SSVF Entry Assessment

Please complete for each household member Date:

First Name	Middle Name	Last Name

SS#	Telephone number and/or email

Date of Birth		
	☐ Full DOB	☐ Appproximate/Partial

Relationship to Head of Houshold

☐ Self (Head of Household) ☐ Head of household's child ☐ Head of household's spouse or partner
☐ Head of Household's other relation member ☐ Other: Non-relation member

Race and Ethnicity

☐ American Indian, Alaska Native, or Indigenous ☐ Hispanic/Latina/e/o
☐ Black, African American, or African ☐ Native Hawaiian or Pacific Islander
☐ Middle Eastern or North African ☐ White ☐ Asian or Asian American
☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Sex

☐ Male ☐ Client prefers not to answer ☐ Client doesn't know ☐ Client prefers not to answer

Veteran Status

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Survivor of Domestic Violence?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If Yes

☐ Within the past three months ☐ One year ago or more ☐ Currently fleeing
☐ Three to six months ago (excluding six months exactly) ☐ Client doesn't know
☐ Six months to one year ago (excluding one year exactly) ☐ Client prefers not to answer

Enrollment CoC

☐ VA-500 Richmond ☐ VA-513 Western CoC ☐ VA-521 Balance of State ☐ VA-514 Fredericksburg

Translation Assistance Needed

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If yes, Preferred Language

Locality of Last Residence (City)	Zip Code

Emergency Contact Name	Telephone Number	Relationship to Client

Emergency Contact Address	City, State, Zip

Prior Living Situation

On the night before did you stay on the streets, ES or SH?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If yes, did you stay less than 90 Days?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

if yes, Did you stay less than 7 nights?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Pick only 1 option that applies appropriately to client's residence prior to entry

Prior Living Situation **OPTION 1** - Entering Program from Homeless Situation

☐ Emergency shelter (to include hotel paid voucher) ☐ Place not meant for habitation ☐ Safe Haven

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 1 month or more, but less than 90 days ☐ Client doesn't know

☐ 2 nights to 6 nights ☐ 90 days or more, but less than 1 year ☐ Client prefers not to answer

☐ 1 week or more, but less than 1 mo. ☐ 1 year or longer ☐ Data not collected

Approximate date this episode homelessness started

Total number of month's client has been on street, ES, or SH 3 years: Check only one

☐ 1 month, this is the first month ☐ 5 ☐ 9 ☐ more than 12 months

☐ 2 ☐ 6 ☐ 10 ☐ Client doesn't know

☐ 3 ☐ 7 ☐ 11 ☐ Client prefers not to answer

☐ 4 ☐ 8 ☐ 12 ☐ Data not collected

Prior Living Situation **OPTION 2** - Entering Program from Institutional Situation

☐ Foster Care/group home ☐ Hospital or non-psychiatric facility

☐ Jail/Prison or Juvenile Facility ☐ Long term care facility/nursing home

☐ Psychiatric hospital ☐ Substance abuse treatment facility/detox

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 1 month or more, but less than 90 days ☐ Client doesn't know

☐ 2 nights to 6 nights ☐ 90 days or more, but less than 1 year ☐ Client prefers not to answer

☐ 1 week or more, but less than 1 mo. ☐ 1 year or longer ☐ Data not collected

Prior Living Situation **OPTION 3** - Residence prior to Entry: Temporary

☐ Transitional housing for homeless persons(including homeless youth)

☐ Residential project or halfway house with no homeless criteria

☐ Hotel or motel paid for without emergency shelter voucher

☐ Host Home (non-crisis)

☐ Staying or living with family, temporary tenure (e.g., room, apartment, or house)

☐ Staying orliving with friends,temporary tenure (e.g.,room, apartment, or house)

☐ Moved from one HOPWA funded project to HOPWA TH

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

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

Length of stay in previous place: Check only one

☐ 1 night or less ☐ 1 month or more, but less than 90 days ☐ Client doesn't know

☐ 2 nights to 6 nights ☐ 90 days or more, but less than 1 year ☐ Client prefers not to answer

☐ 1 week or more, but less than 1 mo. ☐ 1 year or longer ☐ Data not collected

Prior Living Situation **OPTION 4** - Residence prior to Entry: Permanent

- ☐ Staying or living with family, permanent tenure
- ☐ Staying or living with friends, permanent tenure
- ☐ Moved from one HOPWA funded project to HOPWA PH
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with ongoing housing subsidy *
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Owned by client, no ongoing housing subsidy

Length of stay in previous place: Check only one

- ☐ 1 night or less
- ☐ 2 nights to 6 nights
- ☐ 1 week or more, but less than 1 mo.
- ☐ 1 month or more, but less than 90 days
- ☐ 90 days or more, but less than 1 year
- ☐ 1 year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data not collected

*** If Rental by client, with ongoing housing subsidy**

- ☐ GPD TIP housing subsidy
- ☐ VASH housing subsidy
- ☐ RRH or equivalent subsidy
- ☐ HCV voucher (tenant or project based) (not dedicated)
- ☐ Public housing unit
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Housing Stability Voucher
- ☐ Family Unification Program Voucher (FUP)
- ☐ Foster Youth to Independence Initiative (FYI)
- ☐ Permanent Supportive Housing
- ☐ Other permanent housing dedicated for formerly homeless persons

