

Supportive Services for Veteran Families (SSVF)

Homelessness Prevention (HP) Screening Form (v.2 July 2016)

COMPANION GUIDE

The ***SSVF Homelessness Prevention (HP) Screening Form*** is designed to help staff assess, document, and determine whether a Veteran household applying for SSVF homelessness prevention assistance:

- Meets the criteria for SSVF Program eligibility and imminent risk of literal homelessness (i.e., “Stage 1”), and;
- Meets the established threshold targeting score that prioritizes those most at risk of becoming literally homeless, in the event there are not sufficient resources to assist all eligible Veterans (i.e., “Stage 2”).

This companion guide describes the two stages of screening required for all persons applying for SSVF homelessness prevention assistance (i.e., Category 1 of persons occupying permanent housing). Grantees are required to implement the newest version of the ***SSVF Homelessness Prevention (HP) Screening Form*** (version 2) within their grant program, no later than October 1, 2016. The screening form must be completed by SSVF grantee staff for each applicant household, using information obtained from the Veteran head of household. Questions included on the form are intended to be a starting point for a discussion between program staff and the applicant household regarding program eligibility and targeting criteria for homelessness prevention assistance.

SCREENING FOR STAGE 1: VA SSVF HOMELESSNESS PREVENTION ELIGIBILITY

To be eligible for SSVF homelessness prevention assistance, a household must be screened for and meet each of the VA eligibility conditions described below.

Condition 1. Veteran Status: Applicant household must either be a Veteran or a member of a family in which the head of household, or the spouse of the head of household, is a Veteran. A Veteran is *defined as* “a person who served in the active military, naval or air service, other than for training, and was discharged under conditions other than dishonorable.”

Condition 2. Very Low-Income Status: Applicant household gross annual income must be less than 50% of area median income based on the income limits most recently published at:
<http://www.huduser.org/portal/datasets/il.html>.

Condition 3. Imminently At-Risk of Literal Homelessness: Applicant household must (1) be imminently losing their primary nighttime residence, (2) have no other residence, and (3) not have sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent them from becoming literally homeless.

Determining Imminent Risk: Apart from being a qualified Veteran with very low-income, applicants must also be imminently at-risk of literal homelessness. This means that every Veteran who meets Stage 1 eligibility will become literally homeless in 30 days or less “but for” SSVF assistance (i.e., an applicant has no other housing options and resources and there are no other community resources available to prevent literal homelessness). SSVF is not an eviction prevention program. It is intended to prevent Veterans and their families from losing all housing and ending up in emergency shelter or on the street. Some Veterans who apply for SSVF Homelessness Prevention assistance may be losing their housing, but they have another safe and appropriate housing option – including temporary options – where they can stay while they work to obtain

their own housing. Or, an applicant may have another resource they can use to maintain current housing or obtain new housing. Such applicants would not be considered at imminent risk of literal homelessness.

Sections 3A through 3C of the screening form include questions to determine whether a household is at imminent risk of literal homelessness within 30 days of applying for assistance and is, therefore, eligible for SSVF homelessness prevention services. Staff should use these questions as a starting point and ask additional questions to better understand an applicant's current circumstances and options. SSVF staff should seek to determine whether the household has safe, viable, immediate housing options and resources to keep them from becoming literally homeless.

- **3A: Imminent Housing Loss.** This section explores whether a Veteran household has a place to stay tonight and whether they must in fact leave their current housing arrangement within 30 days. Staff should explore whether the Veteran household could avoid literal homelessness by negotiating directly with their landlord. Staff should also seek to determine if the Veteran household is in immediate need of assistance to ensure they have a safe and appropriate place to stay in the near term. **Note:** Applicants who are losing their housing because they are fleeing or attempting to flee domestic violence are eligible for SSVF Rapid Re-Housing assistance and should instead be screened for RRH assistance.
- **3B: Other Housing Options & Resources.** This section explores whether the Veteran household has other friends, family or close support networks that could assist them in avoiding literal homelessness. SSVF staff should engage in a conversation with the Veteran regarding potential support and use this information to determine whether the household has other housing options and resources available to them. Staff should be particularly mindful of any inappropriate, unsafe, or otherwise unhealthy relationships the Veteran household is reluctant or refuses to pursue and not assume such options are viable to prevent the household's homelessness.
- **3C: Financial Resources.** This section explores whether the Veteran household has financial resources to pay for their immediate housing costs. This may include their own resources, community resources, or financial assistance they are eligible for and is available in time to prevent literal homelessness. This section should still be discussed for planning purposes even if the primary reason for the household losing their current housing is not related to financial need.

