

HMIS INTAKE Data Collection Form for Solano County VA SSVF Programs

General Instructions

This is the entry form for VA SSVF programs in Solano County.

This form should be filled out for all household members and entered into HMIS accordingly.

Income and benefits collected by minor children in the household should be reported under the head of household.

No question should remain blank at the end of the assessment. The administrator of this intake must ask all questions of the client and mark the appropriate response.

Please note that current HMIS policies require that all data be entered into HMIS within three days of acquisition.

If you are confused about how to answer a question, please refer to the HMIS Data Dictionary which is contained in the resources folder for HMIS accessible through ServicePoint.

If the data dictionary does not answer your question, please reach out to solanoHMIS@homebaseccc.org for assistance.

CLIENT NAME:

DATE ADMINISTERED:

CLIENT RECORD

NAME (first, middle, last name, suffix, e.g., Jr, Sr, III)

In HMIS the “name” field will be created upon record entry and should auto-populate into the Entry Assessment. Use a client’s full, legal name whenever possible. Generally, projects do not need to verify that the information provided matches legal documents.

First name _____

Middle name(s) _____

Last name _____

Suffix _____

NAME DATA QUALITY

Street outreach projects may record a project start with limited information about the client and improve on the accuracy and completeness of client data over time. If using a “made up name” for such an initial identification, indicate that here.

Full name reported

Partial, street name, or code name reported

Client doesn't know

Client refused

Alias _____

SOCIAL SECURITY NUMBER

| | | | | | | | | | | |
|--|--|--|---|--|--|---|--|--|--|--|
| | | | - | | | - | | | | |
|--|--|--|---|--|--|---|--|--|--|--|

SOCIAL SECURITY NUMBER DATA QUALITY

The Social Security Number is created when the client record is created and should auto-populate into the Entry Assessment. Some projects may serve clients that do not have an SSN. In these cases, select 'Client doesn't know.'

Full SSN reported

Approximate or partial SSN reported

Client doesn't know

Client refused

VETERAN STATUS

*This element is based on self-report by the client. A veteran is anyone who has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service. For the **Army, Navy, Air Force, Marine Corps, and Coast Guard**, active duty begins when a military member reports to a duty station after completion of training. For the **Reserves and National Guard**, active duty is any time spent activated or deployed, either in the United States or abroad. Or Anyone who was disabled in the line of duty during a period of active duty training. Or Anyone who was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.*

Yes

No

Client doesn't know

Client refused

CLIENT DEMOGRAPHICS

DATE OF BIRTH

| | | | | | | | | | |
|-------|--|-----|--|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | Day | | | | Year | | | |

DATE OF BIRTH TYPE

Use 01/01/YEAR and select 'approximate or partial date of birth' if client cannot recall DOB.

- | | |
|---|--|
| <input type="checkbox"/> Full date of birth reported | <input type="checkbox"/> Client doesn't know |
| <input checked="" type="checkbox"/> Approximate or partial date of birth reported | <input checked="" type="checkbox"/> Client refused |

GENDER

Which of these genders best describes how the client identifies?

- | | |
|---|---|
| <input type="checkbox"/> Female | <input checked="" type="checkbox"/> Gender Non-Conforming (i.e. not exclusively male or female) |
| <input checked="" type="checkbox"/> Male | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Trans Female (MTF, or male to female) | <input checked="" type="checkbox"/> Client refused |
| <input checked="" type="checkbox"/> Trans Male (FTM, or female to male) | |

PRIMARY RACE

Clients may report up to two different races. If a client only identifies as one racial category leave the "secondary race" field blank. "Client doesn't know" and "Client refused" should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input checked="" type="checkbox"/> Asian | <input checked="" type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Client refused |
| <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

SECONDARY RACE

Clients may report up to two different races. If a client only identifies as one racial category leave the "secondary race" field blank. "Client doesn't know" and "Client refused" should only be selected if no other response is selected. If the client wishes to indicate "Hispanic or Latino," please indicate that in Ethnicity and then select the appropriate race category here.

- | | |
|---|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> White |
| <input checked="" type="checkbox"/> Asian | <input checked="" type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Client refused |
| <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander | |

ETHNICITY

- | | |
|---|--|
| <input type="checkbox"/> Non-Hispanic / Non-Latino | <input type="checkbox"/> Client doesn't know |
| <input checked="" type="checkbox"/> Hispanic / Latino | <input checked="" type="checkbox"/> Client refused |

CLIENT STATUS

PROJECT START DATE (e.g., 05/25/2019)

The Project Start Date will serve as the information date for all data elements collected on this form; all data must be accurate as of this date, regardless of the date collected.

| | | | | | | | | | |
|-------|--|-----|--|--|------|--|--|--|--|
| | | / | | | / | | | | |
| Month | | Day | | | Year | | | | |

CLIENT LOCATION: CA-518

The only option for client location in HMIS is CA-518, which corresponds with the Solano Continuum of Care.

VAMC STATION NUMBER

The correct option for VAMC station number is '612.'

HOUSING MOVE-IN DATE

This field asks when the client is actually in housing. It is possible for a client to enter a project prior to actually taking possession of the unit. This is common when the project is providing housing locator services for the client. Provide the date the client actually takes possession of the unit. If the client has not taken possession of the unit at the time of project entry leave this field blank and provide an update at a later time when the unit becomes available.

Is the client in permanent housing as of the project entry date?

Yes No

[IF YES] HOUSING MOVE-IN DATE

| | | | | | | | | | |
|-------|--|-----|--|--|------|--|--|--|--|
| | | / | | | / | | | | |
| Month | | Day | | | Year | | | | |

RELATIONSHIP TO HEAD OF HOUSEHOLD

In a household of a single individual, that person must be identified as the head of household. In multi-person households, one of person must be designated as the head of household and the rest must have their relationship to the head of household recorded. If the group of persons is composed of adults and children, an adult must be indicated as the head of household.

| | |
|--|--|
| <input type="checkbox"/> Self (head of household) | <input type="checkbox"/> Head of household's other relation member (other relation to head of household) |
| <input type="checkbox"/> Head of household's child | <input type="checkbox"/> Other: non-relation member |
| <input type="checkbox"/> Head of household's spouse or partner | |

GRADE LEVEL

Please select the client's highest level of educational attainment.

| | |
|--|---|
| <input type="checkbox"/> Less than Grade 5 | <input type="checkbox"/> Some college |
| <input type="checkbox"/> Grades 5 – 6 | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> Grades 7 – 8 | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> Grades 9 – 11 | <input type="checkbox"/> Graduate degree |
| <input type="checkbox"/> Grade 12 or high school diploma | <input type="checkbox"/> Vocational certification |
| <input type="checkbox"/> School program does not have grade levels | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> GED | <input type="checkbox"/> Client refused |

HOMELESS STATUS VERIFICATION

1. TYPE OF PRIOR LIVING SITUATION

What was the situation the client was living in immediately prior to project start?

Adult members of the same household may have different prior living situations

| | |
|--|---|
| Homeless Situations | |
| <input type="checkbox"/> | Place not meant for habitation |
| <input type="checkbox"/> | Emergency shelter, including hotel or motel paid for with emergency shelter voucher |
| <input type="checkbox"/> | Safe Haven |
| <input type="checkbox"/> | Interim Housing* |
| Institutional Situations | |
| <input type="checkbox"/> | Foster care home or foster care group home |
| <input type="checkbox"/> | Hospital or other residential non-psychiatric medical facility |
| <input type="checkbox"/> | Jail, prison, or juvenile detention facility |
| <input type="checkbox"/> | Long-term care facility or nursing home |
| <input type="checkbox"/> | Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> | Substance abuse treatment facility or detox center |
| Transitional & Permanent Housing Situations | |
| <input type="checkbox"/> | Hotel or motel paid for without emergency shelter voucher |
| <input type="checkbox"/> | Owned by client, no ongoing housing subsidy |
| <input type="checkbox"/> | Owned by client, with ongoing housing subsidy |
| <input type="checkbox"/> | Permanent housing (other than RRH) for formerly homeless persons |
| <input type="checkbox"/> | Rental by client, no ongoing subsidy |
| <input type="checkbox"/> | Rental by client, with VASH subsidy |
| <input type="checkbox"/> | Rental by client, with GPD TIP subsidy |
| <input type="checkbox"/> | Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> | Residential project or halfway house with no homeless criteria |
| <input type="checkbox"/> | Staying or living in a family member's room, apartment, or house |
| <input type="checkbox"/> | Staying or living in a friend's room, apartment, or house |
| <input type="checkbox"/> | Transitional housing for homeless persons (including homeless youth) |
| Other | |
| <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Client refused |

2. LENGTH OF STAY IN PRIOR LIVING SITUATION

How long was the client staying in that place?

If the client moved around, but in the same type of situation, include the total time in that type of situation. If the client moved around from one situation to another, only include the time in the situation selected.

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | 1 night or less |
| <input type="checkbox"/> | 2 to 6 nights |
| <input type="checkbox"/> | 1 week+, but less than 1 month |
| <input type="checkbox"/> | 1 mo+, but less than 90 days |
| <input type="checkbox"/> | 90 days, but less than 1 year |
| <input type="checkbox"/> | 1 year or longer |
| <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Client refused |

Proceed to Question 3

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | 1 night or less |
| <input type="checkbox"/> | 2 to 6 nights |
| <input type="checkbox"/> | 1 week+, but less than 1 month |
| <input type="checkbox"/> | 1 mo+, but less than 90 days |
| <input type="checkbox"/> | 90 days, but less than 1 year |
| <input type="checkbox"/> | 1 year or longer |
| <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Client refused |

Proceed to Question 3

STOP
Proceed to Page 8

| | |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | 1 night or less |
| <input type="checkbox"/> | 2 to 6 nights |
| <input type="checkbox"/> | 1 week, but less than 1 month |
| <input type="checkbox"/> | 1 month, but less than 90 days |
| <input type="checkbox"/> | 90 days, but less than 1 year |
| <input type="checkbox"/> | 1 year or longer |
| <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Client refused |

STOP
Proceed to Page 8

*Interim housing is not a type of housing but rather a housing situation for a client that meets the following criteria:
1. Must have been chronically homeless at start in interim housing,

HOMELESS STATUS VERIFICATION (CONT.)

2. Must have applied for permanent housing, accepted, and have a unit/voucher for perm. hsg. reserved for them,
3. Must have been prevented from immediately accessing permanent housing unit or using a voucher in a permanent housing unit (e.g. apartment getting painted, old tenant moving out, has a voucher but is looking for the unit, etc.), and
4. Client and transitional housing project must have determined that transitional housing is an acceptable option until permanent housing unit is ready for occupancy.

3. DATE THE CLIENT STARTED BEING HOMELESS THIS TIME

When did the client start staying on the streets,** in emergency shelters, or in safe havens this time?

Determine the date of the last time the client had a place to sleep that was not on the streets, in an emergency shelter, or in a safe haven. Breaks in homelessness are allowed to be included in the look back period to calculate the start date only if:

- The client moved continuously between the streets, shelters, or safe havens. The date would go back as far as the first time they stayed in one of those places; OR
- The break in their time on the streets, shelters, or safe havens was less than 7 nights. A break is considered 6 or less consecutive nights not residing in a place not meant for human habitation, in shelter or in a safe haven. The look back time would not be broken by a stay less than 7 consecutive nights; OR
- The break in their time on the streets, ES, or SH was less than 90 days in any of the places listed under the header “institutional situations” on the previous page. The look back time would include all of those days (up to 89 days) when looking back for the start date.

If this is the client’s first day on the streets, shelters, or safe havens, enter today’s date.

** “The streets” is being used as short-hand for any place unfit for human habitation (a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground).

| | | | | | | | | | |
|-------|--|---|-----|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | | Day | | | Year | | | |

4. NUMBER OF TIMES THE CLIENT HAS BEEN HOMLESS IN THE PAST THREE YEARS

How many times has the client been homeless on the streets, in shelter, or in safe havens in the past three years, including this time?

Count the times a client has been homeless, separated by breaks, in the last three years. A break means at least 7 consecutive nights of not living on the street, in an emergency shelter, or Safe Haven or at least 90 days in any of the places listed under the header “institutional situations” on the previous page.

- | | |
|---|--|
| <input type="checkbox"/> One time (this time) | <input type="checkbox"/> Four or more times |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three times | <input type="checkbox"/> Client refused |

HOMELESS STATUS VERIFICATION (CONT.)

5. TOTAL NUMBER OF MONTHS THE CLIENT HAS BEEN HOMELESS IN THE PAST THREE YEARS

How many months, in total, has the client has been homeless on the street, in an emergency shelter, or Safe Haven over the past three years?

Add up the total number of months homeless of all the different times the client has spent homeless on the streets, in shelter, or in safe havens in the past three years. Include any time a client spent in an institution for a period of less than 90 days or time spent in permanent or transitional housing for a period of less than 7 days. Responses may be rounded to the next-highest number of full months. The current month, even if a partial month, can be counted as a full month.

-
- One month or less (choose if this is the first time the client has been homeless)
-
- Between 2 and 12 months → **Enter the total number of months:** _____
- More than 12 months
-
- Client doesn't know
-
- Client refused
-

CLIENT'S RESIDENCE / LAST PERMANENT ADDRESS

Client's street address _____

Client's apartment number _____

Residence street name _____

Client's city _____ Client's state _____ Client's ZIP _____

Home phone number _____

ADDRESS DATA QUALITY

Full address reported

Incomplete or estimate address reported

Client doesn't know

Client refused

COUNTY OF RESIDENCE _____

REASON FOR LEAVING THIS RESIDENCE

Building condemned

Evicted

Family friend/convict

Fire

Moved to new residence

Overcrowding

Unable to pay rent

Other

Start date

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|

Month

Day

Year

End date

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|

Month

Day

Year

Landlord's name _____

Landlord's address _____

Landlord's city _____ Landlord's state _____

Landlord's phone _____

DISABILITY STATUS

Disability elements for HMIS data collections are based on client report. A client is not required to show proof of disability in order to respond "yes" to this question. Programs which require a disability for a client to be eligible for services may further investigate this element.

PHYSICAL DISABILITY

Does the client currently have a physical disability?

Yes

No

Client doesn't know

Client refused



[IF YES] Is the physical disability expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

Yes

No

Client doesn't know

Client refused

DEVELOPMENTAL DISABILITY

Does the client currently have a developmental disability?

Yes

No

Client doesn't know

Client refused



[IF YES] Is the developmental disability expected to substantially impair the client's ability to live independently?

Yes

No

Client doesn't know

Client refused

CHRONIC HEALTH CONDITION

Does the client currently have a chronic health condition?

Yes

No

Client doesn't know

Client refused



[IF YES] Is the chronic health condition expected to be of long-continued and indefinite duration and substantially impair the client's ability to live independently?

Yes

No

Client doesn't know

Client refused

HIV/AIDS

Does the client currently have HIV/AIDS?

Yes

No

Client doesn't know

Client refused



[IF YES] Is HIV/AIDS expected to substantially impair the client's ability to live independently?

Yes

No

Client doesn't know

Client refused

DISABILITY STATUS (CONT.)

MENTAL HEALTH PROBLEM

Does the client currently have a mental health problem?

Yes

No

Client doesn't know

Client refused



[IF YES] Is the mental health problem expected to be of long-continued and indefinite duration and substantially impairs the client's ability to live independently?

Yes

No

Client doesn't know

Client refused

SUBSTANCE ABUSE PROBLEM

Does the client currently have a substance abuse problem?

No

Alcohol abuse

Drug abuse

Both alcohol and drug abuse

Client doesn't know

Client refused



[IF YES for alcohol abuse, drug abuse, or both alcohol and drug abuse] Is the substance abuse problem expected to be of long-continued and indefinite duration and substantially impairs client's ability to live independently?

Yes

No

Client doesn't know

Client refused

DISABLING CONDITION

Does the client currently have a disabling condition?

A disabling condition is any of the above-indicated disabilities (physical disability, developmental disability, chronic health condition, HIV/AIDS, mental health problem, or substance abuse problem) or any other physical, mental, or emotional impairment (including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury) that is expected to be of long-continued and indefinite duration and substantially impairs ability to live independently.

Yes

No

Client doesn't know

Client refused

INCOME AND BENEFITS

INCOME AND SOURCES

Only record regular, recurrent sources that are current as of today (i.e. not terminated). Income received for a minor member of the household (e.g. SSI) should be recorded under the Head of Household's information (income from employment of a minor can be excluded from the household income).

Does the client have any income from any source?

Yes

No



Client doesn't know

Client refused

INCOME AND BENEFITS (CONT.)

[IF YES] Answer Yes or No for each income source.

If the response for a source is 'Yes', enter the monthly amount received based on current income. If unsure of the exact monthly amount, enter client's best estimate. Answer 'No' for sources that have been terminated, even if they were received in the past.

| Source of income | Receiving income from source? | | If yes, monthly amount from source (round to nearest dollar) | | | |
|--|-------------------------------|--------------------------|--|--|--|-------|
| Earned income (i.e., employment income) | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Unemployment Insurance | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Supplemental Security Income (SSI) | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Social Security Disability Insurance (SSDI) | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| VA Service-Connected Disability Compensation | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| VA Non-Service-Connected Disability Pension | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Private disability insurance | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Worker's Compensation | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Temporary Assistance for Needy Families (TANF) | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| General Assistance (GA) | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Retirement Income from Social Security | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Pension or retirement income from a former job | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Child support | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Alimony or other spousal support | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Other source If yes, specify source: _____ | Yes | <input type="checkbox"/> | | | | |
| | No | <input type="checkbox"/> | \$ | | | . 0 0 |
| Total monthly income from all sources | | | \$ | | | . 0 0 |

INCOME AND BENEFITS (CONT.)

NON-CASH BENEFITS

Does the client have any non-cash benefits from any source?

Only record regular, recurrent sources that are current as of today (not terminated). If a non-cash benefit is only received by a minor member of the household, record under the Head of Household's information.

Yes

Client doesn't know

No

Client refused



[IF YES] Answer 'Yes' or 'No' for each non-cash benefit source.

| Source of income | Receiving Benefits from source? | |
|---|---------------------------------|--------------------------|
| | Yes | No |
| Supplemental Nutrition Assistance Program (SNAP) | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) | <input type="checkbox"/> | <input type="checkbox"/> |
| TANF Child Care services (or use local name) | <input type="checkbox"/> | <input type="checkbox"/> |
| TANF transportation services (or use local name) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other TANF-Funded Services (or use local name) | <input type="checkbox"/> | <input type="checkbox"/> |
| Other source If yes, specify source: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

HEALTH INSURANCE

Is the client currently covered by health insurance?

Yes

Client doesn't know

No

Client refused



[IF YES] Answer 'Yes' or 'No' for each health insurance source.

Answer 'No' for sources that have been terminated, even if they were received in the past.

| No | Yes | Source |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Medicaid |
| <input type="checkbox"/> | <input type="checkbox"/> | Medicare |
| <input type="checkbox"/> | <input type="checkbox"/> | State Children's Health Insurance Program (or use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's Administration (VA) Medical Services |
| <input type="checkbox"/> | <input type="checkbox"/> | Employer-Provided Health Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | Health insurance obtained through COBRA |
| <input type="checkbox"/> | <input type="checkbox"/> | Private Pay Health Insurance |
| <input type="checkbox"/> | <input type="checkbox"/> | State Health Insurance for Adults (or use local name) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indian Health Services Program |
| <input type="checkbox"/> | <input type="checkbox"/> | Other If Yes, specify source: _____ |

DOMESTIC VIOLENCE EXPERIENCE

DOMESTIC VIOLENCE

Is client a domestic violence victim/survivor?

Yes

No



Client doesn't know

Client refused

[IF YES] When did the experience occur?

Within the past three months

Three to six months ago (excluding six months exactly)

Six months to one year ago (excluding one year exactly)

One year ago or more

Client doesn't know

Client refused

[IF YES] Is the client currently fleeing?

Yes

No

Client doesn't know

Client refused

[IF YES] Caller ZIP: _____

VETERAN INFORMATION

YEAR ENTERED MILITARY SERVICE

| | | | | | | | | | |
|-------|--|-----|--|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | Day | | | | Year | | | |

YEAR SEPARATED FROM MILITARY SERVICE

| | | | | | | | | | |
|-------|--|-----|--|--|---|------|--|--|--|
| | | / | | | / | | | | |
| Month | | Day | | | | Year | | | |

| YES | NO | THEATER OF OPERATIONS |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | World War II |
| <input type="checkbox"/> | <input type="checkbox"/> | Korean War |
| <input type="checkbox"/> | <input type="checkbox"/> | Vietnam War |
| <input type="checkbox"/> | <input type="checkbox"/> | Persian Gulf War |
| <input type="checkbox"/> | <input type="checkbox"/> | Afghanistan |
| <input type="checkbox"/> | <input type="checkbox"/> | Iraqi Theater of Operations (Iraqi Freedom) |
| <input type="checkbox"/> | <input type="checkbox"/> | Iraqi Theater of Operations (Iraq Dawn) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other peace-keeping operations or military interventions |

MILITARY BRANCH

| | |
|--------------------------|---------------------|
| <input type="checkbox"/> | Army |
| <input type="checkbox"/> | Air Force |
| <input type="checkbox"/> | Navy |
| <input type="checkbox"/> | Marine Corps |
| <input type="checkbox"/> | Coast Guard |
| <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Client refused |

DISCHARGE STATUS

| | |
|--------------------------|------------------------------------|
| <input type="checkbox"/> | Honorable |
| <input type="checkbox"/> | General under honorable conditions |
| <input type="checkbox"/> | Other than honorable conditions |
| <input type="checkbox"/> | Bad conduct |
| <input type="checkbox"/> | Dishonorable |
| <input type="checkbox"/> | Uncharacterized |
| <input type="checkbox"/> | Client doesn't know |
| <input type="checkbox"/> | Client refused |

SSVF HP TARGETING CRITERIA

Has the client been referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (5 points) |
| <input type="checkbox"/> | No (0 points) |

Current housing loss expected within:

| | | | |
|--------------------------|------------------------|--------------------------|------------------------------|
| <input type="checkbox"/> | 0 – 6 days (5 points) | <input type="checkbox"/> | 14 – 21 days (3 points) |
| <input type="checkbox"/> | 7 – 13 days (4 points) | <input type="checkbox"/> | More than 21 days (0 points) |

Is the current household income \$0.00?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (5 points) |
| <input type="checkbox"/> | No (0 points) |

Annual household gross income amount:

| | |
|--------------------------|---|
| <input type="checkbox"/> | 0 – 14% of Area Median Income (AMI) for household size (4 points) |
| <input type="checkbox"/> | 15 – 30% of AMI for household size (3 points) |
| <input type="checkbox"/> | More than 30% of AMI for household size (0 points) |

Has the client experienced a sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g. rent or medical expenses) in the past six months?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (3 points) |
| <input type="checkbox"/> | No (0 points) |

Has the client experienced a major change in household composition (e.g. death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (3 points) |
| <input type="checkbox"/> | No (0 points) |

Number of rental evictions within the past seven years:

| | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | No prior rental convictions (0 points) | <input type="checkbox"/> | 2 – 3 prior rental convictions (4 points) |
| <input type="checkbox"/> | 1 prior rental convictions (3 points) | <input type="checkbox"/> | 4 or more prior rental convictions (5 points) |

Is the client currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (3 points) |
| <input type="checkbox"/> | No (0 points) |

SSVF HP TARGETING CRITERIA (Cont.)

History of literal homelessness (street/shelter/transitional housing):

| | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | 4 or more times or total of at least 12 months in the past three years (5 points) | <input type="checkbox"/> | 1 time in the past three years (3 points) |
| <input type="checkbox"/> | 2 – 3 times in the past three years (4 points) | <input type="checkbox"/> | None (0 points) |

Does the head of household have a disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (3 points) |
| <input type="checkbox"/> | No (0 points) |

Does the client have a criminal record for arson, drug dealing or manufacture, or felony offense against persons or property?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (4 points) |
| <input type="checkbox"/> | No (0 points) |

Is the client a registered sex offender?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (5 points) |
| <input type="checkbox"/> | No (0 points) |

Does the client have at least one dependent child under the age of six?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (3 points) |
| <input type="checkbox"/> | No (0 points) |

Is the client a single parent with at least one minor child?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (3 points) |
| <input type="checkbox"/> | No (0 points) |

Does the client have a household size of five or more requiring at least three bedrooms (due to age/gender mix)?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (3 points) |
| <input type="checkbox"/> | No (0 points) |

Is a member of the client's household a veteran of Iraq or Afghanistan?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (3 points) |
| <input type="checkbox"/> | No (0 points) |

Is the client a female veteran?

| | |
|--------------------------|----------------|
| <input type="checkbox"/> | Yes (3 points) |
| <input type="checkbox"/> | No (0 points) |

SSVF HP TARGETING CRITERIA (Cont.)

HP applicant total points _____

Grantee targeting threshold score _____

Is the client employed?

- Full date of birth reported
- Approximate or partial date of birth reported

- Client doesn't know
- Client refused

If [NO] why is the client not employed?

- Looking for work
- Unable to work

- Not looking for work

If [YES] what is the type of employment?

- Full-time
- Part-time

- Seasonal/sporadic (including day labor)