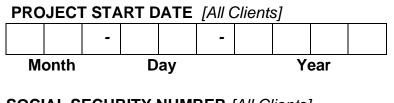


HMIS SSVF Program Intake Form

Community Alliance for the Homeless -HMIS- Memphis, TN 38112 -Phone: 901.527.1302

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

Is this Enrollment COVID-19 related? \Box No \Box Yes

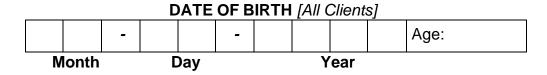


SOCIAL SECURITY NUMBER [All Clients]

	-		-		

QU	QUALITY OF SOCIAL SECURITY						
			Client doesn't know				
0	Full SSN reported	0	Client refused				
0	Approximate or partial SSN reported	0	Data not collected				

CURRENT NAME										N/A								
Las	t																	
First							0											
Middle						0												
Suffix							0											
QU	ALITY C	OF CI	URRE	ENT	NAN	ΛE				I			1		1			
0	 Full name reported ○ Client doesn't known 								างพ									
0	Desting street name, or orde name reported O Client refused																	
0	 Partial, street name, or code name reported Data not collected 							ed										



QU	QUALITY OF DATE OF BIRTH						
0	Full DOB reported	0	Client doesn't know				
		0	Client refused				
0	Approximate or partial DOB reported	0	Data not collected				

GENDER [All Clients]

0	Female	0	Client doesn't know
0	Male	0	Client refused
0	A gender that is not singularly 'Female' or 'Male'	0	Data not collected
0	Transgender		
0	Questioning		

RACE (Select all applicable) [All Clients]

0	American Indian, Alaskan Native, or Indigenous	0	Client does not know
0	Asian or Asian American	0	Client refused
0	Black, African American, or African	0	Data Not Collected
0	Hawaiian or Pacific Islander		
0	White/Caucasian		

ETHNICITY [All Clients]

		0	Client does not know
0	Non-Hispanic/ Non-Latin(0)(x)(a)	0	Client refused
		0	Data Not Collected
0	Hispanic/Latin(o)(x)(a)		Other

VETERAN STATUS [All Adults]

0	No	0	Client doesn't know
	Vec	0	Client refused
0	Yes	0	Data not collected
IF "`	YES" TO VETERAN STATUS		
Yea	r entered military service (year)		

Yea	r separated from military service (year)							
The	Theater of Operations: World War II							
0	No	0	Client doesn't know					
	Vaa	0	Client refused					
0	Yes	0	Data not collected					
The	ater of Operations: Korean War							
0	No	0	Client doesn't know					
0	Yes	0	Client refused					
0		0	Data not collected					
The	ater of Operations: Vietnam War							
0	No	0	Client doesn't know					
_	Vaa	0	Client refused					
0	Yes	0	Data not collected					
The	ater of Operations: Persian Gulf War (Desert Storm)							
0	No	0	Client doesn't know					
		0	Client refused					
0	Yes	0	Data not collected					
The	ater of Operations: Afghanistan (Operation Enduring Freedom)							
0	No	0	Client doesn't know					
0	Yes	0	Client refused					
Ŭ		0	Data not collected					
The	ater of Operations: Iraq (Operation Iraqi Freedom)							
0	No	0	Client doesn't know					
_	Vaa	0	Client refused					
0	Yes	0	Data not collected					
The	ater of Operations: Iraq (Operation New Dawn)							
0	No	0	Client doesn't know					
_	Yes	0	Client refused					
0		0	Data not collected					
	ater of Operations: Other peace-keeping operations or military inte ama, Somalia, Bosnia, Kosovo)	erventi	ons (such as Lebanon,					
0	No	0	Client doesn't know					
		0	Client refused					
0	Yes	0	Data not collected					

Bra	Branch of the Military							
0	Army	0	Coast G	Guard				
0	Air Force			0	Client doesn't know			
0	Navy			0	Client refused			
0	Marines	0	Data not collected					
Dise	Discharge Status							
0	Honorable	0	Dishond	orable				
0	General under honorable conditions	0	Unchara	acteriz	ed			
	Other then henerable conditions (OTH)			0	Client doesn't know			
0	Other than honorable conditions (OTH)				Client refused			
0	Bad Conduct			0	Data not collected			

RELATIONSHIP TO HEAD OF HOUSEHOLD [All Client Households]

0	Self		Head of household - other relation to
0	Head of household's child	0	member
0	Head of household's spouse or partner	0	Other: non-relation member

CLIENT LOCATION [only if multiple CoC's]

IN PERMANENT HOUSING [Permanent Housing Projects, for Heads of Households]

0	No	0	Yes
IF "`	YES" TO PERMANENT HOUSING		
Hou	sing Move-in Date		/

LAST PERMANENT ADDRESS [Head of Household, required for SSVF and VASH]

Stre	et Address														
City															
State	State Zip Code														
QU	QUALITY OF ADDRESS														
0	Full address reported								0	С	ient doe	sn't kno	W		
								0	С	ient refu	sed				
0	• Partial, street name, or code name reported					0	Data not collected								

PRIOR LIVING SITUATION TYPE OF RESIDENCE

[Head of Household and Adults]

[пе	ad of Housenold and Adultsj		
0	Place not meant for habitation (e.g. vehicle, an abandoned building, bus/ train/subway station/ airport or anywhere outside)	0	Staying or living in a family member's room, apartment or house
0	Emergency shelter, including hotel/motel paid for with an emergency shelter voucher or a RHY funded Host Home Shelter	0	Rental by client, with GPD TIP housing subsidy
0	Safe Haven	0	Rental by client, with VASH housing subsidy
0	Foster care home or foster care group home	0	Permanent housing (other than RRH) for formerly homeless persons
0	Hospital or other residential nonpsychiatric medical facility	0	Rental by client, with RRH or equivalent subsidy
0	Jail, prison or juvenile detention facility	0	Rental by client, with HCV voucher (tenant or project based)
0	Long-term care facility or nursing home	0	Rental by client in a public housing unit
0	Psychiatric hospital or other psychiatric facility	0	Rental by client, no ongoing housing subsidy
0	Substance use treatment facility or detox center	0	Rental by client, with other ongoing housing subsidy
0	Residential project or halfway house with no homeless criteria	0	Owned by client, with ongoing housing subsidy
0	Hotel or motel paid for without emergency shelter voucher	0	Owned by client, no on-going housing subsidy
		0	Client doesn't know
0	Transitional housing for homeless persons (including homeless youth)	0	Client refused
0	Host Home (non-crisis)	0	Data not collected
0	Staying or living in a friend's room, apartment or house	0	

LE	LENGTH OF STAY IN PRIOR LIVING SITUATION											
0	One night or less	or less One month or more, but less than 90 days		0	Client doesn't know							
0	Two to six nights	0	⁰ 90 days or more, but less than one year		Client refused							
0	One week or more, but less than one month	0	One year or longer		Data not collected							

LENGTH OF STAY LESS THAN 7 NIGHTS [TH, PH]

		-	
0	No	0	Yes

LENGTH OF STAY LESS THAN 90 DAYS

[Institutional Housing Situations]

	<u> </u>		
0	No	0	Yes

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN

[Head of Household and Adults]

0	Yes	0	No					
Арр	proximate Date Homelessness Start							
Nur	Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years							
0	One Time	Time						
0	Two Times	0	Client refused					
0	Three Times	0	Data not collected					
0	Four or More Times							
Tot	al Number of <i>Months</i> homeless on t	the st	reets, ES, or Safe Haven in	the la	st 3 years			
0	One month (this time is the first mor	0	Client doesn't know					
0	212 months (specify number of mo	0	Client refused					
0	More than 12 months			0	Data not collected			

DISABLING CONDITION [All Clients]

0	No	0	Client doesn't know
		0	Client refused
0	Yes	0	Data not collected

DOMESTIC VIOLENCE VICTIM/SURVIVOR [Head of Household and Adults]

0	No	0	Client doe	esn't k	now			
			Client ref	Client refused				
0	Yes	0	Data not	collect	ed			
IF "	IF "YES" TO DOMESTIC VIOLENCE							
LA	LAST OCCURRENCE							
0	Within the past three months	0	One yea	r ago c	or more			
	-	0	Client doesn't know					
0	Three to six months ago (excluding six months exactly)	0	Client refused					
0	Six months to one year ago (excluding one year exactly)	0	Data not	collec	ted			
Are you currently fleeing?			No	0	Client doesn't know			

0 Client refused		
Yes Data not colle	0	

MONTHLY INCOME AND SOURCES [Head of Household and Adults]

0	No		0	Client does	n't know		
	Mart		0	Client refus	ed		
0	Yes		0	Data not collected			
IF "	YES" TO INCOME FROM ANY SOURCE -	INDICAT	E AL	L SOURC	ES T	HAT APPLY	
Inc	ome Source	Amount	Inc	ome Sour	ce		Amount
	Earned Income (e.g., employment income)		0	Temporar Needy Fa	-	istance for s (TANF)	
0	Current Employer:		0	General Assistance (GA)			
0	Unemployment Insurance		0	Retirement Income from Social Security			
0	Supplemental Security Income (SSI)		0	Pension o Income fro		irement Former Job	
0	Social Security Disability Insurance (SSDI)		0	Child Sup	port		
0	VA Service-Connected Disability Compensation		0	Alimony a Support	nd Of	her Spousal	
0	VA Non-Service-Connected Disability Pension		0	Worker's	Comp	pensation	
0	Private Disability Insurance		0	Other So	urce:		
Tota	al Monthly Income for Individual:			I			

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know				
0	Yes	0	Client refused				
		0	Data not collected				
IF "	IF "YES" TO NON-CASH BENEFITS - INDICATE ALL SOURCES THAT APPLY						
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Ch	nildca	re Services		
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services				
0	Other (Specify): 0 Other TA				inded services		

COVERED BY HEALTH INSURANCE [All Clients]

0	No	0	Client doesn't know			
_	Vac	0	Client refused			
0	Yes	0	Data not collected			
IF "	YES" TO HEALTH INSURANCE - HEALTH INSURANCE (TAIL S	6			
0	MEDICAID	0	Employer Provided Health Insurance			
0	MEDICARE	0	Insurance	e Obt	ained through COBRA	
0	State Children's Health Insurance (SCHIP) 0 Priva				ealth Insurance	
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults			
0	Other (specify)	Indian He	ealth	Services Program		

SSVF HP TARGETING CRITERIA: *[*Head of Households in SSVF Homeless Prevention programs*]*

Referred by Coordinated Entry or Homeless Assistance Provider an Emergency Shelter or Transitional Housing or From Staying in a Place Not Meant for Human Habitation?

0	Yes	0	No (0 Points)
---	-----	---	---------------

CURRENT HOUSING LOSS EXPECTED WITHIN

0	0 - 6 Days	0	7 - 13 Days
0	14 - 21 Days	0	21 Days or more (0 Points)

CURRENT HOUSEHOLD INCOME IS \$0 ?

0	Yes	0	No (0 Points)
---	-----	---	---------------

ANNUAL HOUSEHOLD GROSS INCOME AMOUNT:

0	0-14% of Area Median Income (AMI) for Household Size	0	More than 30% of AMI for Household Size (0 points)
0	15 –30% of AMI for Household Size		

SUDDEN & 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 MONTH:

• Yes

No (0 Points)

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?

0

0	Yes	0	No (0 Points)
---	-----	---	---------------

RENTAL EVICTIONS WITHIN THE PAST 7 YEARS

0	4 or More Prior Rental Evictions	0	2-3 prior Rental Evictions
0	1 Prior Rental Evictions	0	No Prior Rental Evictions (0 points)

CURRENTLY AT RISK OF LOSING TENANT BASED HOUSING SUBSIDY OR HOUSING SUBSIDIZED BUILDING OR UNIT?

0	Yes	0	No (0 Points)	
---	-----	---	---------------	--

HISTORY OF LITERAL HOMELESSNESS (street/shelter/transitional housing)

0	4 or More Times or Total of at Least 12 Months in Past Three Years	0	2-3 in the Past Three Years
0	1 Time in the Past Three Years	0	None (0 points)

HEAD OF HOUSEHOLD WITH DISABLING CONDITION (PHYSICAL HEALTH, MENTAL HEALTH, SUBSTANCE USE) THAT DIRECTLY AFFECTS ABILITY TO SECURE/MAINTAIN HOUSING?

	0	Yes	0	No (0 Points)
--	---	-----	---	---------------

CRIMINAL RECORD FOR ARSON, DRUG DEALING/MANUFACTURE OR FELONY OFFENSE AGAINST PERSONS OR PROPERTY?

0	Yes	0	No (0 Points)
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REGISTERED SEX OFFENDER?

0	Yes	0	No (0 Points)

AT LEAST ONE DEPENDENT CHILD UNDER AGE 6?

0	Yes	0	No (0 Points)

SINGLE PARENT WITH MINOR CHILD(REN)?

0 Yes

• No (0 Points)

HOUSEHOLD SIZE OF 5 OR MORE REQUIRING AT LEAST 3 BEDROOMS (Due to age gender

mix)?

0	Yes	0	No (0 Points)	

ANY VETERAN IN HOUSEHOLD SERVED IN IRAQ OR AFGHANISTAN?

0	Yes	0	No (0 Points)

FEMALE VETERAN?

0 Yes

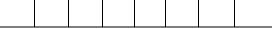
No (0 Points)

0

HP APPLICANT TOTAL POINTS (integer)

GRANTEE TARGETING THRESHOLD SCORE (integer)

VAMC STATION NUMBER [Head of Household]



CONNECTION WITH SOAR [For SSVF]

0	No	0	Client doesn't know
	Yes	0	Client refused
0		0	Data not collected

HOUSEHOLD INCOME AS A PERCENTAGE OF AMI [Head of Household, required for

SSVF and VASH]

0	Less than 30%	0	Greater than 50%
0	30% to 50%		

LAST GRADE COMPLETED [Head of Household & Adults, Required for SSVF]

0	Less than Grade 5	0	Grades 5-6
0	Grades 7-8	0	Grades 9-11
0	Grade 12	0	School does not have grade levels
0	GED	0	Some college
0	Associate Degree	0	Bachelor's degree
0	Graduate Degree	0	Vocational certification
0	Client doesn't know		
0	Data not collected	0	Client refused

EMPLOYMENT STATUS [Head of Household & Adults, SSVF]

Emp	Employed				
0	No			0	Client doesn't know
				0	Client refused
• Yes			0	Data not collected	
lf "Y	es" for employed – Type of employment				
0	Full-time	0			

0	Part-time		Seasonal/sporadic (including day labor)		
lf "N	If "No" for employed – Why not employed				
0	Looking for work				
0	Unable to work	0	Not looking for work		

GENERAL HEALTH STATUS [Head of Household & Adults]

0	Excellent	0	Poor
0	Very good	0	Client doesn't know
0	Good	0	Client refused
0	Fair	0	Data not collected

CONTACT INFORMATION

Email	
Phone #	
Phone (#2)	

Signature of applicant stating all information is true and correct Date