Condition 4: Other Program Eligibility Conditions: This is an optional section for additional Grantee Eligibility Requirements that must have been approved by VA as part of the grantee's SSVF grant agreement and, furthermore, must have been proposed to VA within the **Grantee HP Eligibility & Targeting Threshold Score Form**. Applicants for HP services must meet this condition, in addition to those listed in Stage 1. Please note that the option to add an additional program eligibility condition under Stage 1 is for the purposes of prioritizing a specific subpopulation of Veteran households that was included in the approved SSVF grant agreement. For example, an SSVF grantee may have entered into an agreement with VA to serve SSVF eligible households under Rapid Re-housing and/or Homelessness Prevention but is targeting to serve 30% of those households served to be "young Veterans under age 25 with dependent children." Adding program eligibility conditions specifically for homelessness prevention services is to support this prioritization of the targeted subpopulation during the initial screening.

Understanding Stage 1 VA SSVF HP Eligibility Disposition:

Veterans who do not meet Stage 1 eligibility requirements should be identified as "**NOT ELIGIBLE**" on the form and offered information and referral, including a "warm hand off" referral, to other assistance as needed and desired. The household should also be recorded under the "screened but not enrolled" applicants that grantees track outside of the HMIS reporting requirements for SSVF households.

A Veteran household that meets all of the VA eligibility conditions listed in Stage 1 should be identified as “**ELIGIBLE**” on the form and qualifies for, at a minimum, SSVF “Light Touch” homelessness prevention services, which are interventions other than temporary financial assistance. These households should next be screened for Stage 2 Targeting.

STAGE 2: TARGETING

All applicants who meet Stage 1 eligibility must then be screened using the targeting conditions and threshold point system described in Stage 2. Points have been assigned to factors based on research and practical experience. Stage 2 screening provides grantees with a standardized tool for determining how to prioritize eligible Veteran households for SSVF Homelessness Prevention assistance based on: 1) urgency of the applicant’s current housing situation, and; 2) other barriers and vulnerabilities that may impact their ability to quickly secure housing and resolve literal homelessness independently, if they are not assisted and become literally homeless. Stage 2 screening is critical when an SSVF Program does not have sufficient resources or capacity to provide homelessness prevention services to every Veteran household that meets Stage 1 eligibility and is imminently at-risk of literal homelessness. As a reminder, the grantee’s established “targeting threshold” score and any additional eligibility conditions in Stage 1 must have been proposed to and approved by VA within the **Grantee HP Eligibility & Targeting Threshold Score Form**. Refer to the SSVF HP Toolkit for information regarding the Grantee HP Eligibility & Targeting Threshold Score Form

Understanding Stage 2 Targeting Disposition:

Veteran households that meet Stage 1 eligibility and score at or above the approved threshold score should be identified as “**Meets Targeting Threshold**” in Stage 2. Veteran households that have met both Stage 1 and Stage 2 requirements may receive the full range of SSVF homelessness prevention services, including any TFA. These Veteran households should be enrolled in the SSVF program and tracked within HMIS. It is important to note that VA expects grantees to use a progressive approach to the delivery of services. This means that even if a household passes both the Stage 1 eligibility and Stage 2 targeting requirements of a given SSVF program, this does not necessarily mean that TFA should automatically be offered. Grantees should aim to provide the least intensive and costly intervention possible and only use more intensive services or the provision of TFA when absolutely necessary to prevent a household from becoming literally homeless.

Veteran households who meet Stage 1 eligibility requirements but do not score at or above the established targeting threshold score should be identified as “**Does Not Meet Targeting Threshold**” in Stage 2. These households may receive only “Light Touch” SSVF services, which do not include TFA. These households should be enrolled in the SSVF program and tracked within HMIS.

CERTIFYING THE VA SSVF HP SCREENING

Information recorded in the screening form must be supported by additional documentation, as indicated in the SSVF Program Guide (e.g., proof of income). Forms must be signed and dated by the head of household, by the authorized SSVF staff person completing the form, and by an SSVF program supervisor. The completed form and additional documentation must be kept in the program participant’s case file. The form is available in a PDF fillable document, which may be completed electronically, printed, and maintained within the program participant’s case file. However, the form may also be printed and completed manually by the SSVF program staff. The screening form is available at www.va.gov/homeless/ssvf.asp within the Participant Eligibility section. A sample form is attached below.

