

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:

PROJECT STATUS DATE [All Clients]

		-			-			
Month			Day			Year		

CLIENT LOCATION [only if multiple CoC's] _____

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client prefers not to answer
	<input type="radio"/> Data not collected
IF "YES" TO SURVIVOR OF DOMESTIC VIOLENCE – SPECIFY WHEN EXPERIENCE OCCURRED	
<input type="radio"/> Within the past three months	<input type="radio"/> Client doesn't know
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client prefers not to answer
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected
<input type="radio"/> One year ago or more	
Are you currently fleeing?	<input type="radio"/> No
	<input type="radio"/> Yes
	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client prefers not to answer
	<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 prefers not to answer		
	<input type="radio"/> Data not collected		
IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY			
Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income (e.g., employment income) <input type="radio"/> Current Employer:		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> Retirement Income from Social Security	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Pension or Retirement Income from a Former Job	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Child Support	

<input type="checkbox"/>	VA Service-Connected Disability Compensation	<input type="checkbox"/>	Alimony and Other Spousal Support
<input type="checkbox"/>	VA Non-Service-Connected Disability Pension	<input type="checkbox"/>	Worker's Compensation
<input type="checkbox"/>	Private Disability Insurance	<input type="checkbox"/>	Other Source:
Total Monthly Income for Individual:			

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

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY			
<input type="checkbox"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/>	TANF Childcare Services
<input type="checkbox"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="checkbox"/>	TANF Transportation Services
<input type="checkbox"/>	Other (specify):	<input type="checkbox"/>	Other TANF-funded services

COVERED BY HEALTH INSURANCE [*All Clients*]

<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Client prefers not to answer
		<input type="checkbox"/>	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS			
<input type="checkbox"/>	MEDICAID	<input type="checkbox"/>	Employer Provided Health Insurance
<input type="checkbox"/>	MEDICARE	<input type="checkbox"/>	Insurance Obtained through COBRA
<input type="checkbox"/>	State Children's Health Insurance (SCHIP)	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	Veteran's Health Administration (VHA)	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	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 prefers not to answer
		<input type="radio"/>	Data not collected

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

	No		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>	

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