance. *Light Touch Assistance* is inclusive of mediation, case management, connection to community-based services and mainstream benefits, support accessing or maintain safe housing, and other forms of non-financial crisis response assistance, all which should not exceed more than 1 day of service. Households receiving *Light Touch Assistance* are considered enrolled in homelessness prevention program and are subject to the full requirements of client data collection and entry into HMIS.

Score Range	Possible Threshold Impact
0 – 18	Eligible for <i>Light Touch Assistance</i>
19 +	Scores of 19 and greater eligible for full homelessness prevention assistance



Determine if the household meets the Annual Gross eligible income requirement: All households must fall below 50% Area Median Income (AMI) in order to qualify for prevention services. If an individual or head of household is formerly a Homeless Section 8 holder with income up to 80% of area median income (AMI) they can also qualify for prevention services. See Income limit summary below on referenced chart or attached United States Department of Housing and Urban Development (HUD) link to provide the latest annual income limits summary.

FY 2017 Income Limits Summary: Los Angeles-Long Beach-Glendale, CA HUD Metro FMR Area (Income Limits Summary for each fiscal year are found on HUD's website at https://www.huduser.gov/portal/datasets/il/il2017/2017summary.odn								
Income Limit	Household Size							
Area Median Income	1	2	3	4	5	6	7	8
Extremely Low 0-30% AMI	\$18,950	\$21,650	\$24,350	\$27,050	\$29,250	\$32,960	\$37,140	\$41,320
Very Low 31%-50% AMI	\$31,550	\$36,050	\$40,550	\$45,050	\$48,700	\$52,300	\$55,900	\$59,500
Low 51%-80% AMI	\$50,500	\$57,700	\$64,900	\$72,100	\$77,900	\$83,650	\$89,450	\$95,200

Determine if the household meets the Age eligible requirement:

All households must be between the ages of 16-24 in order to qualify for youth prevention services. If the individual or head of household is 25 years or older, program staff shall refer the the individual or head of household to an adult prevention provider to be served.

If an individual or head of household is a youth they can choose to be served by either a youth prevention provider or an adult prevention provider.




Youth-Homelessness Prevention Targeting Tool

First Name: _____ Last Name: _____ HMIS #: _____

Date of Birth: _____ Age: _____ Contact Phone Number: _____


Household Size: _____ Number of Adults: _____ Number of Minors: _____

Instructions: Check each applicable condition that is true for the prospective applicant (head of household). Each column (A- O) has a question(s) with an attached point value. If a column has more than one question, please make sure to select one answer when asked to 'select only one below'. Next add the total number of points at the end of the tool to obtain the total score. Lastly, staff administering the tool shall ensure the Staff Certification section is completed, dated and signed.

STEP 1: Determine Eligibility & Priority for Homelessness Prevention Assistance				
Household is at imminent risk of literal homelessness. Without prevention assistance the household will experience literally homelessness within the immediately preceding month (i.e. either living in a place not meant for human habitation or residing in an emergency shelter or transitional housing facility intended for persons and households who are homeless).			Check if Applicable	Point Value
1.	Housing Status (Select only one below)			
1a.	If DOUBLED UP , the household has been told by the lease holder to vacate the unit. Program staff has verified with lease holder that prospective PRV participant is no longer welcome and must vacate. Prospective participant lacks the resources to secure alternative housing arrangements.	<input type="checkbox"/>	5	
1b.	If LEASE HOLDER , the household has received an Unlawful Detainer ("Eviction") lawsuit by the property owner or manager. An Unlawful Detainer is a formal eviction action that is filed in justice court. Program staff has verified with property owner/manager that prospective PRV participant has received notice to vacate. Prospective participant lacks the resources to secure alternative housing arrangements.	<input type="checkbox"/>	5	
1c.	Currently fleeing or attempting to flee domestic violence, dating violence, sexual assault, or other dangerous or life-threatening conditions that relate to violence against any household member.	<input type="checkbox"/>	5	
1d.	Staying in a hotel in which youth is paying out of pocket, but can no longer sustain in the unit due to costs. Agency staff have verified with youth costs of increase in hotel, debt to cost ratio, applicable after a certain amount of days paying out of pocket. Prospective participant lacks the resources to secure alternative housing arrangements.	<input type="checkbox"/>	5	
2.	Imminent loss of current housing. Loss of housing means the prospective household will experience literal homelessness – either on the streets or staying in an emergency shelter. Imminent loss of current housing must be verified with a 'pay or vacate' notice, ledger record of past due rent, or court paperwork showing the prospective PRV participant is at risk of losing housing. (Select only one below)			
2a.	Have failed to respond to the Unlawful Detainer notice within 5 days of the court hearing or have received a court ruling with a date the person must move out.	<input type="checkbox"/>	5	
2b.	Have been served an Unlawful Detainer requiring court response or have an already determined court date.	<input type="checkbox"/>	4	
2c.	Have received 3-day pay or quit notice with more than one month of rent owed.	<input type="checkbox"/>	3	
2d.	Have received 3-day pay or quit notice with less than one month of rent owed.	<input type="checkbox"/>	2	
 If none of the items from STEP 1 are applicable and person scores a 0, adult does not meet eligibility requirements. Refer to community resources.			SUBTOTAL:	




Youth-Homelessness Prevention Targeting Tool

STEP 2: Determine Targeting Priority Based on Vulnerabilities or Housing Barriers					
Identify the barriers impacting household's ability to independently and quickly resolve housing issues and prevent literal homelessness from occurring in the imminent future.				Check if Applicable	Point Value
3.	Household Annual Gross Income Amount (Select only one)				
	3a.	Current income is \$0, inclusive of financial assistance from friends and family, employment and entitlement programs (e.g. SNAP, SSI, unemployment insurance, disability payments, or child support payments).		<input type="checkbox"/>	5
	3b.	Income is less than 30% of Area Median Income (AMI) for household size (See chart)		<input type="checkbox"/>	4
	3c.	Income is between 31-50% of AMI for household size (See chart)		<input type="checkbox"/>	3
4.	Within the last 60 days, youth has experienced sudden and significant loss of income, including loss of employment and/or cash benefits AND/OR experienced an uncontrollable and significant increase in non-discretionary expenses			<input type="checkbox"/>	3
5.	Prior rental evictions at any time in the past (Select only one)				
	5a.	3 or more prior rental evictions		<input type="checkbox"/>	5
	5b.	2 prior rental evictions		<input type="checkbox"/>	4
	5c.	1 prior rental eviction		<input type="checkbox"/>	3
6.	Required to register as a sex offender			<input type="checkbox"/>	5
7.	History of literal homelessness for Head of Household. Literal homeless includes living in a place not meant for human habitation (e.g. street, sidewalk, vehicle, park, abandoned building), a safe haven, an emergency shelter, transitional housing and hotels and motels paid or by a charitable organization. An episode would include staying in and of the above-mentioned places. (Select only one)				
	7a.	4 or more prior episodes OR total of at least 12 months within past three years		<input type="checkbox"/>	5
	7b.	2-3 prior episodes in past three years		<input type="checkbox"/>	4
	7c.	1 prior episode in past three years		<input type="checkbox"/>	3
8.	At least one dependent child under age 6			<input type="checkbox"/>	4
9.	Single parent			<input type="checkbox"/>	4
10.	Currently pregnant mother or expectant father			<input type="checkbox"/>	4
11.	Current child protective services involvement (e.g. assessment by child protective services of youth's current safety, alternative safe placements such as foster care to prevent abuse and neglect, or current court system involvement to facilitate family reunification, or alternative placement or emancipation).			<input type="checkbox"/>	2
12.	Recently (within last 6 months) experienced a major household trauma or event that directly affects ability to secure or maintain housing. Examples of trauma or event include death of family member, separation or divorce from partner, birth of a new child.			<input type="checkbox"/>	3
13.	Recently (within last 6 months) discharged from an institution after stay of any length (any household member). Examples of institutions include hospital, jail, prison, psychiatric hospital or substance abuse treatment facility.			<input type="checkbox"/>	1
 Calculate Step 2 Subtotal.				SUBTOTAL:	



Youth-Homelessness Prevention Targeting Tool

STEP 3: Determine Targeting Priority Based on Local Policy Priorities

Identify the factors relevant to local policy priorities that increase the risk that the prospective prevention participant will experience literal homelessness.		Check if Applicable	Point Value
14.	Most recently housed through a homeless housing assistance program in Los Angeles County.	<input type="checkbox"/>	5
15.	History of involvement in the foster care system	<input type="checkbox"/>	4
16.	Current, or past, involvement in the juvenile or criminal justice system.	<input type="checkbox"/>	3
17.	Youth has a disability (i.e., a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such an impairment).	<input type="checkbox"/>	4
18.	History of running away from home or being ordered out of the home by parents	<input type="checkbox"/>	3
19.	History of being expelled from or dropping out of school.	<input type="checkbox"/>	2
20.	Type of residence the youth is staying in (Select only one)		
20a.	Permanent Supportive Housing (PSH)	<input type="checkbox"/>	5
20b.	A unit using a Housing Choice Voucher (HCV) or under rent-control	<input type="checkbox"/>	3
 Calculate Step 3 Subtotal.		SUBTOTAL:	

TOTAL POINTS

HEAD OF HOUSEHOLD CERTIFICATION

I certify that, to the best of my knowledge and belief, all the information presented is true, accurate and complete.

Participant's Name: _____ Participant Signature: _____

Date Completed: _____

STAFF CERTIFICATION

I certify that, to the best of my knowledge and belief, all the information presented is true, accurate and complete.

Agency Name: _____

Agency Address: _____

Staff Name: _____ Staff Title: _____

E-Mail: _____ Phone: _____

Staff Signature: _____ Date Completed: _____