Supportive Services for Veteran Families (SSVF)

Homelessness Prevention (HP) Screening Form (v.2 July2016)

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

| | | | | | | | | | |
|--|--|---|--|--|---|--|--|--|--|
| | | / | | | / | | | | |
|--|--|---|--|--|---|--|--|--|--|

APPLICANT HEAD OF HOUSEHOLD (IDENTIFY VETERAN MEMBER OF HOUSEHOLD)

First Name

Last Name

| | |
|--|--|
| | |
|--|--|

OTHER HOUSEHOLD MEMBERS (attach an additional page as needed)

| | |
|--|--|
| | |
| | |
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| | |

STAGE 1: ELIGIBILITY FOR VA SSVF HP

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?

[Staff 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.]

☐ YES ☐ NO ☐ NOT SURE

SSVF STAFF DISPOSITION:

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

IF "NO", STOP: APPLICATION 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):

| | |
|--|--|
| | |
|--|--|

Total Annual Gross Income from All Sources:

\$

50% of Area Median Income for Household Size:

\$

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: APPLICATION NOT CURRENTLY ELIGIBLE.

Documentation obtained? ☐ YES ☐ NO

Eligibility Condition 3. Imminently At-Risk of Literal Homelessness

3A: Imminent Housing Loss

Next, we need to know some details about your current housing situation so we can understand how best to assist you.

[Staff Note: Applicants who are losing their housing because they are fleeing or attempting to flee domestic violence are eligible for SSVF Rapid Re-Housing assistance and should instead be screened for RRH assistance.]

Can you tell me about the place you stayed last night? Is this the primary place you stay or is there somewhere else you normally stay? If there's somewhere else you normally stay, can you tell me about that place?

Identify the primary place where applicant is staying (check only one):

- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with HUD VASH subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Permanent housing for formerly homeless persons (e.g., CoC Program funded unit)
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Hospital or other residential non-psychiatric medical facility*
- ☐ Long-term care facility or nursing home*
- ☐ Jail or prison*
- ☐ Residential project or halfway house with no homeless criteria*
- ☐ Psychiatric hospital or other psychiatric facility*
- ☐ Substance abuse treatment facility or detox center*
- ☐ Other (describe): _____

*If staying in institution, determine if stay there is 90 days or less and if previously stayed in emergency shelter, Safe Haven, or on the street. Such individuals are considered literally homeless and should instead be screened for SSVF RRH assistance.

[Staff Note: Applicants staying in emergency shelter, including hotel/motel paid for with emergency shelter voucher, a Safe Haven, transitional housing (including GPD), or in a place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) are considered literally homeless and should be screened for SSVF RRH assistance.]

Do you have to leave this place (or the place you normally stay)?

☐ YES

☐ NO

☐ N/A

[Staff Note: Briefly describe reasons why applicant has to leave current place they are staying and obtain copy of any written documentation.]

If yes, what's causing you to have to leave? How long can you continue to stay there?

Identify why the applicant must leave the primary place they are staying (check only one):

- ☐ Court-ordered eviction notice to vacate rental unit
- ☐ Formal written notice from landlord to vacate rental unit (e.g., 30 day Notice to Quit)
- ☐ Written or verbal notice from family, friend or host to leave doubled-up housing
- ☐ Exiting an institution or system of care (e.g., hospital, jail, treatment facility, etc.)
- ☐ Insufficient resources to continue to pay for hotel or motel
- ☐ Other (describe): _____

[Staff Note: Applicants who have only received a verbal notice from landlord and applicants who are only behind on utilities and have not received a formal written eviction notice are not eligible for SSVF HP assistance.]

By what date must the applicant leave the primary place they are staying: ____/____/____

[Staff Note: Must be within 30 days of date of application to be eligible for SSVF HP assistance.]

Have you tried asking for an extension on your rent payment or otherwise negotiating a way to 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?

May I contact your current [landlord, host family/friend, other] to see if we can negotiate a solution so you can continue to stay there OR stay there while you find another place to live?

☐ YES

☐ NO

☐ N/A

SSVF STAFF DISPOSITION:

Is applicant imminently losing their current primary nighttime residence? ☐ YES ☐ NO

IF "NO", STOP: APPLICATION 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.

[Staff Note: Discuss and record below a summary related to each of the following potential housing options and sources of assistance: 1) family members or relatives; 2) close or trusted friends; and 3) faith-based group or network applicant associates with. Where appropriate, ask if a potential housing option can be contacted by you to help secure housing. Attach additional notes as necessary.]

Do you have a safe, appropriate place where you could live if you lose your current home? Let's talk about different types of options and whether any of these might be available to you as a safe, appropriate place to live, either permanently or while you seek other housing on your own. Let's start with family members and relatives...

