MSCCoC_MIS SSVF Project Start

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FOR TEXT FIELDS, USE BLOCK LETTERS. OTHERWISE, MARK APPROPRIATE BOXES WITH AN "X". Complete a separate form for each member of the household.

Date of Data Collection

		/			/				
Month			Day			Year			

Client ID

NAME (first, middle, last name, suffix (e.g., Jr, Sr, III)) [All clients]

First Name:																										
Middle Name:																										
Last Name:																										
Suffix:																										
Alias:																										

Social Security Number: [All clients]

			-			-				

Date of Birth: (e.g., 10/23/1978) [All clients]

		/			/				
Month			Day			Year			

PRIMARY RACE (MORE THAN ONE RACE IS PERMITTED. (ALL CLIENTS) *PLEASE IDENTIFY THE PRIMARY RACE*

☐	American Indian or Alaskan Native	☐	White
☐	Asian	☐	Client doesn't know
☐	Black or African American	☐	Client refused
☐	Native Hawaiian or Other Pacific Islander	☐	Other

Ethnicity (All clients)

☐	Non-Hispanic / Non-Latino	☐	Client doesn't know
☐	Hispanic / Non-Latino	☐	Client refused

Gender (All clients)

☐	Female	☐	Gender Non-Conforming (i.e., not exclusively male or female
☐	Male	☐	Client doesn't know
☐	Trans Female (MTF or Male to Female)	☐	Client refused
☐	Trans Male (FTM or Female to Male)		

Veterans Status (all clients)

☐	No	☐	Client doesn't know
☐	Yes	☐	Client refused

Pregnancy

☐	Are you Pregnant?	☐	No	☐	Yes

EMERGENCY CONTACT INFORMATION

Contact's Name_____ **Phone Number** _____

Address_____ **Relationship to Client**_____

City_____ **State** _____

Start Date

			-						

Month Day Year

End Date

		/			/				

Month Day Year

Last Grade Completed/Highest Grade Completed

☐	Less than Grade 5	☐	Associates degree
☐	Grades 5 - 6	☐	Bachelor's degree
☐	Grades 7 - 8	☐	Graduate degree
☐	Grades 9 - 11	☐	Vocational certification
☐	Grade 12 - High School Diploma	☐	Client Doesn't Know
☐	School Program does not have grade levels	☐	Client Refused
☐	GED	☐	Data Not Collected
☐	Some College		

DOMESTIC VIOLENCE VICTIM (ALL CLIENTS)

☐	No	☐	Yes

If Victim of DV - How Long Ago? (All Clients)

☐	1 Day to 3 Months	☐	More than a Year
☐	3 Months to 6 Months	☐	Client doesn't know
☐	6 Months to 1 Year	☐	Client refused

Are you currently fleeing?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Client Location: TN-501

Relationship to Head of Household [All clients]

☐	Self (Head of Household & Singles)	☐	Head of household's other relation to head of household
☐	Head of household's child	☐	Other: non-relation to head of household
☐	Head of household's spouse or partner	☐	Specify Relation: _____

HOMELESS INFORMATION

Residence Prior to Project Entry?

☐	Place not meant for habitation	☐	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	☐	Interim Housing
☐	Foster care home or foster care group home	☐	Jail, prison or juvenile detention facility	☐	Psychiatric hospital or other psychiatric facility
☐	Hospital or other residential non-psychiatric medical facility	☐	Long-term care facility or nursing home	☐	Substance abuse treatment facility or detox center
☐	Hotel or motel paid for without emergency shelter voucher	☐	Rental by client, with VASH subsidy	☐	Staying or living in a friend's room, apartment or house
☐	Owned by client, no ongoing housing subsidy	☐	Rental by client, with GPD TIP subsidy	☐	Transitional housing for homeless persons (including homeless youth)
☐	Owned by client, with ongoing housing subsidy	☐	Rental by client, with other ongoing housing subsidy	☐	Client doesn't know
☐	Permanent housing for formerly homeless persons (such as: a CoC project; HUD legacy programs; or HOPWA PH)	☐	Residential project or halfway house with no homeless criteria	☐	Client refused
☐	Rental by client, no ongoing housing subsidy	☐	Staying or living in a family member's room, apartment or house	☐	Data not collected
☐	VA Medical Referral				

Approximate date homelessness started:

		/			/				
Month			Day			Year			

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:

☐	One Time	☐	Two times	☐	Three times
☐	Four or more times	☐	Client doesn't know	☐	Client refused
☐	Hospital or other residential non-psychiatric medical facility	☐	Long-term care facility or nursing home	☐	Substance abuse treatment facility or detox center

Total number of months homeless on the street, in ES, or SH in the past three years:

☐	One month (this is the first time)	☐	2	☐	3	☐	4
☐	5	☐	6	☐	7	☐	8
☐	9	☐	10	☐	11	☐	12
☐	More than 12	☐	Client doesn't know	☐	Client refused	☐	Data not collected

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: _____ County of Residence: _____

Reason for Leaving this Residence

☐ Building Condemned ☐ Evicted ☐ Family/Friend Conflict ☐ 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 _____ State:_____ Landlord's Phone:_____

Zip Code of Last Permanent Address:_____

INCOME & SOURCES *PROOF NEEDED*

PERCENTAGE OF AMI (SSVF Eligibility):

☐	Less than 30%	☐	30% to 50%	☐	Greater than 50%

What is the Household total monthly income?

$_____

Have you received income from any source? ☐ No ☐ Yes

If yes for "Income from any source:

Indicate all sources and dollar amounts for the source that apply:

No	Yes	Source of Income	Amount	No	Yes	Source of Income	Amount
☐	☐	Earned income (i.e. employment income)	$	☐	☐	Worker's Compensation	$
☐	☐	Supplemental Security Income (SSI)	$	☐	☐	Temporary Assistance for Needy Families (TANF)	$
☐	☐	Social Security Disability Income (SSDI)	$	☐	☐	General Assistance (GA)	$
☐	☐	VA Service Connected Disability Compensation	$	☐	☐	VA Non Service Connected Disability Pension	$
☐	☐	Retirement Income from Social Security	$	☐	☐	Responses Pension or retirement income from a former job	$
☐	☐	Private disability insurance	$	☐	☐	Child support	$
☐	☐	Unemployment Insurance	$	☐	☐	Alimony and other spousal support	$
☐	☐	Other Source (specify	$				

NON-CASH BENEFITS *PROOF NEEDED*

Have you received non-cash benefits from any source?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

If yes for non-cash benefits from any source and dollar amounts for the source that apply:

No	Yes	Source of Benefit	Amount	No	Yes	Source of Benefit	Amount
☐	☐	Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	$	☐	☐	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC	$
☐	☐	SANF Child Care services (or use local name)	$	☐	☐	Temporary Assistance for Needy Families (TANF)	$
☐	☐	TANF transportation services (or use local name)	$	☐	☐	Other TANF unded Services (or use local name)	$
☐	☐	Section 8, public housing, or other ongoing rental assistance	$	☐	☐	Temporary rental assistance	$

☐	☐	Other Source	$	If yes to "Other" Source, please specify

DISABILITY INFORMATION *PROOF NEEDED*

Does client have a disability?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

ALCOHOL ABUSE

☐	No	☐	Yes	Date Information Collected:			/			/							
							Month			Day				Year			

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Is there Documentation of the disability and severity on file?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Currently receiving services/treatment for this disability?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

CHRONIC HEALTH CONDITION

☐	No	☐	Yes	Date Information Collected:			/			/							
							Month			Day				Year			

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Is there Documentation of the disability and severity on file?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Currently receiving services/treatment for this disability?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

DEVELOPMENTAL DISABILITY

☐	No	☐	Yes	Date Information Collected:			/			/							
							Month			Day				**Year**			

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Is there Documentation of the disability and severity on file?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Currently receiving services/treatment for this disability?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

HIV/AIDS

☐	No	☐	Yes	Date Information Collected:			/			/							
							Month			Day				Year			

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Is there Documentation of the disability and severity on file?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Currently receiving services/treatment for this disability?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

MENTAL HEALTH CONDITION

☐	No	☐	Yes	Date Information Collected:			/			/				
						Month		Day			Year				

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Is there Documentation of the disability and severity on file?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Currently receiving services/treatment for this disability?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

PHYSICAL CONDITION

☐	No	☐	Yes	Date Information Collected:			/			/				
						Month		Day			Year				

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Is there Documentation of the disability and severity on file?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

Currently receiving services/treatment for this disability?

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected

INSURANCE INFORMATION *PROOF NEEDED*

COVERED BY HEALTH INSURANCE?

