

FOR USE BY VA-FUNDED SSVF HOMELESSNESS PREVENTION, SSVF RAPID REHOUSING, AND GPD PROJECTS THAT SERVE HOUSEHOLDS WITH MORE THAN ONE PERSON

HEALTH INSURANCE COVERAGE INFORMATION

COVERED BY HEALTH INSURANCE? Client doesn't know
 Client prefers not to answer

Yes (If yes, select answer for each type below.)
 No (If no, answer No for all types in HMIS.)

HEALTH INSURANCE TYPES (HUD TABLE)	Yes	No		Yes	No
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance through COBRA	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Health Administration	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program	<input type="checkbox"/>	<input type="checkbox"/>
Employer-Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

DISABLING CONDITION INFORMATION

DISABLING CONDITIONS? Client doesn't know
 Client prefers not to answer

Yes (If yes, select answer for each type below.)
 No (If no, answer No for all types in HMIS.)

DISABLING CONDITIONS (HUD TABLE)	Yes	No	Doesn't know	Prefers not to answer		Yes	No	Doesn't know	Prefers not to answer
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, does it affect their ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AK DISABLING CONDITIONS	Yes	No	Doesn't know	Prefers not to answer
Alzheimer's Disease and Related Dementias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Alcoholism or other substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual or Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ALASKA NATIVE REGIONAL CORPORATION

PRIMARY REGIONAL CORPORATION Client doesn't know
 Client prefers not to answer

Not Affiliated Sealaska Doyon Limited Calista
 Bering Straits Native Ahtna 13th Regional Koniag Chugach Alaska
 Cook Inlet Regional Bristol Bay Native Aleut Arctic Slope Regional NANA Regional

SECONDARY REGIONAL CORPORATION, IF APPLICABLE:

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HOUSEHOLD MEMBER NAME

This form is for Heads of Household and Adults only. Print additional copies as needed.

First Name	MI	Last Name	Aliases

FEDERAL REPORTING REQUIREMENTS

RELATIONSHIP TO HEAD OF HOUSEHOLD (HOH)			
<input type="checkbox"/> Self (Hoh)	<input type="checkbox"/> HoH's child	<input type="checkbox"/> HoH's other relation member	<input type="checkbox"/> HoH's spouse or partner
<input type="checkbox"/> Other: non-relation member		<input type="checkbox"/> Unknown	

ENROLLMENT COC	
<input type="checkbox"/> AK-500 Anchorage Continuum of Care	<input type="checkbox"/> AK-501 Alaska Balance of State Continuum of Care

HOUSING MOVE-IN INFORMATION (housing projects only)

IF THE CLIENT HAS NOT MOVED INTO HOUSING AT PROJECT START, LEAVE THIS FIELD BLANK IN HMIS.

HOUSING MOVE-IN DATE

CLIENT DEMOGRAPHICS

DATE OF BIRTH	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Full DOB <input type="checkbox"/> Partial DOB	

RACE AND ETHNICITY	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Black, African American, or African <input type="checkbox"/> White <input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Additional (specify):	

GENDER	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Non-Binary <input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Questioning <input type="checkbox"/> Culturally Specific Identity (e.g., Two-Spirit) <input type="checkbox"/> Different Identity (specify): <input type="checkbox"/> Transgender	

SEXUAL ORIENTATION (HEAD OF HOUSEHOLD AND ADULTS ONLY)	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Heterosexual/Straight <input type="checkbox"/> Lesbian <input type="checkbox"/> Questioning/Unsure <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual <input type="checkbox"/> Other/Additional (specify to the right) →	<input type="checkbox"/> Aromantic <input type="checkbox"/> Pansexual <input type="checkbox"/> Asexual <input type="checkbox"/> Queer <input type="checkbox"/> Demisexual <input type="checkbox"/> Other (Ex: same gender-loving, stud)

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HEALTH INSURANCE COVERAGE INFORMATION

COVERED BY HEALTH INSURANCE? Client doesn't know
 Client prefers not to answer

Yes (If yes, select answer for each type below.)
 No (If no, answer No for all types in HMIS.)

HEALTH INSURANCE TYPES (HUD TABLE)	Yes	No		Yes	No
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	Health Insurance through COBRA	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	Private Pay Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>
State Children's Health Insurance Program	<input type="checkbox"/>	<input type="checkbox"/>	State Health Insurance for Adults	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Health Administration	<input type="checkbox"/>	<input type="checkbox"/>	Indian Health Services Program	<input type="checkbox"/>	<input type="checkbox"/>
Employer-Provided Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	<input type="checkbox"/>

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DISABLING CONDITIONS? Client doesn't know
 Client prefers not to answer

Yes (If yes, select answer for each type below.)
 No (If no, answer No for all types in HMIS.)

DISABLING CONDITIONS (HUD TABLE)	Yes	No	Doesn't know	Prefers not to answer		Yes	No	Doesn't know	Prefers not to answer
Alcohol Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If Yes, does it affect their ability to live independently?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Both Alcohol and Drug Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Health Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Developmental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Drug Use Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIV / AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Mental Health Disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AK DISABLING CONDITIONS	Yes	No	Doesn't know	Prefers not to answer
Alzheimer's Disease and Related Dementias	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic Alcoholism or other substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual or Developmental Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Traumatic Brain Injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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PRIOR LIVING SITUATION INFORMATION (Heads of Household and Adults only)

TYPE OF RESIDENCE: LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer										
Homeless Situation	<input type="checkbox"/> Place not meant for habitation (for example: car, park, abandoned building, bus station, airport, tent) <input type="checkbox"/> Emergency shelter (ES), including hotel or motel paid for with ES voucher, Host Home shelter											
Institutional Situation	<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 use treatment facility or detox center											
Temporary Housing Situation	<input type="checkbox"/> Transitional housing for homeless persons youth (including homeless youth) <input type="checkbox"/> Residential project/halfway house with no homeless criteria <input type="checkbox"/> Hotel/motel paid for without ES voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in friend's room, apartment, or house <input type="checkbox"/> Staying or living in family's room, apartment, or house											
Permanent Housing Situation	<input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with housing subsidy (specify to the right) → <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 housing subsidy, specify only one: <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> GPD TIP</td> <td><input type="checkbox"/> Other ongoing subsidy</td> </tr> <tr> <td><input type="checkbox"/> VASH</td> <td><input type="checkbox"/> Family Unification Program (FUP)</td> </tr> <tr> <td><input type="checkbox"/> RRH or equivalent</td> <td><input type="checkbox"/> Foster Youth to Independence (FYI)</td> </tr> <tr> <td><input type="checkbox"/> Housing Choice (HCV)</td> <td><input type="checkbox"/> Permanent Supportive Housing (PSH)</td> </tr> <tr> <td><input type="checkbox"/> Public housing</td> <td><input type="checkbox"/> Other PH dedicated to formerly homeless</td> </tr> </table>	<input type="checkbox"/> GPD TIP	<input type="checkbox"/> Other ongoing subsidy	<input type="checkbox"/> VASH	<input type="checkbox"/> Family Unification Program (FUP)	<input type="checkbox"/> RRH or equivalent	<input type="checkbox"/> Foster Youth to Independence (FYI)	<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Permanent Supportive Housing (PSH)	<input type="checkbox"/> Public housing	<input type="checkbox"/> Other PH dedicated to formerly homeless
<input type="checkbox"/> GPD TIP	<input type="checkbox"/> Other ongoing subsidy											
<input type="checkbox"/> VASH	<input type="checkbox"/> Family Unification Program (FUP)											
<input type="checkbox"/> RRH or equivalent	<input type="checkbox"/> Foster Youth to Independence (FYI)											
<input type="checkbox"/> Housing Choice (HCV)	<input type="checkbox"/> Permanent Supportive Housing (PSH)											
<input type="checkbox"/> Public housing	<input type="checkbox"/> Other PH dedicated to formerly homeless											

LENGTH OF STAY IN LIVING SITUATION IMMEDIATELY PRIOR TO PROJECT START		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights	<input type="checkbox"/> One week or more, but less than a month <input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer

IF THE CLIENT IS CURRENTLY EXPERIENCING HOMELESSNESS, ANSWER THE FOLLOWING.

APPROXIMATE DATE THIS CURRENT EPISODE OF HOMELESSNESS STARTED
_____ / _____ / _____

IF THE CLIENT HAS EXPERIENCED HOMELESSNESS IN THE PAST THREE YEARS, ANSWER THE FOLLOWING.

NUMBER OF EPISODES OF HOMELESSNESS IN THE PAST THREE YEARS INCLUDING TODAY	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> 1 time <input type="checkbox"/> 2 times <input type="checkbox"/> 3 times <input type="checkbox"/> 4 or more times	

IF THE CLIENT HAS EXPERIENCED HOMELESSNESS IN THE PAST THREE YEARS, ANSWER THE FOLLOWING.

NUMBER OF MONTHS HOMELESS IN THE PAST THREE YEARS INCLUDING THIS MONTH	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer	
<input type="checkbox"/> 1 month (1 st month in the past 3 years) <input type="checkbox"/> 2 months <input type="checkbox"/> 3 months <input type="checkbox"/> 4 months <input type="checkbox"/> 5 months	<input type="checkbox"/> 6 months <input type="checkbox"/> 7 months <input type="checkbox"/> 8 months <input type="checkbox"/> 9 months	<input type="checkbox"/> 10 months <input type="checkbox"/> 11 months <input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months

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DV INFORMATION

DOMESTIC VIOLENCE VICTIM/SURVIVOR?			<input type="checkbox"/> Client doesn't know
			<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each question below.)			
<input type="checkbox"/> No			
<i>When did the last experience occur?</i>	<input type="checkbox"/> Within past 3 months	<input type="checkbox"/> 6 to 12 months ago	<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> 3 to 6 months ago	<input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client prefers not to answer
<i>Are you currently fleeing?</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> Client doesn't know
	<input type="checkbox"/> No		<input type="checkbox"/> Client prefers not to answer

MONTHLY INCOME INFORMATION

INCOME FROM ANY SOURCE?		<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.)		
<input type="checkbox"/> No (If no, answer No for all types in HMIS.)		

SOURCES OF INCOME (HUD TABLE)	Yes (specify)	No	Yes (specify)	No
Alimony/Other spousal support	<input type="checkbox"/> \$	<input type="checkbox"/>	Retirement income from social security	<input type="checkbox"/> \$ <input type="checkbox"/>
Child support	<input type="checkbox"/> \$	<input type="checkbox"/>	SSDI	<input type="checkbox"/> \$ <input type="checkbox"/>
Earned income	<input type="checkbox"/> \$	<input type="checkbox"/>	SSI	<input type="checkbox"/> \$ <input type="checkbox"/>
General assistance	<input type="checkbox"/> \$	<input type="checkbox"/>	TANF	<input type="checkbox"/> \$ <input type="checkbox"/>
Other: AK Permanent Fund Dividend (PFD)	<input type="checkbox"/> \$	<input type="checkbox"/>	Unemployment insurance	<input type="checkbox"/> \$ <input type="checkbox"/>
Other: AK Native Corp. Dividend	<input type="checkbox"/> \$	<input type="checkbox"/>	VA non-svc connected disability pension	<input type="checkbox"/> \$ <input type="checkbox"/>
Other (specify):	<input type="checkbox"/> \$	<input type="checkbox"/>	VA svc connected disability compensation	<input type="checkbox"/> \$ <input type="checkbox"/>
Pension/Retirement income	<input type="checkbox"/> \$	<input type="checkbox"/>	Worker's Compensation	<input type="checkbox"/> \$ <input type="checkbox"/>
Private disability insurance	<input type="checkbox"/> \$	<input type="checkbox"/>	Total Monthly Income: \$	

NON-CASH BENEFITS INFORMATION

NON-CASH BENEFITS FROM ANY SOURCE?		<input type="checkbox"/> Client doesn't know
		<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Yes (If yes, select answer for each type below.)		
<input type="checkbox"/> No (If no, answer No for all types in HMIS.)		

SOURCES OF NON-CASH BENEFITS (HUD TABLE)	Yes	No	Yes	No
TANF Child Care Services	<input type="checkbox"/>	<input type="checkbox"/>	SNAP (Food Stamps)	<input type="checkbox"/> <input type="checkbox"/>
Special Supp. Nutrition Program for WIC	<input type="checkbox"/>	<input type="checkbox"/>	Other TANF-Funded Services	<input type="checkbox"/> <input type="checkbox"/>
TANF Transportation Services	<input type="checkbox"/>	<input type="checkbox"/>	Other (specify):	<input type="checkbox"/> <input type="checkbox"/>

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VETERAN INFORMATION (SSVF & GPD)

VETERANS INFORMATION			
Year entered service:			
Year separated from service:			
Specific Theatre of Operations Select one.	<input type="checkbox"/> World War II <input type="checkbox"/> Korean War	<input type="checkbox"/> Vietnam War <input type="checkbox"/> Persian Gulf War	<input type="checkbox"/> Afghanistan <input type="checkbox"/> Iraq Freedom <input type="checkbox"/> Iraq Dawn <input type="checkbox"/> Other Operations
Branch of the Military Select one.	<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy <input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard		
Discharge Status Select one.	<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"/> Uncharacterized	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused

VA MEDICAL CENTER (VAMC) STATION NUMBER

EMPLOYMENT STATUS	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> Yes (Type of Employment): <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/sporadic/day labor	
<input type="checkbox"/> No (Why not Employed): <input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	

VETERAN INFORMATION (SSVF only)

PERCENT OF AMI (SSVF ELIGIBILITY) Select one.
<input type="checkbox"/> 30% or less
<input type="checkbox"/> 31% to 50%
<input type="checkbox"/> 51% to 80%
<input type="checkbox"/> 81% or greater

CONNECTION WITH SOAR <i>SSI/SSDI Outreach, Access, and Recovery (SOAR)</i>	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	

LAST GRADE COMPLETED	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused
<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> GED
<input type="checkbox"/> Grades 5 - 6	<input type="checkbox"/> Some College
<input type="checkbox"/> Grades 7 - 8	<input type="checkbox"/> Associate's Degree
<input type="checkbox"/> Grades 9 - 11	<input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Grade 12 / High School Diploma	<input type="checkbox"/> Graduate Degree
<input type="checkbox"/> School Program does not have grades	<input type="checkbox"/> Vocational Certification

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HP TARGETING CRITERIA (SSVF HOMELESSNESS PREVENTION only)

Is Homelessness Prevention targeting screener required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Housing loss expected within...	<input type="checkbox"/> 1-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days
Current household income	<input type="checkbox"/> \$0 (i.e., not employed, not receiving cash benefits, no other current income) <input type="checkbox"/> 1-14% of Area Median Income (AMI) for household size <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% of AMI for household size
Past experience of Homelessness (street/shelter/transitional housing) (any adult)	<input type="checkbox"/> Most recent episode occurred within the last year <input type="checkbox"/> Most recent episode occurred more than one year ago <input type="checkbox"/> None
Head of Household is not a current leaseholder/renter of unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head of Household has never been a leaseholder/renter of unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Evictions within the past 7 years (any adult)	<input type="checkbox"/> No prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> 2 or more prior rental evictions
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Incarcerated as adult (any adult in household)	<input type="checkbox"/> Not incarcerated <input type="checkbox"/> Incarcerated once <input type="checkbox"/> Incarcerated two or more times
Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Registered sex offender (any household members)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Currently pregnant (any household member)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single parent/guardian household with minor child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household includes one or more young children (age six or under), or a child who requires significant care	<input type="checkbox"/> No <input type="checkbox"/> Youngest child is under 1 year old <input type="checkbox"/> 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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population.	<input type="checkbox"/> Yes <input type="checkbox"/> No
HP applicant total points:	
Grantee targeting threshold score	

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SSVF SERVICES PROVIDED (SSVF HP AND RRH)

Record each service on the date it is provided. Print additional copies of this page as needed.

Date SSVF Service Provided:			
Service Type	<input type="checkbox"/> Outreach services	<input type="checkbox"/> VA vocational and rehabilitation counseling	<input type="checkbox"/> Educational assistance
	<input type="checkbox"/> Case management services	<input type="checkbox"/> Employment and training services	<input type="checkbox"/> Health care services
	<input type="checkbox"/> Assistance obtaining VA benefits (specify to the right) →	<input type="checkbox"/> Health care services	<input type="checkbox"/> Legal services – eviction prevention
	<input type="checkbox"/> Assistance obtaining/coordinating other public benefits (specify to the right) →	<input type="checkbox"/> Daily living services	<input type="checkbox"/> Legal services – outstanding fines and penalties
	<input type="checkbox"/> Direct provision of other public benefits (specify to the right) →	<input type="checkbox"/> Personal financial planning services	<input type="checkbox"/> Legal services – restore/acquire driver’s license
	<input type="checkbox"/> Transportation services	<input type="checkbox"/> Legal services – other	
	<input type="checkbox"/> Fiduciary and representative payee services	<input type="checkbox"/> child care	
	<input type="checkbox"/> Legal services – child support	<input type="checkbox"/> Housing counseling	
	<input type="checkbox"/> Personal financial planning services	<input type="checkbox"/> Legal services – outstanding fines and penalties	
	<input type="checkbox"/> Transportation services	<input type="checkbox"/> Legal services – restore/acquire driver’s license	
	<input type="checkbox"/> Income support services	<input type="checkbox"/> Legal services – other	
	<input type="checkbox"/> Fiduciary and representative payee services	<input type="checkbox"/> Child care	
	<input type="checkbox"/> Legal services – child support	<input type="checkbox"/> Housing counseling	
	<input type="checkbox"/> Legal services – eviction prevention		
<input type="checkbox"/> Other (non-TFA) supportive service approved by VA (Specify):			
<input type="checkbox"/> Shallow Subsidy			
<input type="checkbox"/> Returning Home			
<input type="checkbox"/> Rapid Resolution			
Service Notes:			

Date SSVF Service Provided:			
Service Type	<input type="checkbox"/> Outreach services	<input type="checkbox"/> VA vocational and rehabilitation counseling	<input type="checkbox"/> Educational assistance
	<input type="checkbox"/> Case management services	<input type="checkbox"/> Employment and training services	<input type="checkbox"/> Health care services
	<input type="checkbox"/> Assistance obtaining VA benefits (specify to the right) →	<input type="checkbox"/> Health care services	<input type="checkbox"/> Legal services – eviction prevention
	<input type="checkbox"/> Assistance obtaining/coordinating other public benefits (specify to the right) →	<input type="checkbox"/> Daily living services	<input type="checkbox"/> Legal services – outstanding fines and penalties
	<input type="checkbox"/> Direct provision of other public benefits (specify to the right) →	<input type="checkbox"/> Personal financial planning services	<input type="checkbox"/> Legal services – restore/acquire driver’s license
	<input type="checkbox"/> Transportation services	<input type="checkbox"/> Legal services – other	
	<input type="checkbox"/> Fiduciary and representative payee services	<input type="checkbox"/> child care	
	<input type="checkbox"/> Legal services – child support	<input type="checkbox"/> Housing counseling	
	<input type="checkbox"/> Personal financial planning services	<input type="checkbox"/> Legal services – outstanding fines and penalties	
	<input type="checkbox"/> Transportation services	<input type="checkbox"/> Legal services – restore/acquire driver’s license	
	<input type="checkbox"/> Income support services	<input type="checkbox"/> Legal services – other	
	<input type="checkbox"/> Fiduciary and representative payee services	<input type="checkbox"/> Child care	
	<input type="checkbox"/> Legal services – child support	<input type="checkbox"/> Housing counseling	
	<input type="checkbox"/> Legal services – eviction prevention		
<input type="checkbox"/> Other (non-TFA) supportive service approved by VA (Specify):			
<input type="checkbox"/> Shallow Subsidy			
<input type="checkbox"/> Returning Home			
<input type="checkbox"/> Rapid Resolution			
Service Notes:			

