



City of Trenton/Mercer County Continuum of Care
Universal Screening Tool

DEMOGRAPHIC

Name: _____

DOB: _____

Phone #: _____

SS # _____

Gender:

Male 1

Female 2

Trans-M 3

Trans-F 4

1 No children

2 With children # _____

3 Single head of household

4 Two Parent Family

5 Individual youth <18

6 Youth head of household

Are you a military veteran?

Y N

Are you currently fleeing a domestic violence situation?

1 Y 2 N

Do you need assistance

obtaining ID? Y N

HOUSING SITUATION

1. Homeless
2. Transitional housing or threat of eviction, temporary or substandard housing; or current rent or mortgage is unaffordable
3. Stable housing that is safe, adequate and subsidized/doubled up
4. House is safe, adequate, unsubsidized/doubled up
5. No barrier

Eviction History:

Currently being evicted: 1 Y 2 N

Has been evicted in the past: 1 Y 2 N

History of multiple evictions: 1 Y 2 N

Homeless Only:

Where did you stay last night?

How long at this location? _____

History of Homelessness?

1 Y 2 N

If "Y," number of episodes: _____

Last episode of homelessness occurred:

Start Date: _____ End Date: _____

INCOME

Monthly Earned: \$ _____

Other Income: Enter amount where applicable

1. TANF _____ Case # _____

2. GA _____

3. *SSI _____

4. *SSD _____

5. Unemployment _____

6. Child Support _____

OTHER _____

* please note who is the recipient of SSI and/or SSD

Total Monthly Income: \$ _____

If housed, what % of your "total monthly income" is used for housing costs: _____%

(Housing costs / Total Net Income = %)

At <30% of Median Income

1 Y 2 N

for Single Adult = \$

EMPLOYMENT

Employed: 1 Y 2 N

If client is not currently employed please write last employer and title

Duration of current or most recent employment: From: _____ To: _____

1. No job
2. Temp, part-time/seasonal employment
3. FT employment; inadequate pay and benefits, or recent loss of viable employment
4. Employed FT with adequate pay and benefits
5. Maintains permanent employment Other

Are you looking for work now?

Yes No If no, what help would you need before going to work?

Are you registered with NJ Workforce? Yes No

What schooling or training have you had since high school? _____

What is the highest grade you completed? _____

College Degree? _____

Are you currently enrolled in school or training? Yes No