☐	No	☐	Yes	Date Information Collected:			/			/				

HEALTH INSURANCE PROVIDERS

NO	YES		NO	YES	
☐	☐	MEDICAID	☐	☐	Health Insurance obtained through COBRA
☐	☐	MEDICARE	☐	☐	Private Pay Health Insurance
☐	☐	State Children's Health Insurance Program (or use local name)	☐	☐	State Health Insurance for Adults (or use local name)
☐	☐	Veteran's Administration (VA) Medical Services	☐	☐	Indian Health Services Program
☐	☐	Employer – Provided Health Insurance	☐	☐	Other

VETERAN INFORMATION *PROOF NEEDED*

DATE ENTERED MILITARY SERVICE

YEAR SEPARATED FROM MILITARY SERVICE

		/			/				
Month			Day			Year			

		/			/				
Month			Day			Year			

Branch of Service

☐	Army
☐	Airforce
☐	Navy
☐	Marines
☐	Coast Guard
☐	Client doesn't know
☐	Client Refused
☐	Data Not Collected

Type of Discharge

☐	Honorable
☐	General Under Honorable Conditions
☐	Under Other than Honorable Conditions
☐	Bad Conduct
☐	Dishonorable
☐	Uncharacterized
☐	Client Doesn't Know
☐	Client Refused
☐	Data Not Collected

War/Conflict	YES	NO	Client Doesn't Know	Client Refused	Data Not Collected
World War II	☐	☐	☐	☐	☐
Korean War	☐	☐	☐	☐	☐
Vietnam War	☐	☐	☐	☐	☐
Persian Gulf War	☐	☐	☐	☐	☐
Afghanistan	☐	☐	☐	☐	☐
Iraqi Freedom	☐	☐	☐	☐	☐
Iraqi Dawn	☐	☐	☐	☐	☐
Other Peace-keeping Operations or Military Interventions	☐	☐	☐	☐	☐

Residential Move in Date:

		/			/				
Month			Day			Year			

VAMC Station Number:_____

Female Veteran? ☐No ☐Yes

SSVF HP TARGETING CRITERIA

1. **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.**
   ☐No ☐Yes
2. Current housing loss expected within:
   ☐0 – 6 Days ☐7 – 13 Days ☐14 – 21 Days ☐More than 21 Days
3. **Current household income is $0**
   ☐No ☐Yes
4. **Annual household gross income amount:**
   ☐ 0 to 14% ☐15% to 30% ☐than 30%
5. **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 6 months

☐No ☐Yes

6. 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

☐No ☐Yes

7. Rental Evictions within the Past 7 Years

☐4 or more prior rental evictions

☐2 – 3 prior rental evictions

☐1 prior rental evictions

☐ 0 prior rental evictions

8. Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit?

☐No ☐Yes

9. History of Literal Homelessness (street/shelter/transitional housing)

☐4 or more times or total of at least 12 months in past three years

☐2 – 3 times in past three years

☐1 times in past three years

☐ None

10. Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing

☐No ☐Yes

11. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property

☐No ☐Yes

12. Registered sex offender

☐No ☐Yes

13. At least one dependent child under age 6

☐No ☐Yes

14. Single parent with minor child(ren)

☐No ☐Yes

15. Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)

☐No ☐Yes

16. Any Veteran in household served in Iraq or Afghanistan

☐No ☐Yes

17. Female Veteran

☐No ☐Yes

18. HP applicant total points _____

19. Grantee targeting threshold score _____

20. Number of visits to an emergency room in the past year

☐0 ☐1 – 2

☐3 – 5 ☐6 – 10

☐11 – 20 ☐More than 20

☐Client Don't Know ☐Client Refused

☐Data Not Collected

21. Approximate number of nights in jail / prison in the past year

☐0 ☐1 – 2

☐3 – 5 ☐6 – 10

☐11 – 20 ☐More than 20

☐ Client Don't Know
☐ Client Refused
☐ Data Not Collected

22. Approximate number of nights spent in an inpatient medical facility in the past year

☐ 0
☐ 1 – 2
☐ 3 – 5
☐ 6 – 10
☐ 11 – 20
☐ More than 20
☐ Client Don't Know
☐ Client Refused
☐ Data Not Collected

Housing Move in Date:

		/			/				
Month			Day			Year			

Connection to SOAR

☐	No	☐	Yes	☐	Client doesn't know	☐	Client refused	☐	Data not collected