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| --- | --- | --- | --- | --- | --- |
| **Intake Date** | **Entry Date** | | | **ServicePoint**  **(HoH) ID:** | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | | | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  | | |
| **Project Name**   |  | | --- | |  | | | | | | |
| **HoH First Name Middle**   |  |  | | --- | --- | |  |  |   **Last Suffix Alias**   |  |  |  | | --- | --- | --- | |  |  |  | | | | | | |
| Full Name Reported  Partial, Street or Code Name  Client doesn’t know  Client prefers not to answer | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  |   **Date of Birth:**   * Full DOB reported * Client doesn’t know * Approx or Partial DOB * Client prefers not to answer  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |   **Social Security Number:**   * Full SSN reported * Client doesn’t know * Approx or Partial SSN * Client prefers not to answer | | | | | |
| **Race and Ethnicity (Select all that apply)** | | | | | |
| American Indian, Alaska Native, or Indigenous  Native Hawaiian or Pacific Islander  Asian or Asian American  White  Black, African American, or African  Client doesn’t know  Hispanic/Latina/e/o  Client prefers not to answer  Middle Eastern or North African  Additional Race and Ethnicity detail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Gender (Select all that apply)** | | | | | |
| Woman (Girl, if child)  Questioning  Man (Boy, if child)  Different Identity  Culturally Specific Identity (e.g., Two-Spirit)  Client doesn’t know  Transgender  Client prefers not to answer  Non-Binary  If Different Identity, Please Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Veteran Status** | | **Relationship to Head of Household (Must be an adult)** | | | |
| No  Yes | | Self (Head of Household)  HoH’s child  HoH’s spouse or partner  HoH’s other  Other: non-relation  relation member member | | | |
| **Housing Move-in Date** | | | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | |

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| **Health Insurance** |
| No  Client doesn’t know  Yes (identify source below)  Client prefers not to answer |
| **Source** |
| Medicaid  Medicare  State Children’s Health Insurance (KCHIP)  Veteran’s Health Administration (VHA)  Employer-Provided Health Insurance  Health Insurance obtained through COBRA  Private Pay Health Insurance  State Health Insurance for Adults  Indian Health Services Program  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Disability** | | | | | | |
| **Do you have a physical, mental or emotional Impairment, a post-traumatic stress disorder, or brain injury; a development disability, HIV/AIDS, or a diagnosable substance abuse problem?**  No  Yes (indicate type(s) below)  Client doesn’t know  Client prefers not to answer | | | | | | | | |
|  | | | | | | |
|  | **Physical** | **Mental Health** | **Chronic Health Condition** | **Alcohol**  **Drugs**  **Both** | **Developmental** | **HIV/AIDS** |
| Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently: | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No | Yes  No |

**\*\*SECTION 2: 🛑 IF CLIENT IS A MINOR WHO IS NOT HEAD OF HOUSEHOLD STOP DATA ENTRY HERE\*\***

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| **Income** | |
| No/None at all  Yes (identify source and amounts)  Client doesn’t know  Client prefers not to answer | |
| **Source** | **Amount:** |
| Earned income (i.e., employment income) | $ . 00 |
| Unemployment Insurance | $ . 00 |
| Supplemental Security Income (SSI) | $ . 00 |
| Social Security Disability Income (SSDI) | $ . 00 |
| Retirement Income from Social Security | $ . 00 |
| VA Service-Connected Disability Compensation | $ . 00 |
| VA Non-Service-Connected Disability Pension | $ . 00 |
| Worker’s Compensation | $ . 00 |
| Temporary Assistance for Needy Families (TANF) | $ . 00 |
| General Assistance (GA) | $ . 00 |
| Private disability Insurance | $ . 00 |
| Pension or retirement income from a former job | $ . 00 |
| Child Support | $ . 00 |
| Alimony or other spousal support | $ . 00 |
| Other source: | $ . 00 |
| **Total Monthly Income:** | **$** |

