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VA SSVF Entry for HP and RRH (2017) Update (complete this form for ALL adults)

Client Name: _____

Project Start Date: _____

SS#: ____-____-____ **DOB** ____/____/____

ROI Signed? Yes ____ No ____

Veteran? Yes ____ No ____

Race: ____ American Indian/ Alaska Native
____ Asian
____ Black/ African American
____ Native Hawaiian/ Pacific Islander
____ White

Ethnicity: ____ Hispanic/ Latino
____ Non-Hispanic/ Latino

Gender: ____ Female
____ Male
____ Trans Female (MTF or Male to Female)
____ Trans Male (FTM or Female to Male)
____ Gender Non-conforming (ie: not exclusively male or female)

Relationship to Head of Household:
____ Self (Head of Household)
____ Head of Household's Child
____ Head of Household's Spouse/ Partner
____ Head of Household's Other Relative
____ Other: Non-Relative

Primary Language: ____ Arabic ____ Armenian ____ Bangali ____ Cantonese ____ Chinese ____ English
____ French ____ French Creole ____ German ____ Greek ____ Gujarati ____ Haitian Creole ____ Hebrew
____ Hindi ____ Hmong ____ Italian ____ Japanese ____ Korean ____ Mandarin ____ Panjabi ____ Persian
____ Polish ____ Portuguese ____ Russian ____ Spanish ____ Tagalog ____ Telugu ____ Urdu
____ Vietnamese ____ Yiddish

Housing Move In Date: ____/____/____ (Complete if moving into PERMANENT HOUSING)

Zip Code of Last Permanent Address: _____

Residence Prior to Project Entry (Where did you sleep last night?)

Homeless Situation: (Skip to the Homeless Situation Question next)

- ____ Place not meant for human habitation
- ____ Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- ____ Safe Haven
- ____ Interim Housing

Institutional Situation:

- ____ Foster care home/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/detox center

Did you stay less than 90 days? Yes ____ No ____

If yes, prior to Institutional Stay were you living on the streets or in a shelter? Yes ____ No ____

(If yes, answer the Homeless Situation Questions)



Transitional and Permanent Housing Situation:

- Hotel or motel paid without emergency voucher Owned by client, no on-going housing subsidy
- Owned by client, with on-going housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, no ongoing housing subsidy Rental by client, with VASH Subsidy
- Rental by client, with GPD TIP subsidy Rental by client, with other ongoing housing subsidy
- Residential project or halfway house with no homeless criteria
- Staying in family member's room/apartment/house
- Staying in friend's room/apartment/house
- Transitional housing for homeless persons (including homeless youth)

Homeless Situation Questions:

Length of Stay in Previous Place:

- One day or less Two days to one week More than one week, less than one month
- One to three months More than three months, less than one year One year or longer

Approximate Date Homelessness Started: ____/____/____

of times (episodes) on streets or in ES in 3 years: __1__ __2__ __3__ __4__ or more

Total number of months homeless on the street, in ES in the past 3 years: _____ Months

Homeless/Housing At Risk Primary Reason: (Select/ identify #1 and #2)

- | | | |
|---|---|--|
| <input type="checkbox"/> Conflict in the household | <input type="checkbox"/> Conflict w/ guardian | <input type="checkbox"/> Underemployment/ Low Income |
| <input type="checkbox"/> Criminal activity | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Eviction |
| <input type="checkbox"/> Health/ Safety | <input type="checkbox"/> Lack of sufficient Housing | <input type="checkbox"/> Loss of Child Care |
| <input type="checkbox"/> Loss of Job | <input type="checkbox"/> Loss of Public Assistance | <input type="checkbox"/> Loss of Transportation |
| <input type="checkbox"/> Medical Condition | <input type="checkbox"/> Mental Health | <input type="checkbox"/> Mortgage Foreclosure |
| <input type="checkbox"/> Mutual Agreement (Respite) | <input type="checkbox"/> No Affordable Housing | <input type="checkbox"/> Release from Institution |
| <input type="checkbox"/> Substance Abuse | <input type="checkbox"/> Utility Shut Off | <input type="checkbox"/> Substandard Housing |

Income:

Do you have income? ____Yes ____ No **Total Monthly Income \$**_____

Income Source and amount:

- | | |
|---|--|
| \$_____ Alimony/ Spousal Support | \$_____ Child Support |
| \$_____ Earned Income | \$_____ General Assistance |
| \$_____ Pension or retirement income from another job | \$_____ Retirement Income from Social Security |
| \$_____ Private Disability Insurance | \$_____ Social Security Income (SSI) |
| \$_____ Social Security Disability Income (SSDI) | \$_____ Unemployment Insurance |
| \$_____ Temporary Assist for Needy Families TANF | \$_____ VA Service-Connected Disability Compensation |
| \$_____ VA Non-Service-Connected Disability Pension | |
| \$_____ Worker's Compensation | |



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Non-Cash Benefits:

Do you have Non-Cash Benefits? ___ Yes ___ No Monthly Amount \$ _____

Source of Non-Cash Benefits:

- ___ Supplemental Nutrition Assistance Program (SNAP) (HUD) (Previously known as Food Stamps)
- ___ Special supplemental Nutrition Program for (WIC) (HUD)
- ___ TANF Child Care Services (HUD)
- ___ TANF Transportation Services (HUD)
- ___ Other TANF-Funded Services (HUD); If "Other" Specify: _____

Medical Insurance:

Do you have Health Insurance/ Medical Assistance? ___ Yes ___ No

Source of Health Insurance/ Medical Assistance:

- ___ Medicaid ___ Medicare
- ___ State Children's Health Insurance Program ___ Veteran's Administration (VA) Medical Services
- ___ Employer – Provided Health Insurance ___ Health Insurance obtained through COBRA
- ___ State Health Insurance for Adults
- ___ Indian Health Care ___ Other

Medicaid ID# _____

Medicaid Insurance Company: ___ Total Care ___ Blue Cross Blue Shield ___ Fidelis
___ United Healthcare ___ Molina Healthcare

Disabling Condition:

Do you have a DISABILITY of long duration? ___ Yes ___ No
If yes, do you have determination of Disability? ___ Yes ___ No
If yes, are you currently receiving treatment for Disability? ___ Yes ___ No

Disability Type:

- ___ Alcohol Abuse ONLY ___ BOTH Alcohol & Drug Abuse ___ Drug Abuse ONLY
- ___ Chronic Health Condition ___ Developmental ___ HIV/AIDS
- ___ Mental Health ___ Physical Health

Are you a Victim/ Survivor of Domestic Violence? ___ Yes ___ No
If yes, when did it last occur: ___ Within the past 3 months ___ 3 to 6 months ___ 6 to 12 months
___ More than 12 months ___ Refused

Are you currently fleeing? ___ Yes ___ No

Connection to SOAR? ___ Yes ___ No

Last Grade Completed:

- ___ Less than Grade 5 ___ Grades 5-6 ___ Grades 7-8 ___ Grades 9-11
- ___ Grades 12/ HS Diploma ___ School Program Doesn't have grade levels
- ___ GED ___ Some College ___ Associates Degree ___ Bachelor's Degree
- ___ Graduate Degree ___ Vocational Certification

Veteran Information: Year entered military service: ___/___/___ Year Separated from Military service: ___/___/___



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(Yes or No) World War II Korean War Vietnam War Persian Gulf War
 Afghanistan Iraq Freedom Iraq Dawn Other Peace-keeping Operations or
Military Interventions

Branch of the Military: Army Air Force Navy Marines Air National Guard
 Army National Guard Army Reserve Navy Reserve Marine Corp Reserve
 Coast Guard Reserve Coast Guard

Discharge Status: Honorable General under honorable conditions Bad Conduct
 Under other than honorable conditions Dishonorable Uncharacterized

Percentage of AMI: Less than 30% 30% to 50% Greater than 50%

Client's Residence New Permanent Address

Clients Street Address: _____ Apartment Number: _____
Home Phone Number _____ - _____ - _____ City: _____ State: _____
Zip Code _____ Start Date: ___/___/____ End Date: ___/___/____

VAMC Station Number: _____ (number / City, State)

SSVF HP Targeting Criteria:

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? Yes No

Current Housing Loss expected within... (check one) 0-6 days 7-13 days 14-21 days More than 21 days

Current household gross income is \$0? Yes No

Annual household gross income amount: (check one) 0-14% of Area Median Income (AMI) for household size
 15-30% of AMI for household size More than 30% of AMI for household size (0 points)

Sudden and significant decrease in case income (employment and/or case benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months. Yes No

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: Yes No

Rental Evictions within the past 7 years: (check one) 4 or more prior rental evictions 2-3 prior rental evictions
 1 prior rental eviction No prior rental evictions (0 points)

Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit: Yes No

History of Literal Homelessness (street/ shelter/ transitional housing): (check one)

4 or more times or total of at least 12 months in past three years 2-3 times in past three years
 1 time in the past three years None (0 points)

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



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Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property? Yes No
Registered sex offender? Yes No
At least one dependent child under the age of 6? Yes No
Single parent with minor child(ren)? Yes No
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)? Yes No
Any Veteran in household served in Iraq or Afghanistan? Yes No
Female Veteran? Yes No

Employment Status: Currently Employed? Yes No
If yes, type of Employment: Full-time Part-time Seasonal/ sporadic (including day labor)
If not, who not employed? (*check one*) Looking for work Unable to work Not looking for work

Legal Status:

Are you on Parole: Yes No If yes, Parole Officer: _____
Phone Number: _____ - _____ - _____

If you left the program today, where would you go?

- Place not meant for human habitation
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher
- Foster care home/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/detox center
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- Residential project or halfway house with no homeless criteria
- Staying in family member's room/apartment/house, temporary tenure
- Staying in family member's room/apartment/house, permanent tenure
- Staying in friend's room/apartment/house, temporary tenure
- Staying in friend's room/apartment/house, permanent tenure
- Transitional housing for homeless persons (including homeless youth)

Personal Phone Number: _____ - _____ - _____