



# HMIS SSVF Program Status 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.

## CLIENT NAME OR IDENTIFIER:

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### PROJECT STATUS DATE [All Clients]

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Month

Day

Year

### CLIENT LOCATION [only if multiple CoC's] \_\_\_\_\_

### DOMESTIC VIOLENCE VICTIM/ SURVIVOR [Heads of Household & Adults]

Domestic Violence Victim/Survivor	<input type="radio"/>	No
	<input type="radio"/>	Yes
<b>If "YES" to DOMESTIC VIOLENCE VICTIM/ SURVIVOR- COMPLETE</b>		
<b>LAST OCCURRENCE</b>	____/____/_____	
Are you currently fleeing?	<input type="radio"/>	Yes
	<input type="radio"/>	No
	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Client refused
	<input type="radio"/>	Data not collected

### MONTHLY INCOME AND SOURCES [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

### IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY

Income Source	Amount	Income Source	Amount
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0	Earned Income (e.g., employment income)		0	Temporary Assistance for Needy Families (TANF)	
	Current Employer:		0	General Assistance (GA)	
0	Unemployment Insurance		0	Retirement Income from Social Security	
0	Supplemental Security Income (SSI)		0	Pension or Retirement Income from a Former Job	
0	Social Security Disability Insurance (SSDI)		0	Child Support	
0	VA Service-Connected Disability Compensation		0	Alimony and Other Spousal Support	
0	VA Non-Service-Connected Disability Pension		0	Worker's Compensation	
0	Private Disability Insurance		0	Other Source:	
<b>Total Monthly Income for Individual:</b>					

**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
<b>IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY</b>			
0	Supplemental Nutrition Assistance Program (SNAP)	0	TANF Childcare Services
0	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	TANF Transportation Services
0	Other (specify):	0	Other TANF-funded services

**COVERED BY HEALTH INSURANCE** [*All Clients*]

0	No	0	Client doesn't know
0	Yes	0	Client refused
		0	Data not collected
<b>IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS</b>			
0	MEDICAID	0	Employer Provided Health Insurance
0	MEDICARE	0	Insurance Obtained through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Administration (VA) Medical Services	0	State Health Insurance for Adults
0	Other (specify)	0	Indian Health Services Program

**CONNECTION WITH SOAR** [*Heads of Households and Adults, For SSVF and VA: Grant per Diem – Case Management/Housing Retention*]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

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

<input type="radio"/>	No	<input type="radio"/>	Yes
IF "YES" TO PERMANENT HOUSING			
Housing Move-in Date (see note*)		<i>*If client moved into permanent housing, make sure to update on the enrollment screen.</i>	

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**Signature of applicant stating all information is true and correct      Date**