

Warm Handoff Checklist – Navigation Overview

For YYA/ YYA Families (ages 18-24)

Youth HMIS #:

System Guide Name: _____

System Guide Agency: _____

1. Household Information

Number of Adults: _____ Children (17 and Under): _____ Total Members: _____

	All Household Members <i>Note: At least one minor under the age 18 has to be in the home for Families</i>	Age	Relationship
1			<i>Self</i>
2			
3			
4			
5			
6			
7			
8			
9			

Preferred Language Spoken:

English Spanish Creole Other: _____

Preferred Methods of contact:

Phone Text Email:

Do you have anyone planning to move in with you if housing is obtained? Yes No

If yes, who and what is the relationship? _____

2. Navigation Assessment: Verification Overview

Youth is experiencing homelessness in the Region:

Osceola County

Seminole County

Orange County

Category of Homelessness at initial assessment

Category 1 (Place not meant for habitation, ES, Bridge Housing, or Institutional Care-less than 90 days)

Category 2 (*Imminent risk of homelessness*)

Category 4 (Fleeing or attempting to flee DV or HT)

Brighter Days Documentation worksheet uploaded, along with the form below used to verify Homelessness Status:

Brighter Days Self Certification & Age Verification

HMIS Records (*Emergency Shelter, Bridge Housing, Service transactions, etc.*)

Brighter Days System Guide Direct Observation- CAT 1

Brighter Days System Guide Third Party Direct Observation

Brighter Days System Guide Direct Observation- CAT 2-4

Victim Service Provider Certification

Valid ID on file

Yes No Pending: Provided resources for obtaining ID

SS Card on file

Yes No Pending: Provided resources for obtaining SS

3. Summary of YYA Needs

Do you have any pets or service animals?

None

Service animal

Pet - If so, what type of animal and breed? (I.e. dog, bird, cat, snake, etc.)

Disability & Accessibility

Has anyone in your household (including yourself) been diagnosed with any disability? No

Yes (If yes, who? list the type of disability)

If there were services available to address a medical need or concern, what type of services would you be interested in receiving to help promote housing stability? _____

Would you need accessibility support? (I.e. need handicap unit, ground floor, etc.)

No Yes (If yes, list the need)

Legal Concerns:

Any history of felony convictions? No Yes (If yes, list the type of charge)

Any open court cases, adjudications, or misdemeanors? No Yes (If yes, list all)

Any history of evictions? No Yes (If yes, list the # of evictions and year of each eviction)

Connected Resources (*Per the Youth's request and identified needs*):

	Ex. Employment, Mental Health services, Education, Documentation, etc.	
1		
2		
3		
4		
5		
6		
7		
8		
9		

Note: Youth and Housing Case Manager can connect further on any impending needs and services identified during the Warm handoff conversation.

4. Case Management Tracking

Self Sufficiency Matrix Completed and uploaded

Yes

Housing Stability Plan Completed and uploaded

Yes

Youth Strengths What is working well AND what are the good things keeping you and/your family together?

(Think about past successes, steps taken, achievements, supports and abilities to overcome challenges)

5. Recertification of Homelessness

Yes *(Please be sure to specify the status and living conditions with CM. Youth must still meet homeless HUD requirements to qualify for Case Management services)*

Category 1 *(Place not meant for habitation, ES, Bridge Housing, or Institutional Care- less than 90 days)*

Category 2 *(Imminent risk of homelessness)*

Category 4 *(Fleeing or attempting to flee DV or HT)*

Youth Signature: _____

System guide: Signature: _____

Case Manager Signature:

Date of completion: