

# Merced County

## HMIS SSVF Intake: Homeless Prevention

This form is designed to be completed by a service provider while interviewing a client.  
A separate Standard Intake should be completed for each member of the household.

HMIS # \_\_\_\_\_

CM Name: \_\_\_\_\_

Project Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Household Information

Is the client:  Single Adult  Adult in Household **\*\*If Single Adult is checked go to Client Profile\*\***

**If Adult in Household is checked:** Are you the Head of Household (HoH)?  Yes  No

If No, Name of HoH: \_\_\_\_\_

How many adults in the household? \_\_\_\_\_ How many children in household? \_\_\_\_\_

If you are in a household, what is your relationship to the HoH?

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

### Client Profile

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **May collect last 4 numbers instead of all 9 numbers**

**U.S Military Veteran?**  Yes

### Client Demographics

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Gender** (select as many as applicable)

- |  |   |   |                                      |
|--|---|---|--------------------------------------|
| <input type="checkbox"/> Woman               | <input type="checkbox"/> Culturally Specific          | <input type="checkbox"/> Non-Binary                   | <input type="checkbox"/> Questioning |
| <input type="checkbox"/> Man                 | <input type="checkbox"/> Transgender                  | <input type="checkbox"/> Different Identity: specify: |                                      |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected           |                                      |

**Race & Ethnicity:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> American Indian, Alaska Native, or Indigenous | <input type="checkbox"/> Black, African American, or African |   |
| <input type="checkbox"/> Asian or Asian American                       | <input type="checkbox"/> Hispanic/Latina/e/o                 |   |
| <input type="checkbox"/> Middle Eastern or North African               | <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> White              |
| <input type="checkbox"/> Client doesn't know                           | <input type="checkbox"/> Client prefers not to answer        | <input type="checkbox"/> Data not collected |

**Additional Race & Ethnicity Details (optional):**

### 3.917A Prior Living Situation

**Answer if entering Street Outreach, Emergency Shelter, or Safe Haven  
Go to 3.917B for all other programs**

#### Type of Residence

##### Homeless Situation

- |   |
|---|
| <input type="checkbox"/> Place not meant for habitation (e.g., vehicle, abandoned building, bus/train/subway/airport or anywhere outside) |
| <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter           |
| <input type="checkbox"/> Safe Haven   |

##### Institutional Setting

- |   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, Prison, or juvenile detention facility                   | <input type="checkbox"/> Substance abuse treatment facility or detox center |

##### Temporary Housing Situation

- |   |  |
|---|--|
| <input type="checkbox"/> Transitional housing for homeless persons (incl youth)     | <input type="checkbox"/> Staying or living with friends, temporary tenure          |
| <input type="checkbox"/> Residential project or halfway house, no homeless criteria | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH           |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher  | <input type="checkbox"/> Staying/living in a friend's room, apartment, house       |
| <input type="checkbox"/> Host Home (non-crisis)                                     | <input type="checkbox"/> Staying/living in a family member's room apartment, house |
| <input type="checkbox"/> Staying or living with family, temporary tenure            |  |

##### Permanent Housing Situation

- |   |   |
|---|---|
| <input type="checkbox"/> Staying or living with family, permanent tenure  | <input type="checkbox"/> Rental by client, no ongoing housing subsidy           |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> <b>Rental by client, with ongoing housing subsidy*</b> |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH  | <input type="checkbox"/> Owned by client, with ongoing housing subsidy          |
|   | <input type="checkbox"/> Owned by client, no ongoing housing subsidy            |

##### \*If rental by client, with on-going housing subsidy, specify subsidy:

- |  |   |
|--|---|
| <input type="checkbox"/> GDP TIP housing subsidy   | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> VASH housing subsidy  | <input type="checkbox"/> Emergency Housing Voucher                            |
| <input type="checkbox"/> RRH or equivalent subsidy                                       | <input type="checkbox"/> Family Unification Program Voucher (FUP)             |
| <input type="checkbox"/> HCV voucher (tenant or project based, not dedicated)            | <input type="checkbox"/> Foster Youth to Independent Initiative (FYI)         |
| <input type="checkbox"/> Public housing unit   | <input type="checkbox"/> Permanent Supportive Housing                         |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |   |

##### Other

- |  |   |
|--|---|
| <input type="checkbox"/> Other               | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected           |

##### Length of stay in previous place

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> One night or less                         | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Two to six nights                         | <input type="checkbox"/> One year or longer                       | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> One week or more, but less than one month |   | <input type="checkbox"/> Data not collected           |

### 3.917A Prior Living Situation

**Answer if entering Street Outreach, Emergency Shelter, or Safe Haven  
Go to 3.917B for all other programs**

**Approximate date homelessness started:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Regardless of where they stayed last night, **number of times** the client has been on the streets, in ES, or SH in the past three years including today.

|                                    |   |   |   |
|------------------------------------|---|---|---|
| <input type="checkbox"/> One time  | <input type="checkbox"/> Three times        | <input type="checkbox"/> Client doesn't know          | <input type="checkbox"/> Data not collected |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client prefers not to answer |   |

Total **number of months** homeless on the streets, in ES, or SH in the past three years.

|   |  |   |   |                             |                             |                            |
|---|--|---|---|-----------------------------|-----------------------------|----------------------------|
| <input type="checkbox"/> One month<br>(this is the 1 <sup>st</sup> month) | <input type="checkbox"/> 2                   | <input type="checkbox"/> 3                            | <input type="checkbox"/> 4                  | <input type="checkbox"/> 5  | <input type="checkbox"/> 6  | <input type="checkbox"/> 7 |
|   | <input type="checkbox"/> 8                   | <input type="checkbox"/> 9                            | <input type="checkbox"/> 10                 | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 |                            |
| <input type="checkbox"/> More than 12 months                              | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |                             |                             |                            |

### 3.917B Prior Living Situation

**Answer if entering Transitional Housing, any type of Permanent Housing, Services Only, Day Shelter, Homeless Prevention, or Coordinated Entry Project**

**\*If client is homeless, complete previous section (3.917A Living Situation). Do not complete this section\***

#### Institutional Setting

|   |   |
|---|---|
| <input type="checkbox"/> Foster care home or foster care group home                     | <input type="checkbox"/> Long-term care facility or nursing home            |
| <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility |
| <input type="checkbox"/> Jail, Prison, or juvenile detention facility                   | <input type="checkbox"/> Substance abuse treatment facility or detox center |

#### Temporary Housing Situation

|   |  |
|---|--|
| <input type="checkbox"/> Transitional housing for homeless persons (incl youth)     | <input type="checkbox"/> Staying or living with friends, temporary tenure          |
| <input type="checkbox"/> Residential project or halfway house, no homeless criteria | <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA TH           |
| <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher  | <input type="checkbox"/> Staying/living in a friend's room, apartment, house       |
| <input type="checkbox"/> Host Home (non-crisis)                                     | <input type="checkbox"/> Staying/living in a family member's room apartment, house |
| <input type="checkbox"/> Staying or living with family, temporary tenure            |  |

#### Permanent Housing Situation

|   |   |
|---|---|
| <input type="checkbox"/> Staying or living with family, permanent tenure  | <input type="checkbox"/> Rental by client, no ongoing housing subsidy           |
| <input type="checkbox"/> Staying or living with friends, permanent tenure | <input type="checkbox"/> <b>Rental by client, with ongoing housing subsidy*</b> |
| <input type="checkbox"/> Moved from one HOPWA funded project to HOPWA PH  | <input type="checkbox"/> Owned by client, with ongoing housing subsidy          |
|   | <input type="checkbox"/> Owned by client, no ongoing housing subsidy            |

**\*If rental by client, with on-going housing subsidy, specify subsidy:**

|  |   |
|--|---|
| <input type="checkbox"/> GDP TIP housing subsidy   | <input type="checkbox"/> Rental by client, with other ongoing housing subsidy |
| <input type="checkbox"/> VASH housing subsidy  | <input type="checkbox"/> Emergency Housing Voucher                            |
| <input type="checkbox"/> RRH or equivalent subsidy                                       | <input type="checkbox"/> Family Unification Program Voucher (FUP)             |
| <input type="checkbox"/> HCV voucher (tenant or project based, not dedicated)            | <input type="checkbox"/> Foster Youth to Independent Initiative (FYI)         |
| <input type="checkbox"/> Public housing unit   | <input type="checkbox"/> Permanent Supportive Housing                         |
| <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons |   |

#### Other

|  |   |
|--|---|
| <input type="checkbox"/> Other               | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Data not collected           |

#### Length of stay in previous place

|  |   |   |
|--|---|---|
| <input type="checkbox"/> One night or less                         | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Two to six nights                         | <input type="checkbox"/> One year or longer                       | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> One week or more, but less than one month |   | <input type="checkbox"/> Data not collected           |

**If Institutional Setting, did you stay less than 90 days?  Yes  No**

**If Temporary or Permanent, did you stay less than 7 days?  Yes  No**

**If answered Yes to either Institutional, Temporary or Permanent, then answer:**

**On the night before did you stay on the streets, ES, or SH?  Yes  No**

### Monthly Income – Cash Benefits

**Income from any source? If Yes, total monthly income: \$ \_\_\_\_\_**

Yes |  No |  Client doesn't know |  Client prefers not to answer |  Data not collected

| Income source (check all that apply)                                  | Income Source Amount | Date Started Receiving |
|---|----------------------|------------------------|
| <input type="checkbox"/> Alimony or other spousal income              | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Child Support                                | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Earned Income                                | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> General Assistance                           | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Other  | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Pension or retirement from another job       | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Private disability insurance                 | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Retirement income from Social Security       | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> SSDI   | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> SSI  | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> TANF   | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Unemployment Insurance                       | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> VA Non-Service connect disability pension    | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> VA Service connected disability compensation | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Worker's Compensation                        | \$ _____             | _____/_____/_____      |

### Non-Cash Benefits

**Non-cash benefits from any source?**

Yes |  No |  Client doesn't know |  Client prefers not to answer |  Data not collected

| Type of Benefit (check all that apply)                                | Income Source Amount | Date Started Receiving |
|---|----------------------|------------------------|
| <input type="checkbox"/> Supplemental nutrition assistance program    | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Special supplement nutrition program for WIC | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> TANF – Child care services                   | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> TANF – Transportation services               | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Other TANF funded services                   | \$ _____             | _____/_____/_____      |
| <input type="checkbox"/> Other Source                                 | \$ _____             | _____/_____/_____      |

If "Other Source", specify: \_\_\_\_\_

**Health Insurance**

**Covered by Health Insurance?**

Yes |  No |  Client doesn't know |  Client prefers not to answer |  Data not collected

| Type of Health Insurance   | State Date Receiving |
|--|----------------------|
| <input type="checkbox"/> Employer provided health insurance        | ____/____/____       |
| <input type="checkbox"/> Health insurance obtained through COBRA   | ____/____/____       |
| <input type="checkbox"/> Indian Health Services program            | ____/____/____       |
| <input type="checkbox"/> Medicare                                  | ____/____/____       |
| <input type="checkbox"/> Medicaid                                  | ____/____/____       |
| <input type="checkbox"/> Private pay health plan                   | ____/____/____       |
| <input type="checkbox"/> State children's health insurance program | ____/____/____       |
| <input type="checkbox"/> State health insurance for adults         | ____/____/____       |
| <input type="checkbox"/> VA Medical Services                       | ____/____/____       |
| <input type="checkbox"/> Other Source                              | ____/____/____       |

If "Other Source", specify: \_\_\_\_\_

**Disability**

**Does the client have a disabling condition?**

Yes |  No |  Client doesn't know |  Client prefers not to answer |  Data not collected

| Disability Type/Determination  | Condition Long Term?   | Disability Start Date |
|--|--|-----------------------|
| <p><b>Alcohol Use Disorder</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>                 | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p> | <p>____/____/____</p> |
| <p><b>Both Alcohol &amp; Drug Use Disorder</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p> | <p>____/____/____</p> |
| <p><b>Chronic Health Condition</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>             | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p> | <p>____/____/____</p> |
| <p><b>Developmental</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>                        | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p> | <p>____/____/____</p> |
| <p><b>Substance Use Disorder</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>               | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p> | <p>____/____/____</p> |
| <p><b>HIV/AIDS</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>                             | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p> | <p>____/____/____</p> |
| <p><b>Mental Health Disorder</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>               | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p> | <p>____/____/____</p> |
| <p><b>Physical</b></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected</p>                             | <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data not collected</p> | <p>____/____/____</p> |

## Domestic Violence

### Domestic Violence Survivor?

Yes |  No |  Client doesn't know |  Client prefers not to answer |  Data not collected

### If Yes, when did experience occur?

Within past 3 months |  3-6 months ago |  One year or more |  Client doesn't know  
 Client prefers not to answer  
 Data not collected

### If Yes, are you currently fleeing?

Yes |  No |  Client doesn't know |  Client prefers not to answer |  Data not collected

## SSVF – Specific Information

**Connection with SOAR:**  Yes  No  Client doesn't know  Client prefers not to answer  Data not collected

### Last Grade Completed

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Less than grade 5 | <input type="checkbox"/> Grade 12                    | <input type="checkbox"/> Associate's degree       | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Grades 5-6        | <input type="checkbox"/> School does not have grades | <input type="checkbox"/> Bachelor's degree        | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Grades 7-8        | <input type="checkbox"/> GED                         | <input type="checkbox"/> Graduate degree          | <input type="checkbox"/> Data not collected           |
| <input type="checkbox"/> Grades 9-11       | <input type="checkbox"/> Some college                | <input type="checkbox"/> Vocational certification |   |

### Employment Status

**Information date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (date information was collected)

**Employed?**  Yes  No  Client doesn't know  Client prefers not to answer  Data not collected

| If Yes, Type of Employment                                       | If No, Why Not Employed                               |
|--|---|
| <input type="checkbox"/> Full-time                               | <input type="checkbox"/> Looking for work             |
| <input type="checkbox"/> Part-time                               | <input type="checkbox"/> Unable to work               |
| <input type="checkbox"/> Seasonal/sporadic (including day labor) | <input type="checkbox"/> Not looking for work         |
| <input type="checkbox"/> Client doesn't know                     | <input type="checkbox"/> Client doesn't know          |
| <input type="checkbox"/> Client prefers not to answer            | <input type="checkbox"/> Client prefers not to answer |
| <input type="checkbox"/> Data not collected                      | <input type="checkbox"/> Data not collected           |



## Military Service

**If U.S Military Veteran:** Year Entered Military: \_\_\_\_\_ Year Separated from Military: \_\_\_\_\_

|                      |                              |                             |  |   |   |
|----------------------|------------------------------|-----------------------------|--|---|---|
| World War II         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
| Korean War           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
| Vietnam War          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
| Persian Gulf War     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
| Afghanistan          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
| Iraq (Iraqi Freedom) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
| Iraq (New Dawn)      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |
| Other Operations     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

### Branch of Military

|  |                               |   |                                  |   |                                      |
|--|-------------------------------|---|----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Air Force           | <input type="checkbox"/> Army | <input type="checkbox"/> Coast Guard                  | <input type="checkbox"/> Marines | <input type="checkbox"/> Navy               | <input type="checkbox"/> Space Force |
| <input type="checkbox"/> Client doesn't know |                               | <input type="checkbox"/> Client prefers not to answer |                                  | <input type="checkbox"/> Data not collected |                                      |

### Discharge Status

|   |   |  |
|---|---|--|
| <input type="checkbox"/> Honorable          | <input type="checkbox"/> General under honorable conditions | <input type="checkbox"/> Under other than honorable conditions |
| <input type="checkbox"/> Bad Conduct        | <input type="checkbox"/> Dishonorable                       | <input type="checkbox"/> Client doesn't know                   |
|   |   | <input type="checkbox"/> Client prefers not to answer          |
| <input type="checkbox"/> Data not collected |   |  |

## SSVF-Homeless Prevention Targeting Criteria

**Is Homelessness Prevention targeting screener required?**  Yes  No

**Housing loss expected within ...**

1-6 days |  7-13 days |  14-21 days |  More than 21 days

**Current Household Income is \$0**  Yes  No

**Household Income as a Percentage of AMI:**

30% or less  31% to 50%  51% to 80%  81% or greater

**Past experience of homelessness (street/shelter/transitional housing)**

Most recent episode occurred within last year

Most recent episode occurred more than a year ago

None

**Head of Household is NOT a current leaseholder/renter of unit:**  Yes  No

**Head of Household has NEVER been a leaseholder/renter of unit:**  Yes  No

**Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household):**  Yes  No

**Rental evictions with the past 7 years:**

No prior rental evictions  1 prior rental eviction  2 or more prior rental evictions

**Criminal record for arson, drug dealing or manufacture, or felony offence against persons or property:**

Yes  No

**Incarcerated as an adult:**  Not incarcerated  Incarcerated once  Incarcerated two or more times

**Discharged from jail or prison within last 6 months after incarceration of 90 days or more:**  Yes  No

**Registered sex offender:**  Yes  No

**Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing:**  Yes  No

**Current pregnant:**  Yes  No

**Single parent/guardian household with minor child(ren):**  Yes  No

**Household includes one or more young children (age 6 or under), or a child who requires significant care:**

No  Youngest child is under 1 year old

Youngest child is 1-6 years old and/or one or more children (any age) requires significant care

**Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)**  Yes  No

**Household includes one or more members of an overrepresented population in the homeless system when compared to the general population:**  Yes  No

**HP application total points:** \_\_\_\_\_ **Grantee targeting threshold score:** \_\_\_\_\_

**Permanent Supportive Housing Programs Only**

**Well-Being**

**Client perceives their life has value and worth.**

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree nor disagree   | <input type="checkbox"/> Somewhat agree     |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

**Client perceives they have support from others who will listen to problems.**

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree nor disagree   | <input type="checkbox"/> Somewhat agree     |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

**Client perceives they have a tendency to bounce back after hard times.**

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree nor disagree   | <input type="checkbox"/> Somewhat agree     |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

**Client's frequency of feeling nervous, tense, worried, frustrated, or afraid.**

|  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Strongly disagree | <input type="checkbox"/> Somewhat disagree   | <input type="checkbox"/> Neither agree nor disagree   | <input type="checkbox"/> Somewhat agree     |
| <input type="checkbox"/> Strongly agree    | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

**General Health**

|                                    |  |   |   |
|------------------------------------|--|---|---|
| <input type="checkbox"/> Excellent | <input type="checkbox"/> Very Good           | <input type="checkbox"/> Good                         | <input type="checkbox"/> Fair               |
| <input type="checkbox"/> Poor      | <input type="checkbox"/> Client doesn't know | <input type="checkbox"/> Client prefers not to answer | <input type="checkbox"/> Data not collected |

**Moving on Assistance Provided: Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

|  |   |
|--|---|
| <input type="checkbox"/> Subsidized housing application assistance   | <input type="checkbox"/> Financial assistance for Moving On (e.g., security deposit, moving expenses) |
| <input type="checkbox"/> Non-financial assistance for Moving On (e.g., housing navigation, transition support) | <input type="checkbox"/> Housing referral/placement   |
| <input type="checkbox"/> Other (please specify):   |   |