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| **Non-Cash Benefits** |
| No/None at all  Yes (Identify source below)  Client doesn’t know  Client prefers not to answer |
| **Source** |
| Supplemental Nutrition Assistance Program (SNAP)  Special Supplemental, Nutrition Program for Women, Infants, and Children (WIC)  TANF Child Care services  TANF transportation services  Other TANF-funded services  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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|  | **Client’s Prior Living Situation - Prior to Project Entry** | | | | | |
|  | (Select one Living Situation and **answer the corresponding questions in the order in which they appear**) | | | | | |
| **Homeless Situations** | | **Institutional Situations** | **Temporary Housing Situations** | | **Permanent Housing Situation** | **Other** |
| Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)  Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter  Safe Haven | | Foster care home or foster care group home  Hospital or other residential non-psychiatric medical facility  Jail, prison or juvenile detention facility  Long-term care facility or nursing home  Psychiatric hospital or other psychiatric facility  Substance abuse treatment facility or detox center | Transitional housing for homeless persons (including homeless youth)  Residential project or halfway house with no homeless criteria  Hotel or motel paid for without emergency shelter voucher  Host Home (non-crisis)  Staying or living in a friend’s room, apartment, or house  Staying or living in a family member’s room, apartment, or house | | Rental by client, no ongoing housing subsidy  Rental by client, with ongoing housing subsidy   * GPD TIP housing subsidy * VASH housing subsidy * RRH or equivalent subsidy * HCV voucher (tenant or project based) (not dedicated) * Public housing unit * Rental by client, with other ongoing housing subsidy * Emergency Housing Voucher * Family Unification Program Voucher (FUP) * Foster Youth to Independence Initiative (FYI) * Permanent Supportive Housing * Other permanent housing dedicated for formerly homeless persons   Owned by client, with ongoing housing subsidy  Owned by client, no ongoing housing subsidy | Other  Worker unable to determine  Client doesn’t know  Client prefers not to answer |
| **Length of Stay in Prior Living Situation (i.e. the literally homeless situation identified above)?**  One night or less  Two to six nights  One week or more but less than one month  One month or more but less than 90 days  90 days or more but less than one year  One year or longer | | **Length of Stay in Prior Living Situation (i.e. the institutional situation identified above)?**  One night or less  Two to six nights  One week or more but less than one month  One month or more but less than 90 days  90 days or more but less than one year  One year or longer  **Did you stay in the institutional situation less than 90 days?**  Yes (If YES – Complete SECTION III)  No (If NO – End Homeless History Interview) | **Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?**  One night or less  Two to six nights  One week or more but less than one month  One month or more but less than 90 days  90 days or more but less than one year  One year or longer  **Did you stay in the housing situation less than 7 nights?**  Yes (If YES – Complete SECTION III)  No (If NO – End Homeless History Interview) | | **Length of Stay in Prior Living Situation (i.e. the housing situation identified above)?**  One night or less  Two to six nights  One week or more but less than one month  One month or more but less than 90 days  90 days or more but less than one year  One year or longer  **Did you stay in the housing situation less than 7 nights?**  Yes (If YES – Complete SECTION III)  No (If NO – End Homeless History Interview) | Client doesn’t know  Client prefers not to answer |
| **N/A**  (Complete SECTION IV Below) | | **On the night before entering the institutional situation did you stay on the streets, in emergency shelter or a safe haven?**  Yes (If YES – Complete SECTION IV)  No (If NO – End Homeless History Interview) | **On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?**  Yes (If YES – Complete SECTION IV)  No (If NO – End Homeless History Interview) | | **On the night before entering the housing situation did you stay on the streets, in emergency shelter or a safe haven?**  Yes (If YES – Complete SECTION IV)  No (If NO – End Homeless History Interview) | Client doesn’t know  Client prefers not to answer |
| On the night before your previous stay, was that on the streets, in an Emergency Shelter, or Safe Haven?  No  Yes | | | | Approximate date this episode of homelessness started:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | / |  |  | / |  |  | | | |
| Total number of times homeless on the street, in ES, or SH in the past three years  One time  Two times  Three times  Four times  Client doesn’t know  Client prefers not to answer | | | | Total number of months homeless on the street, in emergency shelter, or SH in the past three years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

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| **Domestic Violence** |
| **Are you, or have you been a survivor of domestic or intimate partner violence?**  No  Yes  Client doesn’t know  Client prefers not to answer |
| **If YES, how long ago did you have this experience?**  Within the past 3 months  1 year ago or more  3 to 6 months ago  6 months to 1 year ago  Client doesn’t know  Client prefers not to answer |
| **If Yes, are you currently fleeing?**  No  Yes  Client doesn’t know  Client prefers not to answer |

