Print Form

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)**

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: APPLICANT NOT CURRENTLY ELIGIBLE.

Documentation obtained? ☐ **YES** ☐ **NO**

IF "NO" AND DOCUMENTATION PENDING, CONTINUE. Please refer to the SSVF Program Guide 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: APPLICANT 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 ☐ N/A

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.***

[**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 "YES", STOP: APPLICANT 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*)

	☐ YES	☐ NO	☐ N/A
	☐ YES	☐ NO	☐ N/A
	☐ YES	☐ NO	☐ N/A
	☐ YES	☐ NO	☐ 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	☐ **CONTINUE TO STAGE 2**
NOT ELIGIBLE: Does not meet one or more eligibility requirements	☐ **STOP** (Refer to HP Screening Form Companion Guide 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.	☐	5	
Current housing loss expected within… (select only one)			
0-6 days	☐	5	
7-13 days	☐	4	
14-21 days	☐	3	
POTENTIAL BARRIERS AND VULNERABILITIES (May impact ability to quickly secure housing and resolve literal homelessness independently if household is not assisted and becomes literally homeless)			
Current household income is $0 (i.e., not employed, not receiving cash benefits, no other current income)	☐	5	
Annual Household Gross Income Amount (select only one)			
0-14% of Area Median Income (AMI) for household size	☐	4	
15-30% of AMI for household size	☐	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	☐	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	☐	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.]			
4 or more prior rental evictions	☐	5	
2-3 prior rental evictions	☐	4	
1 prior rental eviction	☐	3	
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit	☐	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	☐	5	
2-3 times in past three years	☐	4	
1 time in past three years	☐	3	
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	☐	3	
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property	☐	4	
Registered sex offender	☐	5	
At least one dependent child under age 6	☐	3	
Single parent with minor child(ren)	☐	3	
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	☐	3	
POLICY PRIORITIES			
Any Veteran in household served in Iraq or Afghanistan	☐	3	
Female Veteran	☐	3	
		TOTAL POINTS	

Stage 2: Targeting Disposition

Meets Targeting Threshold VA Approved Targeting Threshold Score:	☐ Continue with SSVF HP enrollment OR other referral if no capacity
Does Not Meet Targeting Threshold	☐ Refer to HP Screening Form Companion Guide for information 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: