



**SSVF Prevention Intake Form**

**\*Intake/Admission Date:** \_\_\_/\_\_\_/\_\_\_ **Primary Worker:** \_\_\_\_\_

**Client Location (Continuum of Care):** {Pre-Populated}

**Information Sharing Level:** (consent form) **Referred By:** \_\_\_\_\_

**\*First Name:** \_\_\_\_\_ **Middle Name:** \_\_\_\_\_ **\*Last Name:** \_\_\_\_\_

**Alias** \_\_\_\_\_ **Suffix** \_\_\_\_\_

**\*Name Data Quality:**  Full name reported  Partial, street name, or code name reported  
(Select one)  Client doesn't know  Client refused  Data not collected

**\*Social Security Number:** \_\_\_/\_\_\_/\_\_\_ **\*SSN Data Quality :** ( select one)  
 Full SSN Reported  
 Approximate or Partial SSN Reported  
 Client doesn't know  
 Client refused  
 Data not collected

**Birth Date:** \_\_\_/\_\_\_/\_\_\_ **\*Birth date Data Quality :** ( select one)  
 Full DOB Reported  
 Approximate or Partial DOB  
 Client doesn't know  
 Client refused  
 Data not collected

**\*Gender:** (select one)  Female  Male  A gender that is not singularly 'Female ' or 'Male'  
 Transgender  Questioning  Client doesn't know  
 Client refused  Data not collected

**\*Ethnicity:** (select one)  Non-Hispanic/Non-Latin(a)(o)(x)  Hispanic/Latin(a)(o)(x)  
 Client doesn't know  Client refused  Data not collected

**\*Race:** (select all that apply)  
 American Indian/Alaskan Native  White  Native Hawaiian/Pacific Islander  Black/African American  
 Asian  Client doesn't know  Client refused  Data not collected

**Prior Living Situation**

**\*Type of Residence:** (select one)

**-Homeless Situation-**

Place not meant for habitation (e.g., a vehicle, an abandoned building, bust/train subway station/airport or anywhere outside)

Emergency Shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home Shelter

Safe Haven

**-Institutional Situations-**

Foster care home or foster care group home

Hospital or other residential non-psychiatric medical facility

Jail, prison or juvenile detention facility

Long-term care facility or nursing home

Psychiatric Hospital or other psychiatric facility

Substance abuse treatment facility or detox center

**-Temporary and Permanent Housing Situation-**

Residential project or halfway house with no homeless criteria

Hotel or motel paid for without emergency shelter voucher

Transitional housing for homeless persons (including homeless youth)

Host Home (non-crisis)

Staying or living in a friend's room, apartment or house

Staying or living in a family member's room, apartment or house

Rental by client, with GPD TIP subsidy

Rental by client, with VASH subsidy

Permanent Housing (other than RRH) for formerly homeless persons

Rental by client, with RRH or equivalent subsidy

Rental by client, with HCV voucher (tenant or project based)

Rental by client in a public housing unit

Rental by client, no ongoing housing subsidy

Rental by client, with other ongoing housing subsidy

Owned by client, with ongoing housing subsidy

Owned by client, no ongoing housing subsidy

**-Unknown Options-**

Client doesn't know

Client refused

Data not collected

**\*Length of stay in previous place:** (select one)

4/5/2022

- One night or less
- One week or more, but less than one month
- 90 days or more, but less than one year
- Client doesn't know
- Data not collected
- Two to six nights
- One month or more, but less than 90 day's
- One year or longer
- Client refused

**\*Approximate date homelessness started:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*(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:** (select one)

- One Time
- Two Times
- Three Times
- Four or more times
- Client doesn't know
- Client Refused
- Data not collected

**\*Total number of months homeless on the street, in ES or SH in the past three years:** (select one)

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

***Chronically Homeless (auto-calculated)***

**\*Income from any source:**  No  Yes  Client doesn't know  Client refused  Data not collected

**\*Monthly Income Sources: (select all that apply)**

- Earned Income \$ \_\_\_\_\_
- SSI: \$ \_\_\_\_\_
- VA service-connected disability compensation \$ \_\_\_\_\_
- Private disability insurance \$ \_\_\_\_\_
- TANF \$ \_\_\_\_\_
- Retirement income from SSA \$ \_\_\_\_\_
- Child Support \$ \_\_\_\_\_
- Other \$ \_\_\_\_\_
- Unemployment Insurance \$ \_\_\_\_\_
- SSDI \$ \_\_\_\_\_
- VA non-service-connected disability pension \$ \_\_\_\_\_
- Worker's compensation \$ \_\_\_\_\_
- General public assistance \$ \_\_\_\_\_
- Pension or retirement income from a former job \$ \_\_\_\_\_

Alimony or other spousal support \$ \_\_\_\_\_

**\*Non-Cash Benefits from any source:** (select one)

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

**\*Non-Cash Benefits:** (select all that apply)

- |                                                      |                                                                                                      |
|------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> SNAP (Food Stamps)          | <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, & Children (WIC) |
| <input type="checkbox"/> TANF Child Care services    | <input type="checkbox"/> TANF transportation services                                                |
| <input type="checkbox"/> Other TANF-funded services  | <input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance               |
| <input type="checkbox"/> Temporary Rental Assistance | <input type="checkbox"/> Other source: _____                                                         |

**\*Covered by Health Insurance:** (select one; if answer is yes please complete below)

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

**MEDICAID:**  No  Yes **MEDICARE:**  No  Yes

**State Children's Health Insurance program:**  No  Yes

**Veterans Administrations (VA) Medical Services:**  No  Yes

**Employer-Provided Health Insurance:**  No  Yes

**Health Insurance obtained through COBRA:**  No  Yes

**Private Pay Health Insurance**  No  Yes

**State Health Insurance for Adults:**  No  Yes

**Indian Health Services**

:  No  Yes

**Other:**  No  Yes – Please specify: \_\_\_\_\_

**Special Needs:**

**\*Physical Disability:** (select one)

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

**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

**\*Developmental Disability:** (select one)

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

**\*Chronic Health Condition:** (select one)

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

**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

**\*HIV/AIDS:** (select one)

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

**\*Mental Health Disorder:** (select one)

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

(If client has a mental health disorder) **Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?**

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

**\*Substance Use Disorder:** (select one)

No    Alcohol Abuse    Drug Abuse    Both Alcohol & Drug Abuse    Client doesn't know  
Client refused    Data not collected

(If client has a substance abuse disorder) **Expected to of long-continued and indefinite duration and substantially impairs ability to live independently?**

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

*Disabling Condition: (auto calculated)*

**Domestic Violence**

**\*Information Date:** \_\_\_\_\_

**\*Domestic Violence Victim/Survivor:** (select one)

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

**\*(If Yes) When experience occurred:** (select one)

Within the past three months    Client doesn't know  
Three to six months ago    Client refused  
From six to twelve months ago    Data not collected  
More than a year ago

**\*Are you currently fleeing?** (select one)

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

**Connection with SOAR:**

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

**\*Last Grade Completed:** (select one)

Less than grade 5    Grades 5 – 6    Grades 7 – 8    Grades 9 – 11    Grade 12  
School program does not have grade levels    GED    Some college  
Associates Degree    Bachelor's Degree    Graduate Degree  
Vocational Certification    Client doesn't know    Client Refused    Data not collected

**Employment Status:**

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

**If Yes, Type of Employment**

Full-Time   Part-Time   Seasonal/Sporadic (including Day Labor)   Data not collected

**If No, Why Not Employed?**

Looking for Work   Unable to work   Not looking for work

**Military Service**

**Veteran Status:**

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

**Veteran Discharge Status:**

Honorable   General under honorable conditions   Under other than honorable conditions (OTH)  
Bad Conduct   Dishonorable   Uncharacterized   Client Doesn't Know   Client Refused  
Data not collected

**Branch of Military:**

Army   Airforce   Navy   Marines   Coast Guard   Client Doesn't Know   Client Refused  
Data not collected

**Year Entered Military Service (year) \_\_\_\_\_**

**Year Separated from Military Service (year) \_\_\_\_\_**

**VAMC Station Number: \_\_\_\_\_**

**Theater of Operations**

**World War II**

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

**Korean War**

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

**Vietnam War**

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

**Persian Gulf War (Operation Desert Storm)**

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

**Afghanistan (Operation Enduring Freedom)**

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

**Iraq (Operation Iraqi Freedom)**

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

**Operation New Dawn:**

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

**Other Peace-Keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)**

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

**Household Income as a Percentage of AMI:**

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

**Last Permanent Address**

**Address Data Quality:** Full address reported Incomplete or estimated address reported

Client doesn't know Client refused Data not collected

**Street Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**SSVF Homeless Prevention Targeting Criteria:**

**Is Homelessness Prevention Targeting Screener required:** No Yes

**\*Current housing loss expected within:** (select one)

1-6 days 7-13 days 14-21 days More than 21 days

**\*Current household income is \$0:** (select one) No Yes

\$0 (i.e., not employed, not receiving cash benefits, no other current income)

1-14% of Area Median Income (AMI) for household size

15-30% of AMI for household size

More than 30% of AMI for household size

**\*History of Literal Homelessness (street/shelter/transitional housing):** (select one)

Most recent episode occurred within the last year

Most recent episode occurred more than a year ago

None

**Head of Household (HOH) is not a current leaseholder:** No Yes

**Head of Household (HOH) never been leaseholder:** No Yes

**\*Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit:** (select one) No Yes

**\*Rental Evictions within the Past 7 Years:** (select one)

No prior rental evictions  1 prior rental evictions  2 or more prior rental evictions

**\*Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property:** (select one) No Yes

**Incarcerated as adult (any adult in household):**

Not incarcerated Incarcerated once Incarcerated two or more times

**Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)**

No Yes

**\* Registered sex offender (any household member):** (select one) No Yes

**\*Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing:** No Yes

**\*Currently pregnant (any household member):** No Yes

**\*Single parent with minor child(ren):** No Yes

**\*Household includes one or more young children (age six or under), or a child who requires significant care:**

No Yes

**\*Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix):**

No Yes

**\*Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population:**

No Yes

**\*HP applicant total points:** \_\_\_\_\_ **\*Grantee targeting threshold score:** \_\_\_\_\_

**Household Program Enrollment:**

**\*Individual/Family Type:**

- |                                                             |                                                    |
|-------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Individual Male                    | <input type="checkbox"/> Two Parent Family – Adult |
| <input type="checkbox"/> Individual Female                  | <input type="checkbox"/> Two Parent Family – Youth |
| <input type="checkbox"/> Individual Male Youth (<18)        | <input type="checkbox"/> Adult Couple w/o Children |
| <input type="checkbox"/> Individual Female Youth (<18)      | <input type="checkbox"/> Household w/only Children |
| <input type="checkbox"/> Single Parent Family – Male Head   | <input type="checkbox"/> Other household type      |
| <input type="checkbox"/> Single Parent Family – Female Head | <input type="checkbox"/> Household member - adult  |
| <input type="checkbox"/> Single Parent Family – Youth Head  | <input type="checkbox"/> Household member – child  |

**Household Size** \_\_\_\_\_

**Non-HMIS Data Elements:**



**\*Homeless Cause:** (select one)

- |                                                       |                                                          |
|-------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Benefits Loss/Reduction      | <input type="checkbox"/> Injury                          |
| <input type="checkbox"/> Job Income Loss/Reduction    | <input type="checkbox"/> Domestic Violence               |
| <input type="checkbox"/> Eviction                     | <input type="checkbox"/> Asked to leave shared residence |
| <input type="checkbox"/> Relocation                   | <input type="checkbox"/> Drug/Alcohol Abuse              |
| <input type="checkbox"/> Release from prison/jail     | <input type="checkbox"/> Other                           |
| <input type="checkbox"/> Release from Hospital        | <input type="checkbox"/> Natural Disaster                |
| <input type="checkbox"/> Release from Psych. Facility | <input type="checkbox"/> Foreclosure – Rented Property   |
| <input type="checkbox"/> Illness                      | <input type="checkbox"/> Foreclosure – Owned Property    |
| <input type="checkbox"/> Unknown                      | <input type="checkbox"/> Not Homeless                    |

**Optional Military Data Elements**

**Duration of Active Duty (months)** \_\_\_\_\_

**Served in a war zone:**

- No   Yes   Doesn't know   Refused

**Name of war zone:**

- Europe   North Africa   Vietnam   Laos and Cambodia   South China Sea   China , Burma, India   Korea  
South Pacific   Persian Gulf   Other   Afghanistan   Don't know   Refused

**Number of months in war zone:** \_\_\_\_\_

**Received hostile or friendly fire:** No   Yes   Doesn't know   Refused

**\*Current Student:** (select one)

- Yes   No   Don't know   Refused

**\*Received vocational training or apprenticeship certificate:** (select one)

- Yes   No   Don't know   Refused

**Children's Education Questions:**

**\*Education Enrollment Status:** (select one)   Yes   No   Don't know   Refused

**If yes, was/is the child connected to the McKinney-Vento Homeless Assistance Act school liaison?**

(Select one) Yes   No   Don't know   Refused

**Type of School:** (select one)

- Public school   Parochial or other private school   Don't know   Refused

**If not enrolled, last date of enrollment [MM/YYYY]:** \_\_\_\_/\_\_\_\_

**\*Student Body Age:** (select one)

- |                                              |                                                                |
|----------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Nursery/Preschool   | <input type="checkbox"/> Six-Year High School                  |
| <input type="checkbox"/> Kindergarten School | <input type="checkbox"/> High School – Other than listed above |

- Elementary School
- Middle School
- Approved Junior High School
- Four-Year High School
- County Voc-Tech School or Institute
- Evening High School (Approved)
- Special Elem/Sec. School for Handicapped
- Special Elementary School for Handicapped
- Special Secondary School for Handicapped
- Three-Year School
- Adult Education School
- Evening School for Foreign Born (Approved)

**\*School County:** \_\_\_\_\_

**\*School District:** \_\_\_\_\_

**\*School Name:** \_\_\_\_\_

**\*Barriers to Enrollment:** (select all that apply)

- None
- School Selection
- Immunization or Other Medical Records
- Residency Required
- Legal Guardianship requirements
- School Records
- Transportation
- Other Enrollment Issues
- Birth Certificates
- Physical examination records

**\*Marital Status:** (select one)

- Single
- Married
- Common Law
- Divorced
- Separated
- Remarried
- Widow(er)
- Civil Union

HA# \_\_\_\_\_

**\*Services Sought:** (select all that apply)

- Shelter/Housing
- Mental Health Care
- Legal Aid – CRSJ/Civil
- Financial Assistance – Utilities
- Financial Assistance – Moving Expense
- Other
- Drug Treatment
- Medical Care
- Legal Aid – Immigration
- Financial Assistance – Housing
- Financial Assistance – Other

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