

TVCoC VA Funded HMIS Enrollment Form (SSVF only)

| | HOH-Household Member 1 | Household Member 2 | Household Member 3 | Household Member 4 | | | | |
|---|---|---|---|---|----------------|----------------|----------------|----------------|
| PROJECT ENTRY DATE (e.g. 08/24/2014) | | | | | | | | |
| SIGNED ROI DATE: (Release of Information/Client Consent) | | | | | | | | |
| # in HouseHold (including self) | | | | | | | | |
| First Name | | | | | | | | |
| Middle Name | | | | | | | | |
| Last Name | | | | | | | | |
| Suffix | | | | | | | | |
| DATE OF BIRTH (e.g.) 10/23/1978) | | | | | | | | |
| SOCIAL SECURITY NUMBER | | | | | | | | |
| GENDER | Male | Female | Male | Female | Male | Female | Male | Female |
| | Male to Female | Female to Male | Male to Female | Female to Male | Male to Female | Female to Male | Male to Female | Female to Male |
| VETERAN STATUS | Yes | No | Yes | No | Yes | No | Yes | No |
| | RACE | | RACE | | RACE | | RACE | |
| | <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander | | | | |
| ETHNICITY: Are you Hispanic or Latino? | Yes | No | Yes | No | Yes | No | Yes | No |
| RELATIONSHIP TO HEAD OF HOUSEHOLD | Self | Partner/Spouse | Self | Partner/Spouse | Self | Partner/Spouse | Self | Partner/Spouse |
| | Child | Other Relation | Child | Other Relation | Child | Other Relation | Child | Other Relation |
| | Other: | | Other: | | Other: | | Other: | |
| CURRENT ADDRESS (ALL PERSONS) | | | | | | | | |
| Street | | | | | | | | |
| City, State, Zip Code | | | | | | | | |
| County | | | | | | | | |
| LAST PERMANENT ADDRESS | | | | | | | | |
| Street | | | | | | | | |
| City, State, Zip Code | | | | | | | | |
| Move in / Move out dates | / / / / | / / / / | / / / / | / / / / | | | | |
| MAILING ADDRESS (if different from current) | | | | | | | | |
| Street | | | | | | | | |
| City, State, Zip Code | | | | | | | | |
| CONTACT INFO | | | | | | | | |
| CLIENT | | | | | | | | |
| FMAIL | | | | | | | | |
| Cell Phone / Home Phone | | | | | | | | |

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| HUD UNIVERSAL DATA for ALL PERSONS | | | | | | | | |
|--|---|---|---|---|---|---|---|---|
| DISABLING CONDITION | Yes | No | Yes | No | Yes | No | Yes | No |
| Residence Prior to Program Entry - Residence Type: <i>(Where did you sleep last night)</i> | Emergency shelter or hotel/motel voucher | Hotel/motel paid for without assistance | Emergency shelter or hotel/motel voucher | Hotel/motel paid for without assistance | Emergency shelter or hotel/motel voucher | Hotel/motel paid for without assistance | Emergency shelter or hotel/motel voucher | Hotel/motel paid for without assistance |
| | Hospital or other residential non psychiatric | Foster care home/Foster care group home | Hospital or other residential non psychiatric | Foster care home/Foster care group home | Hospital or other residential non psychiatric | Foster care home/Foster care group home | Hospital or other residential non psychiatric | Foster care home/Foster care group home |
| | Place not meant for human habitation | Long-term care facility or nursing home | Place not meant for human habitation | Long-term care facility or nursing home | Place not meant for human habitation | Long-term care facility or nursing home | Place not meant for human habitation | Long-term care facility or nursing home |
| | Owned by client, w/ subsidy | Jail/prison/juvenile detention | Owned by client, w/ subsidy | Jail/prison/juvenile detention | Owned by client, w/ subsidy | Jail/prison/juvenile detention | Owned by client, w/ subsidy | Jail/prison/juvenile detention |
| | Owned by client WITH ongoing subsidy | Permanent housing for formerly homeless | Owned by client WITH ongoing subsidy | Permanent housing for formerly homeless | Owned by client WITH ongoing subsidy | Permanent housing for formerly homeless | Owned by client WITH ongoing subsidy | Permanent housing for formerly homeless |
| | Safe Haven / Relocation | Staying in family member's room | Safe Haven / Relocation | Staying in family member's room | Safe Haven / Relocation | Staying in family member's room | Safe Haven / Relocation | Staying in family member's room |
| | Psychiatric hospital/facility | Rental by client WITH ongoing subsidy | Psychiatric hospital/facility | Rental by client WITH ongoing subsidy | Psychiatric hospital/facility | Rental by client WITH ongoing subsidy | Psychiatric hospital/facility | Rental by client WITH ongoing subsidy |
| | Rental by client WITH VASH | Rental by client WITH GDP TIP Substance | Rental by client WITH VASH | Rental by client WITH GDP TIP Substance | Rental by client WITH VASH | Rental by client WITH GDP TIP Substance | Rental by client WITH VASH | Rental by client WITH GDP TIP Substance |
| | Staying or living at a friend's | abuse treatment or detox center | Staying or living at a friend's | abuse treatment or detox center | Staying or living at a friend's | abuse treatment or detox center | Staying or living at a friend's | abuse treatment or detox center |
| | Transitional housing for homeless | Other: | Transitional housing for homeless | Other: | Transitional housing for homeless | Other: | Transitional housing for homeless | Other: |
| Prior Living Situation - Length of Stay: <i>(How long have you been staying there?)</i> | 1 day or less | week | 1 day or less | week | 1 day or less | week | 1 day or less | week |
| | More than 1 week, less than 1 month | 1 year or longer | More than 1 week, less than 1 month | 1 year or longer | More than 1 week, less than 1 month | 1 year or longer | More than 1 week, less than 1 month | 1 year or longer |
| Approximate Date Homelessness Started: | / / | | / / | | / / | | / / | |
| Number of occasions the client has been on the streets or emergency shelter in the past 3 years | _____ times in the past 3 years | | _____ times in the past 3 years | | _____ times in the past 3 years | | _____ times in the past 3 years | |
| | (occasions must be separated by at least 7 nights) | | | | | | | |
| Number of TOTAL months homeless on the street or in emergency shelter in the past 3 years | _____ months in the past 3 years | | _____ months in the past 3 years | | _____ months in the past 3 years | | _____ months in the past 3 years | |

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VETERAN ASSESSMENT for ALL ADULTS

| | | | | | | | | |
|--|--------------------------------|-----------------|--------------------------------|-----------------|--------------------------------|-----------------|--------------------------------|-----------------|
| DD214 Receive Date (not required) | / / / / | / / / / | / / / / | / / / / | / / / / | / / / / | / / / / | |
| Service Connected Disability (not required) | | | | | | | | |
| Branch Military | Army | Navy | Army | Navy | Army | Navy | Army | Navy |
| | Airforce | Marines | Airforce | Marines | Airforce | Marines | Airforce | Marines |
| | Coast Guard | National Guard | Coast Guard | National Guard | Coast Guard | National Guard | Coast Guard | National Guard |
| Discharge Status | Honorable | Dishonorable | Honorable | Dishonorable | Honorable | Dishonorable | Honorable | Dishonorable |
| | Other: | | Other: | | Other: | | Other: | |
| Date(s) Entered Service | / / | / / | / / | / / | / / | / / | / / | / / |
| Date(s) Seperated from Service | / / | / / | / / | / / | / / | / / | / / | / / |
| Military Operations / Theatre Served: | World War II | Korean War | World War II | Korean War | World War II | Korean War | World War II | Korean War |
| | Vietnam War | PersianGulf War | Vietnam War | PersianGulf War | Vietnam War | PersianGulf War | Vietnam War | PersianGulf War |
| | Iraqi Freedom | Iraq New Dawn | Iraqi Freedom | Iraq New Dawn | Iraqi Freedom | Iraq New Dawn | Iraqi Freedom | Iraq New Dawn |
| | Other Peace-keeping Operations | | Other Peace-keeping Operations | | Other Peace-keeping Operations | | Other Peace-keeping Operations | |

PROGRAM DATA ASSESSMENT for ALL ADULTS

| | | | | | | | | |
|--------------------------------|-----------|------|-----------|------|-----------|------|-----------|------|
| Non Cash Benefits? | Yes | No | Yes | No | Yes | No | Yes | No |
| Non Cash Benefits List: | WIC | SNAP | WIC | SNAP | WIC | SNAP | WIC | SNAP |
| | Section 8 | TANF | Section 8 | TANF | Section 8 | TANF | Section 8 | TANF |
| | Other: | | Other: | | Other: | | Other: | |
| HEALTH INSURANCE | Yes | No | Yes | No | Yes | No | Yes | No |

| | | | | | | | |
|---|--|--|--|--|--|--|--|
| LAST GRADE COMPLETED (EDUCATION) | | | | | | | |
|---|--|--|--|--|--|--|--|

SSVF DATA for ALL VETERANS

| | | | | | | | | |
|---|---|------------|---------------|------------|---------------|------------|---------------|------------|
| Percent of AMI | Less than 30% | 30% | Less than 30% | 30% | Less than 30% | 30% | Less than 30% | 30% |
| | 31-50% | 51% - 100% | 31-50% | 51% - 100% | 31-50% | 51% - 100% | 31-50% | 51% - 100% |
| VA Medical Center (VAMC) Station Number (up to 8 characters) - <i>List found here:</i> https://tvhomeless.org/hmis/downloads/ | * VA Medical Center Station Number must be recorded, even if the individual does not receive VA benefits. This is to locate the nearest VAMC station center to the individual, if they need those benefits. | | | | | | | |
| Number of visits to emergency room in the past year. | | | | | | | | |
| Approx. number of nights in jail/prison in past year. | | | | | | | | |
| Approx. number of nights spent in an inpatient medical facility in the past year. | | | | | | | | |

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HP TARGETING CRITERIA for ONLY SSVF-HP PROGRAMS

| | | | | | | | | |
|--|-----|----|-----|----|-----|----|-----|----|
| 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 | Yes | No | Yes | No | Yes | No |
| Current housing loss expected within... (timeframe) | | | | | | | | |
| Current household income is \$0 | Yes | No | Yes | No | Yes | No | Yes | No |
| Annual household gross income amount (AMI %) | | | | | | | | |
| Sudden significant decrease in cash income and/or unavoidable increase in non-discretionary expenses (ex: rent, medical) in the past 6 months | Yes | No | Yes | No | Yes | No | Yes | No |
| Major change in household composition (ex: death, divorce, separation, birth) in the past 12 months | Yes | No | Yes | No | Yes | No | Yes | No |
| Number of Rental Evictions within the past 7 years | | | | | | | | |
| Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit | Yes | No | Yes | No | Yes | No | Yes | No |
| Number of times Literally Homeless (street/shelter/TH) | | | | | | | | |
| Head of household with disabling condition that directly affects ability to secure/maintain housing | Yes | No | Yes | No | Yes | No | Yes | No |
| Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property | Yes | No | Yes | No | Yes | No | Yes | No |
| Registered sex offender | Yes | No | Yes | No | Yes | No | Yes | No |
| At least one dependent child under age 6 | Yes | No | Yes | No | Yes | No | Yes | No |
| Single parent with minor child(ren) | Yes | No | Yes | No | Yes | No | Yes | No |
| Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix) | Yes | No | Yes | No | Yes | No | Yes | No |
| Any Veteran in household served in Iraq or Afghanistan | Yes | No | Yes | No | Yes | No | Yes | No |
| Female Veteran | Yes | No | Yes | No | Yes | No | Yes | No |
| HP applicant total points (integer) | | | | | | | | |
| Grantee targeting threshold score (integer) | | | | | | | | |

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| DISABLING CONDITIONS for all persons | | | | | | | | |
|---|-----------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|-----------------|--------------------------|
| SUBSTANCE ABUSE PROBLEM | No | Alcohol Abuse | No | Alcohol Abuse | No | Alcohol Abuse | No | Alcohol Abuse |
| | Substance Abuse | Both Alcohol & Substance | Substance Abuse | Both Alcohol & Substance | Substance Abuse | Both Alcohol & Substance | Substance Abuse | Both Alcohol & Substance |
| Expected to substantially impair ability to live independantly: | Yes | No | Yes | No | Yes | No | Yes | No |
| Documentation of disability and severity on file: | Yes | No | Yes | No | Yes | No | Yes | No |
| Currently receiving services/treatment for this condition: | Yes | No | Yes | No | Yes | No | Yes | No |
| MENTAL HEALTH CONDITION | Yes | No | Yes | No | Yes | No | Yes | No |
| Expected to substantially impair ability to live independantly: | Yes | No | Yes | No | Yes | No | Yes | No |
| Documentation of disability and severity on file: | Yes | No | Yes | No | Yes | No | Yes | No |
| Currently receiving services/treatment for this condition: | Yes | No | Yes | No | Yes | No | Yes | No |
| DEVELOPMENTAL DISABILITY | Yes | No | Yes | No | Yes | No | Yes | No |
| Expected to substantially impair ability to live independantly: | Yes | No | Yes | No | Yes | No | Yes | No |
| Documentation of disability and severity on file: | Yes | No | Yes | No | Yes | No | Yes | No |
| Currently receiving services/treatment for this condition: | Yes | No | Yes | No | Yes | No | Yes | No |
| CHRONIC HEALTH CONDITION | Yes | No | Yes | No | Yes | No | Yes | No |
| Expected to substantially impair ability to live independantly: | Yes | No | Yes | No | Yes | No | Yes | No |
| Documentation of disability and severity on file: | Yes | No | Yes | No | Yes | No | Yes | No |
| Currently receiving services/treatment for this condition: | Yes | No | Yes | No | Yes | No | Yes | No |
| HIV/AIDS | Yes | No | Yes | No | Yes | No | Yes | No |
| Expected to substantially impair ability to live independantly: | Yes | No | Yes | No | Yes | No | Yes | No |
| Documentation of disability and severity on file: | Yes | No | Yes | No | Yes | No | Yes | No |
| Currently receiving services/treatment for this condition: | Yes | No | Yes | No | Yes | No | Yes | No |
| PHYSICAL DISABILITY | Yes | No | Yes | No | Yes | No | Yes | No |
| Expected to substantially impair ability to live independantly: | Yes | No | Yes | No | Yes | No | Yes | No |
| Documentation of disability and severity on file: | Yes | No | Yes | No | Yes | No | Yes | No |
| Currently receiving services/treatment for this condition: | Yes | No | Yes | No | Yes | No | Yes | No |

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HEALTH INSURANCE ASSESSMENT for ALL ADULTS

| HEALTH INSURANCE | Yes | No | Yes | No | Yes | No | Yes | No |
|------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|-----------------|-------------------|
| | Medicaid | Medicare | Medicaid | Medicare | Medicaid | Medicare | Medicaid | Medicare |
| | State Childrens | State Adult | State Childrens | State Adult | State Childrens | State Adult | State Childrens | State Adult |
| | Veterans | Employer Provided | Veterans | Employer Provided | Veterans | Employer Provided | Veterans | Employer Provided |
| | Private Pay | COBRA | Private Pay | COBRA | Private Pay | COBRA | Private Pay | COBRA |
| | Other: | | Other: | | Other: | | Other: | |

FINANCIAL ASSESSMENT for ALL ADULTS

| AMI COUNTY SERVED | | | | | | | | |
|--|-----|----|-----|----|-----|----|-----|----|
| Income from any source | Yes | No | Yes | No | Yes | No | Yes | No |
| Earned Income (Employment Income) | | | | | | | | |
| Unemployment Insurance | | | | | | | | |
| Supplimental Security Income (SSI) | | | | | | | | |
| Social Security Disability Income (SSDI) | | | | | | | | |
| VA Service-Connected Disability Compensation | | | | | | | | |
| Private Disability Insurance | | | | | | | | |
| TANF | | | | | | | | |
| General Public Assistance | | | | | | | | |
| Retirement Income from SS | | | | | | | | |
| VA Non-Service Disabiliy | | | | | | | | |
| Pension or retirement income from a former job | | | | | | | | |
| Child support | | | | | | | | |
| Alimony or other spousal support | | | | | | | | |
| Other income | | | | | | | | |
| Workers Compensation | | | | | | | | |
| TOTAL INCOME: | | | | | | | | |

I understand that the information provided will be verified to the fullest extent possible and that I may be subject to prosecution for providing false or fraudulent information. I certify that the above information provided is true and correct to the best of my knowledge and belief. My signature below is my agreement and commitment to the above listed housing plan. I recognize that with my consent, my Case Manager may revise the housing plan over time.

CLIENT SIGNATURE

DATE

CASE MANAGER SIGNATURE

DATE