

Supportive Services for Veteran Families (SSVF) Homelessness Prevention Screening Form

SCREENING DATE (e.g., 10/01/2015)

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APPLICANT HEAD OF HOUSEHOLD (IDENTIFY VETERAN MEMBER OF HOUSEHOLD)

First Name

Last Name

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OTHER HOUSEHOLD MEMBERS (attach an additional page as needed)

STAGE 1: VA ELIGIBILITY

Eligibility Condition 1. Veteran Status

Did you serve in the active military, naval, or air service, other than training?

YES NO NOT SURE

Were you discharged or released under conditions other than dishonorable?

YES NO NOT SURE

Note: Bad Conduct discharges are not the same as dishonorable, and as such, are eligible. Furthermore, for Veterans with multiple discharges, the best discharge status may be used for SSVF eligibility.

SSVF STAFF DISPOSITION:

Is applicant an eligible Veteran (as defined above)? YES NO

IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

Documentation obtained? YES NO

IF "NO" AND DOCUMENTATION PENDING, CONTINUE. Please refer to the SSVF Program Manual for further guidance.

Eligibility Condition 2. Very Low Income Status

Household size (all adults/children):

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Total Annual Gross Income from All Sources:

\$		
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50% of Area Median Income for Household Size:

\$		
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SSVF STAFF DISPOSITION:

Is gross annual household income less than 50% Area Median Income for household size (grantee may set lower income threshold)? YES NO

IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

Documentation obtained? YES NO

Eligibility Condition 3. Imminently At-Risk of Literal Homelessness

3A: Imminent Housing Loss

We need to know about your current housing situation. To start with, tell me where you're currently staying and what's happening with your housing.

Where did you stay last night? Is this the primary place you stay or is there somewhere else you normally stay?

Do you have to leave this place or the place you normally stay? If so, why do you have to leave and by when?

Have you tried asking for an extension on your rent payment or negotiating a way to in stay in your current housing? YES NO N/A

If yes, what was the result of the conversation? If no, is this an option for you?

SSVF STAFF DISPOSITION:

Is applicant imminently losing their current primary nighttime residence? YES NO
IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

Documentation obtained? YES NO

3B: Other Housing Options & Resources

We would like to know if you have any other safe and appropriate place to stay – either permanently or while you look for other housing. We would also like to know if you have family, friends or others you know that may be able to help you financially.

Do you have a safe, appropriate residence where you could live if you lose your current home? In particular, would any of the following people/groups be able to offer you a safe, appropriate place to live either permanently or while you seek other housing on your own?

Family member or relative	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
Close or trusted friend	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE
Faith-based group or network where you a member	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> NOT SURE

Have you asked each of these resources for help? If so, please describe:

If you're unsure if they could help OR if there are any people or groups you have NOT contacted for help but you think might be willing to assist you, would you be willing to contact them to find out if they can offer accommodations, financial help, or other assistance to keep you from becoming homeless? This might include family, trusted friends or other groups (faith-based, social, etc.) that might be able to help.

YES NO NOT SURE

If YES, who do you plan to contact?

Name	Relationship to you	Phone number or email

SSVF STAFF DISPOSITION: Briefly summarize efforts and discussion related to other possible housing options and resources and whether applicant lacks other safe/appropriate housing options (either permanent or one they can access while seeking other housing) and resources sufficient to avoid literal homelessness.

Does applicant have other safe/appropriate housing options and/or resources sufficient to avoid literal homelessness? YES NO

IF "YES", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

3C: Financial Resources

We would like to find out if you have any funds or if there is other assistance immediately available to you and that you could access to help you keep your current housing or immediately find other housing.

Approximately how much money would you need to pay immediately in order to keep your housing OR obtain other housing? \$ _____

Do you have any funds or other assistance immediately available to you and that you could access to help you keep your current housing or immediately find other housing?

Approximately how much money do you currently have available in savings, assets or other accounts? \$ _____

Do you have sufficient financial resources to pay for your current housing costs, including any arrears? YES NO NOT SURE

Are there other community resources you have pursued such as other eviction prevention programs, emergency financial assistance programs, utility assistance programs, or local aid programs? YES NO NOT SURE

If you have no other financial resources and are unsure if there are other community resources that could help SSVF staff may know of and help refer you to other resources that would be more appropriate than SSVF. Can we help provide information about other resources? YES NO If YES, identify each resource:

Resource	Potential Assistance Available	Disposition (e.g., information & referral provided; contacted and not available; etc.)

SSVF STAFF DISPOSITION: Briefly summarize efforts and discussion related to financial resources and whether other (non-SSVF) financial resources are available to avoid literal homelessness. If they will lose housing regardless of their own financial resources or other financial assistance, explain.