If you're unsure if relatives, friends or others 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 OR may I contact them to find out if they can provide you with a place to stay, 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 should be contacted?

| 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 enough money to pay for your current housing costs, including any rent or utility arrears?

☐

YES

☐

NO

☐

NOT SURE

Are there other community resources you've applied for, such as other eviction prevention programs, emergency financial assistance programs, utility assistance programs, or other local emergency assistance programs?

☐

YES

☐

NO

☐

NOT SURE

If you have no other financial resources and are unsure if there are other community resources that could help, we may be able to 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 "NO", STOP: APPLICATION NOT CURRENTLY ELIGIBLE.

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: APPLICATION NOT CURRENTLY ELIGIBLE

Stage 1: Eligibility Disposition

ELIGIBLE: Meets all eligibility requirements above

☐ YES, CONTINUE TO STAGE 2

NOT ELIGIBLE: Does not meet one or more eligibility requirements

☐ NO, STOP (reference HP Screening Form Instructions for next steps)

STAGE 2: TARGETING

| TARGETING CRITERIA Use the following criteria to identify if the eligible applicant household is also a priority for SSVF homelessness prevention assistance. Check each condition that is true for the Veteran applicant. | Check if Applicable | Point Value | TOTAL POINTS (enter value for each box that is checked) |
|---|--------------------------|-------------|--|
| URGENCY OF HOUSING SITUATION (May indicate more urgent need for homelessness prevention assistance) | | | |
| 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. | <input type="checkbox"/> | 5 | |
| Current housing loss expected within... (select only one) | <input type="checkbox"/> | | |
| 0-6 days | <input type="checkbox"/> | 5 | |
| 7-13 days | <input type="checkbox"/> | 4 | |
| 14-21 days | <input type="checkbox"/> | 3 | |
| POTENTIAL BARRIERS AND VULNERABILITIES (May impact ability to quickly secure housing and resolve literal homelessness independently <u>if</u> household is not assisted and becomes literally homeless) | | | |
| <u>Current</u> household income is \$0 (i.e., not employed, not receiving cash benefits, no other current income) | <input type="checkbox"/> | 5 | |
| <u>Annual</u> Household Gross Income Amount (select only one) | <input type="checkbox"/> | | |
| 0-14% of Area Median Income (AMI) for household size | <input type="checkbox"/> | 4 | |
| 15-30% of AMI for household size | <input type="checkbox"/> | 3 | |
| 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 | <input type="checkbox"/> | 3 | |
| 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 | <input type="checkbox"/> | 3 | |
| Rental evictions within the past 7 years (select only one) [Staff Note: Only include formal eviction actions (i.e., Notice to Quit) taken by a landlord due to lease non-compliance and that ultimately resulted in loss of rental housing.] | <input type="checkbox"/> | | |
| 4 or more prior rental evictions | <input type="checkbox"/> | 5 | |
| 2-3 prior rental evictions | <input type="checkbox"/> | 4 | |
| 1 prior rental eviction | <input type="checkbox"/> | 3 | |
| Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit | <input type="checkbox"/> | 3 | |

| | | | |
|---|--------------------------|---|--|
| History of Literal Homelessness (street/shelter/transitional housing) (select only one) | | | |
| 4 or more times or total of at least 12 months in past three years | <input type="checkbox"/> | 5 | |
| 2-3 times in past three years | <input type="checkbox"/> | 4 | |
| 1 time in past three years | <input type="checkbox"/> | 3 | |
| Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing | <input type="checkbox"/> | 3 | |
| Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property | <input type="checkbox"/> | 4 | |
| Registered sex offender | <input type="checkbox"/> | 5 | |
| At least one dependent child under age 6 | <input type="checkbox"/> | 3 | |
| Single parent with minor child (ren) | <input type="checkbox"/> | 3 | |
| Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix) | <input type="checkbox"/> | 3 | |
| POLICY PRIORITIES | | | |
| Any Veteran in household served in Iraq or Afghanistan | <input type="checkbox"/> | 3 | |
| Female Veteran | <input type="checkbox"/> | 3 | |
| TOTAL POINTS | | | |

| Stage 2: Targeting Disposition | |
|---|--|
| Meets Targeting Threshold VA Approved Targeting Threshold Score: <input type="text"/> | Continue with SSVF HP enrollment OR other referral if no capacity |
| Does Not Meet Targeting Threshold | Reference HP Screening Form Instructions regarding "Light Touch" interventions |

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 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: _____