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| **SOAR Connection** |
| **Connection with SOAR**  No  Yes  Client doesn’t know  Client prefers not to answer |

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| **Education** |
| **What is the highest level of school that you have completed?**   |  |  |  |  | | --- | --- | --- | --- | | Less than Grade 5 | Grade 5-6 | Grades 7-8 | Grades 9-11 | | Grade 12 | School program does not have grade levels | GED | Some college | | Associate degree | Bachelor’s degree | Graduate degree | Vocational certification | | Client doesn’t know | Client prefers not to answer |  |  | |

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| **Veteran Information** | |
| **Year entered military service:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  | | **Year separated from military service:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  | |
| World War II | Yes  No  Client prefers not to answer |
| Korean War | Yes  No  Client prefers not to answer |
| Vietnam War | Yes  No  Client prefers not to answer |
| Persian Gulf War | Yes  No  Client prefers not to answer |
| Afghanistan | Yes  No  Client prefers not to answer |
| Iraq Freedom | Yes  No  Client prefers not to answer |
| Iraq Dawn | Yes  No  Client prefers not to answer |
| Other Peace-keeping Operations or Military Interventions | Yes  No  Client prefers not to answer |
| Branch of the Military | Army  Air Force  Navy  Marines  Coast Guard  Client doesn’t know  Space Force  Client prefers not to answer  Data not collected |
| Discharge Status | Honorable  General under honorable conditions  Under other than honorable conditions  Bad Conduct  Dishonorable  Uncharacterized  Client doesn’t know  Client prefers not to answer  Data not collected |

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| **Percentage of AMI** | 30% or less  31% to 50%  51% to 80%  81% or greater |

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| --- | --- | --- |
| **Client’s Residence/Last Permanent Address** | | |
| **Start Date:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  | | **End Date:**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **/** |  |  | **/** |  |  | | |
| **Client’s Street Address:** |  | |
| **Client’s Apartment Number:** |  | |
| **County of Residence:** |  | |
| **Client’s City:** | **State:** | **Zip:** |
| **Home Phone Number:** |  | |

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| **Employed?** |
| No  Yes  Client doesn’t know  Client prefers not to answer |
| **If yes,Type of Employment** |
| Full-Time  Seasonal/sporadic (including day labor)  Part-Time  Data not collected |
| **In No, Why not Employed** |
| Looking for work  Not looking for work  Unable to work  Data not collected |

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| **VAMC Station Number** |  |
| **SSVF HP Targeting Criteria** | |
| Is Homelessness Prevention targeting screener required? | Yes  No |
| Current housing loss expected within... | 0-6 days  7-13 days  14-21 days  More than 21 days |
| Current household income | 0-14% of Area Median Income  15-30% of AMI for household size  More than 30% of AMI for household size |
| History of literal homelessness (street/shelter/transitional housing) (any adult) | Most recent episode occurred in the last year  Most recent episode occurred more than one year ago  None |
| Head of Household is not a current leaseholder | Yes  No |
| Head of House (HoH) never been a leaseholder | 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 within the past 7 years (any adult) | No prior rental evictions  1 prior rental eviction  2 or more rental evictions |
| Criminal record for arson, drug dealing or manufacture of felony offense against person or property (any adult) | Yes  No |
| Incarcerated as adult (any adult in the household) | Not incarcerated  Incarcerated once  Incarcerated two or more times |
| Discharged from jail or prison within last six months after incarceration of 90 days or more (adults) | Yes  No |
| Registered sex offender (any household member) | Yes  No |
| Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing | Yes  No |
| Currently pregnant (any household member) | Yes  No |
| Single parent with minor child(ren) | Yes  No |
| Household includes one of more young children (age six or under), or a child who requires significant care | No  Youngest child is under one year  Youngest child is 1 to 6 years old and/or one or more children (any age) require 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 homelessness system when compared to the general population. | Yes  No |
| HP applicant total points (integer) |  |
| Grantee targeting threshold score (integer) |  |

**Staff Completing (Printed Name): Date:**

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