Does applicant have enough financial resources to avoid literal homelessness? YES NO N/A (Housing loss occurring regardless of financial resources)

IF "YES", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

3D: Other At-Risk Conditions

Check each applicable at-risk condition that is true for the applicant. Ask additional questions as needed to determine the following.

Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance	<input type="checkbox"/>
Is living in the home of another because of economic hardship	<input type="checkbox"/>
Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for SSVF assistance	<input type="checkbox"/>

Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals	<input type="checkbox"/>
Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, or correctional institution) without a stable housing plan	<input type="checkbox"/>
Otherwise lives in housing that has a characteristic associated with instability and an increased risk of homelessness, as identified in the SSVF grantee's VA approved Grantee Screening Criteria and Targeting Threshold Plan. VA approved housing situation(s) (describe):	

SSVF STAFF DISPOSITION:

Does applicant meet one or more of the above conditions? YES NO

IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

Documentation obtained? YES NO

Eligibility Condition 4 (Optional): Other Program Eligibility Conditions

Additional Grantee Eligibility Requirements

(as identified in SSVF grantee's VA approved *Grantee Screening Criteria and Targeting Threshold Plan*)

	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

SSVF STAFF DISPOSITION:

Does applicant meet other grantee eligibility conditions approved by the VA? YES NO

IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

Stage 1: Eligibility Disposition

ELIGIBLE: Meets all eligibility requirements above	<input type="checkbox"/> YES, CONTINUE TO STAGE 2
NOT ELIGIBLE: Does not meet one or more eligibility requirements	<input type="checkbox"/> NO

STAGE 2: TARGETING

Targeting Criteria Check each applicable at-risk condition that is true for the applicant. Use example or additional questions as needed and record applicant responses where indicated.	Response/Notes	'x' all that apply	Point Value
Has moved because of economic factors two or more times in the past 60 days • How many times have you moved in the past 60 days? • What caused you have to move each time?		<input type="checkbox"/>	3
Living in a hotel or motel not paid for by charitable organizations or by Federal, State, or local government programs		<input type="checkbox"/>	3
Living with friends or family, on a temporary basis		<input type="checkbox"/>	3
Being discharged from an institution and reintegrating into the community without a stable housing plan		<input type="checkbox"/>	3
History of homelessness as an adult, prior to any homeless episode occurring in the past 60 days • Have you been homeless before and had to stay in a shelter or on the street? If so, when did you experience that?		<input type="checkbox"/>	3
Households annual gross income is less than 30% of local Area Median Income for household size	30% of Area Median Income for Household Size: \$	<input type="checkbox"/>	3
Housing loss within 14 days		<input type="checkbox"/>	3
At least one dependent child under age 6 • Can you tell me the age(s) of each child in your household?		<input type="checkbox"/>	3
At least one dependent child age 6 – 17		<input type="checkbox"/>	2
Veteran returning from Iraq or Afghanistan		<input type="checkbox"/>	2
Applied for shelter or spent at least one night during the prior 60 days literally homeless (shelter, place not meant for human habitation, transitional housing for homeless persons) • Have you stayed in a shelter or on the street in the past 60 days? If not, did you apply for shelter thinking you needed a temporary place to stay?		<input type="checkbox"/>	2
Sudden and significant loss of income, including employment and/or cash benefits • Have you had any sudden changes in income, whether from employment or cash benefits, that's made it difficult to pay for your housing and other needs?		<input type="checkbox"/>	2
Housing loss in 15-21 days		<input type="checkbox"/>	2
Rental and/or utility arrears • Are you behind on your rent or utilities?		<input type="checkbox"/>	1
Additional Targeting Criteria Established by Grantee (As identified in SSVF grantee's VA-approved Grantee Screening Criteria and Targeting Threshold Plan)			
Describe:		<input type="checkbox"/>	
Describe:		<input type="checkbox"/>	
Total Points			

Stage 2: Targeting Disposition

Meets Targeting Threshold	Continue with SSVF program intake OR other referral if no capacity
VA Approved Targeting Threshold Score:	
Does Not Meet Targeting Threshold	

Applicant Certification

By signing below I certify that the information provided above is correct, so far as I know and understand, and that I do not have other housing options or sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent my household from becoming literally homeless.

Veteran Staff Name: _____

Veteran Signature: _____

Date: _____

SSVF Staff Certification

By signing below I certify that I have worked with the Veteran household to identify housing resources and solutions and believe, based on the information presented, that the Veteran household is eligible for SSVF services and will become literally homeless unless SSVF assistance is provided. Further, I certify that all supporting documentation required for SSVF enrollment has been obtained and verified and is contained in the participant's case file.

SSVF Staff Name: _____

SSVF Staff Signature: _____

Date: _____

SSVF Supervisor Approval

SSVF Staff Signature: _____

Date: _____