HUD Verification

Receiving Income from any source?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Please indicate source(s) and amount of income or select No for each source

Alimony or other spousal support	☐ No	☐ Yes	$
Earned Income	☐ No	☐ Yes	$
Unemployment Insurance	☐ No	☐ Yes	$
Private Disability Insurance	☐ No	☐ Yes	$
Retirement Income Social Security	☐ No	☐ Yes	$
TANF	☐ No	☐ Yes	$
Child support	☐ No	☐ Yes	$
General Assistance	☐ No	☐ Yes	$
SSI	☐ No	☐ Yes	$
SSDI	☐ No	☐ Yes	$
Other	☐ No	☐ Yes	$
Pension/retirement from a former job	☐ No	☐ Yes	$
VA Non-service connected disability pension	☐ No	☐ Yes	$
VA Service connected disability compensation	☐ No	☐ Yes	$
Veteran's Health Administration (VHA)	☐ No	☐ Yes	$

Receiving Non-cash benefits from any source?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Please indicate source(s) of non-cash benefits or select No for each source

TANF transportation services	☐ No	☐ Yes	SNAP – Food stamps	☐ No	☐ Yes
Other TANF-funded service	☐ No	☐ Yes	WIC	☐ No	☐ Yes
TANF child care services	☐ No	☐ Yes	Other Source	☐ No	☐ Yes

Receiving Health Insurance from any source?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Please indicate source(s) of health insurance or select No for each source

Medicaid	☐ No	☐ Yes		Medicare	☐ No	☐ Yes	
Veteran's Health Administration	☐ No	☐ Yes		Employer provided Health Insur.	☐ No	☐ Yes	
State Children's Health Insurance	☐ No	☐ Yes		COBRA	☐ No	☐ Yes	
Private Pay Health Insurance	☐ No	☐ Yes		State Health Insurance for Adults	☐ No	☐ Yes	
Indian Health Insurance	☐ No	☐ Yes		Other	☐ No	☐ Yes	

Disabling Condition?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Please indicate disabling condition or select No for each type

Physical Disability	☐ No	☐ Yes		Alcohol Use Disorder	☐ No	☐ Yes	
Both alcohol and drug use disorders	☐ No	☐ Yes		Drug Use Disorder	☐ No	☐ Yes	
Developmental Disability	☐ No	☐ Yes		Mental Health Disorder	☐ No	☐ Yes	
Chronic Health Condition	☐ No	☐ Yes		HIV/AIDS	☐ No	☐ Yes	

Pregnant?

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If yes, projected birth date

Connection with SOAR

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Last Grade Completed

☐ Less than Grade 5
☐ Grades 5-6
☐ Grades 7-8
☐ Grades 9-11
☐ Grade 12/High school diploma
☐ School program does not have grade levels
☐ GED
☐ Some college
☐ Associate's degree
☐ Bachelor's degree
☐ Graduate degree
☐ Vocational certification
☐ Client doesn't know
☐ Client prefers not to answer
☐ Data not collected

Employed

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

If **Yes - Employed**, type of employment

☐ Full-time ☐ Part-time ☐ Seasonal/sporadic (including day labor)

If **No - NOT Employed**, why not

☐ Looking for work ☐ Unable to look for work ☐ Not looking for work

Veteran's Information

Year Entered Military Service (year)	Year Separated from Military Service (year)	VAMC Station Number

Theatre of Operations

Theatre of Operations: World War II

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theatre of Operations: Korean War

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theatre of Operations: Vietnam War

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theatre of Operations: Persian Gulf War (Operation Desert Storm)

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theatre of Operations: Afghanistan (Operation Enduring Freedom)

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theatre of Operations: Iraq (Operation New Dawn)

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

☐ No ☐ Yes ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data not collected

Branch of the Military

☐ Army ☐ Marines ☐ Client doesn't know
☐ Air Force ☐ Coast Guard ☐ Client prefers not to answer
☐ Navy ☐ Space Force ☐ Data not collected

Discharge Status

☐ Honorable ☐ Uncharacterized
☐ General under honorable conditions ☐ Client doesn't know
☐ Under other than honorable conditions (OTH) ☐ Client prefers not to answer
☐ Bad conduct ☐ Data not collected
☐ Dishonorable

Prevention Projects Only

Percent of AMI (SSVF Eligibility)

☐ 30% or less ☐ 31% to 50% ☐ 51% to 80% ☐ 81% or greater

Is Homelessness Prevention targeting screener required?

☐ No ☐ Yes

If Yes, Housing loss expected within…

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

Current household income

☐ $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

Past experience of Homelessness (street/shelter/transitional housing) (any adult)

☐ None ☐ Most recent episode occurred within the last year
☐ Most recent episode occurred more than one year ago

Head of household is not a current leaseholder/renter of unit.

☐ No ☐ Yes

Head of Household has never been a leaseholder/renter of unit.

☐ No ☐ Yes

Currently at risk of losing a tenant based housing subsidy or housing in a subsidized building or unit (household)

☐ No ☐ Yes

Rental Evictions within the past 7 years (any adult)

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

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)

☐ 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 members)

☐ 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/guardian household 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 ☐ Youngest child is under 1 year old

☐ Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care

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	

I certify that my answers are true and complete to the best of my knowledge and understand that false or misleading information may result in delay of assistance.

Signature:	Date: