CT HMIS Supportive Services for Veteran Families (SSVF) Family Intake

Instructions: The System Entry Intake is completed if a household cannot be diverted from homelessness and needs to access services in the homeless system. The interviewer should have access to the information captured during the Diversion Screening (if it was conducted) as well as shelter stay history from HMIS (if there is a shelter history). The Intake assesses basic needs and captures HMIS required data elements for program entries. The interviewer should just confirm and update it as needed.

Project Start Date: _____ **Project Exit Date:** _____

Applicant (Head of Household) Information:

First Name: _____ **Last Name**: _____

Middle Name: _____ **Suffix**: _____

Name Data Quality: □ Full Name Reported □ Partial, Street Name, or Code Name reported □ Client Doesn't Know □ Client prefers not to answer

Date of Birth: _____/_____/_____ □ Full DOB Reported □ Approximate or Partial DOB Reported □ Client Doesn't Know □ Client prefers not to answer

Social Security Number: _____-_____-_____

□ Full SSN Reported □ Approximate or Partial SSN Reported □ Client Doesn't Know □ Client prefers not to answer

Sex: □ Male □ Female □ Client Doesn't Know □ Client prefers not to answer □ Data Not Collected

Primary Language: □ English □ Spanish □ French □ Portuguese □ Other □ Client Doesn't Know If Other, please specify: _____

Relationship to HOH: □ Self □ Spouse □ Child □ Step-Child □ Grandparent □ Guardian □ Other Relative □ Other Non-Relative □ Grandchild

□ Foster-Child

Race & Ethnicity: □ White □ Black, African American or African □ Asian or Asian American □ American Indian, Alaska Native, or Indigenous □ Native Hawaiian or Pacific Islander □ Middle Eastern or North African □ Non-Hispanic/Latina/o □ Hispanic/Latina/o □ Client Doesn't Know □ Client prefers not to answer

Additional Race and Ethnicity Detail: _____

Citizenship Status: □ U.S. Citizen □ Non-Citizen □ Eligible Non-Citizen □ Ineligible Non-Citizen □ Undocumented □ Client Doesn't Know

Cell Phone: _____ Work Phone: _____ Email: _____

Emergency Contact Name and Phone #: _____

Assessment Location:
□ Emergency Shelter including hotel or motel paid for with emergency shelter voucher or RHY Funded Host Home Shelter □ Substance Abuse treatment facility or detox
□ Hospital or other residential non-psychiatric medical facility □ Jail, prison, or juvenile detention facility □ Place not meant for human habitation
□ Other □ Long-term care facility or Nursing Home □ Staying or living with friends or family
□ Other – Library □ Other – Soup Kitchen

Assessment Type: □ Phone □ Virtual □ In Person

Assessment Level: □ Crisis Needs Assessment □ Housing Needs Assessment

Location of Crisis Housing or Permanent Housing Referral: _____

Prioritization Status: □ Placed on Prioritization List □ Not Placed on Prioritization List □ Not yet determined (assessment in progress)

Veteran Status: Have you ever been on active duty in the U.S. Military? □ Yes □ No □ Client doesn't know □ Client prefers not to answer □ Data Not Collected
If **"YES"** QUESTIONS with an * are **required** to be answered, located at the end of this form. **If "NO" was Veteran Status Verified?** □ Yes □ No

Additional Household Member Demographics:

Last Name	First Name	Middle Name	Suffix	Date of Birth	See codes below		Social Security Number	Relationship to Head of Household*	Veteran (Y/N)	Disabling Condition (Y/N)
					Gender*	Race *				

***Race**: **W**- White; **B**- Black or African American; **A**- Asian; **AI/AN**- American Indian and Alaska Native; **NH/PI**- Native Hawaiian/ Pacific Islander; **ME/NA**- Middle Eastern or North African; **NH/NL**- Non-Hispanic/Latina/o □ **H/L**- Hispanic/Latina/o **DK**- Client Doesn't Know; **CR**- Client prefers not to answer **Additional Race and Ethnicity Detail:**_____

***Sex**: M - Male F - Female DK - Client Doesn't Know CR - Client prefers not to answer DC - Data Not Collected

***Head of Household's: C** - Child; SP - Spouse or Partner; ORM - Other Relation Member; ONR - Other Non-Relation Member

Client Location (Program): _____

Disabling Condition: □ Yes □ No □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Living Situation: Type of Residence: ***(Do not read responses. Ask question and then choose one.)***

HOMELESS SITUATION

□ Emergency shelter, including hotel or motel paid fo with emergency shelter voucher, Host Home shelter
□ Place not meant for habitation
□ Safe Haven

INSTITUTIONAL SITUATION

□ Foster care or foster care group Home
□ Hospital or other residential non-psychiatric medical facility
□ Jail, prison, or juvenile detention facility
□ Long-term care facility or Nursing Home
□ Psychiatric Hospital or other psychiatric facility
□ Substance Abuse treatment facility or detox center

TRANSITIONAL HOUSING SITUATION

□ Hotel / Motel paid without ES voucher
□ Staying or living in a family, member's room, apartment, or house
□ Staying or living in a family member's room, apartment, or house
□ Transitional housing for homeless persons (including youth)

PERMANENT HOUSING SITUATION

□ Rental by client no ongoing housing subsidy

□ Rental by client, with ongoing housing Subsidy

IF *Rental by client, with ongoing housing Subsidy is Checked*, Please select Subsidy from List:

□ *GPD TIP housing subsidy*

□ *VASH housing subsidy*

□ *RRH or equivalent subsidy*

□ *HCV voucher (tenant or project based) (not dedicat*

□ *Public housing unit*

□ *Rental by client, with other ongoing housing subsid*

□ *Emergency Housing Voucher*

□ *Family Unification Program Voucher (FUP)*

□ *Foster Youth to Independence Initiative (FYI)*

□ *Permanent Supportive Housing*

□ *Other permanent housing dedicated for formerly homeless persons*

□ Owned by client, no ongoing housing subsidy

□ Owned by client, with ongoing housing subsidy

OTHER

□ Client doesn't know

□ Client prefers not to answer

□ Data Not Collected

If Type of Residence is a ***HOMELESS SITUATION*:**

Approximate Date Homelessness Started: _____/_____/_____

Length of Stay in the Prior Living Situation:

□ One night or less

□ Two days to six nights

□ One week or more, but less than one month

□ One month or more, but less than 90 days

□ 90 days or more, but less than one year

□ One year or longer

□ Client doesn't know

□ Client prefers not to answer

□ Data Not Collected

(Regardless of where they stayed last night): Number of Times the Client Has Been Homeless on the Streets, in ES, or SH in the Past Three Years Including Today:

□ Never in 3 Years □ One Time □ Two Times □ Three Times □ Four or More Times □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Total Number of Months Homeless on the Streets, in ES, or SH in the Past Three Years:

□ One Month (this time is the first month)

□ 2-12 Months (Specify # of Months: _____)

□ More than 12 months

□ Client Doesn't Know

□ Data Not Collected

If Type of Residence is an ***INSTITUTIONAL SITUATION***, the questions below are required**:**

Did you stay less than 90 days? □ Yes □ No

If *Yes*, On the night before did you stay on the streets, ES or SH: □ Yes □ No

Length of stay in the prior living situation:

□ One Night or Less

□ Two to Six Nights

□ One week or more, but less than one month

□ One month or more, but less than 90 days

□ Data Not Collected

If Type of Residence is a ***TRANSITIONAL or PERMANENT HOUSING SITUATION***, the question below is required**:**

Did you stay less than 7 nights? □ Yes □ No

If Yes, **On the night before did you stay on the streets, ES or SH:** □ Yes □ No

Length of Stay in the Prior Living Situation:

□ One night or less

□ Two days to six nights

Domestic Violence Survivor? □ Yes □ No □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

If "YES" When experience occurred?

□ Within the past three months

□ Three to six months ago (excluding six months exactly)

□ Six months to one year ago (excluding one year exactly)

□ One year ago, or more

□ Client doesn't know

□ Client prefers not to answer

□ Data Not Collected

If "YES" Are you currently fleeing? □ Yes □ No □ Don't Know □ Refused □ Data Not Collected

Add **Translation Assistance Needed** □ Yes □ No □ Don't Know □ Refused

If 'Yes,' Preferred Language? _____

Non-cash benefit from any source? (*All Clients*) □ Yes □ No □ Client doesn't know □ Client prefers not to answer □ Data Not Collected

Non-cash benefits received by or on behalf of a minor child should be recorded as part of the household income under the Head of Household.

	Head of Household	HH Member 1	HH Member 2	HH Member 3	HH Member 4
	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
(SNAP) Food Stamps					
Special Supplemental Nutrition Program for WIC					
TANF Child Care Services					
TANF Transportation					
Other TANF Funded Services					
Client Doesn't know					
Client prefers not to answer					
Other (Please Specify):					

Covered by Health Insurance: □ Yes □ No □ Client Doesn't Know □ Client prefers not to answer □ Data Not Collected

Last Grade Completed:

□ Less than Grade 5	□ Grades 9-11	□ GED	□ Bachelor's Degree	□ Client doesn't know
□ Grades 5-6	□ Grade 12 / High School diploma	□ Some College	□ Graduate Degree	□ Client prefers not to answer
□ Grades 7-8	□ School Program does not have grade levels	□ Associate degree	□ Vocational Certification	□ Data Not Collected

Connection with SOAR: □ Yes □ No □ Client Doesn't Know □ Client prefers not to answer □ Data Not Collected

Employed: □ Yes □ No □ Client Doesn't Know □ Client prefers not to answer □ Data Not Collected

If **Yes, Employment Type**:

□ Full Time
□ Part Time
□ Seasonal/Sporadic (including day labor)
□ Full Time - Seasonal
□ Part Time - Seasonal
□ School Program does not have grade levels
□ Other
□ Volunteer
□ Not Looking for Work
□ Unknown

If "NO:" Why Not Employed:

□ Looking for work □ Unable to work □ Not looking for work

Veteran Data

Household Income as a Percentage of Area Median Income (AMI) (*Head of Household*): □ 30% or less □ 31% to 50% □ 51% to 80% □ 81% or greater

VAMC Station Number (pick one): (689) VA Connecticut HCS, CT

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is there an update to the Client's VASH Voucher? □ Yes □ No

Voucher Change:

□ Referral package forwarded to PHA
□ Voucher denied by PHA
□ Voucher issued by PHA
□ Voucher revoked or expired
□ Voucher in use- veteran moved into housing
□ Voucher was ported locally
□ Voucher was administratively absorbed by new PHA
□ Voucher was converted to Housing Choice Voucher
□ Veteran exited – voucher was returned
□ Veteran exited – family maintained the voucher
□ Veteran exited – prior to ever receiving a voucher
□ Other

Voucher Tracking Other: _____

Case Management Exit Reason:

□ Accomplished goals and/or obtained services and no longer needs CM
□ Transferred to another HUD-VASH program site
□ Found/chose other housing
□ Did not comply with HUD-VASH CM
□ Eviction and/or other housing related issues
□ Unhappy with HUD-VASH housing
□ No longer financially eligible for HUD-VASH voucher
□ No longer interested in participating in this program
□ Veteran cannot be located
□ Veteran too ill to participate at this time
□ Veteran is incarcerated
□ Veteran is deceased
□ Other

Specify Other Exit Reason: _____

HP Targeted Criteria *(For HP programs only):*

Is Homeless Prevention targeting screener required? □ Yes □ No

Current housing loss expected within…: □ 0-6 days □ 7-13 days □ 14-21 days □ More than 21 days (0 points)

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 (0 points)

Past experience of homelessness (street/shelter/transitional housing) (any adult): □ Most recent episode occurred within last year □ Most recent episode occurred more than one year ago □ None (0 points)

****Annual household gross income amount:** □ 0-14% of Area Median Income (AMI) for household size □ 15-30% of AMI for household size □ More than 30% of AMI for household size (0 points)

Head of household is not a current leaseholder/renter of unit □ Yes □ No

Head of household has never been a leaseholder/renter of unit □ Yes □ No

Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit □ Yes □ No

Rental Evictions within the Past 7 Years: □ 4 or more prior rental evictions □ 2-3 prior rental evictions □ 1 prior rental eviction □ No prior rental evictions (0 points)

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property □ Yes □ No

Incarcerated as adults (adults in household) □ Not incarcerated □ Incarcerated once □ Incarcerated two or more times

Discharged from jail or prison within the last six months after incarceration of 90 days or more (adults) □ Yes □ No

Registered sex offender □ Yes □ No

Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing □ Yes □ No

Currently Pregnant (any household member) □ Yes □ No

Single parent/guardian household with minor child(ren) □ Yes □ No

Household includes one or more young children (age six or under) or a child who requires significant care. □ Yes □ No

Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix) □ Yes □ No

Household includes one or more members of an overrepresented population in the homeless system when compared to the general population. □ Yes □ No

HP applicant total points (integer): _____

Grantee targeting threshold score (integer): _____

Prior Zip Code (Numbers Only): _____

Is the individual willing to share their current zip code and town?: _____

Zip Code of Current Location (NUMBERS ONLY): _____

City/Town of current location: _____

Health Insurance:

Type of Insurance	**Head of Household YES / NO**	**HH Member 1 YES / NO**	**HH Member 2 YES / NO**	**HH Member 3 YES /NO**	**HH Member 4 YES / NO**
Medicaid / HUSKY A, C, D					
Medicare					
State Children's Health Insurance Program – HUSKY B					
Veteran's Health Administration (VHA)					
Employer-Provided Health Insurance					
Health Insurance Obtained through COBRA					
Private Pay Health Insurance					
Indian Health Services Program					
State Health Insurance for Adults					
Other (specify): _____					

Income received from any source? (Head of Household or Over Age 18) □ Yes □ No □ Client doesn't know □ Client prefers not to answer

	Head of Household	HH Member 1	HH Member 2	HH Member 3
Income Type	**Monthly Amount**	**Monthly Amount**	**Monthly Amount**	**Monthly Amount**
Unemployment Insurance	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Earned/Employed Income	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Supplemental Security Income (SSI)	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Social Security Disability Insurance (SSDI)	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
VA Service-Connected Disability Compensation	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Private Disability Insurance	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Retirement Income From Social Security	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
General Assistance (GA)	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Temporary Assistance for Needy Families (TANF)	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
VA Non-Service-Connected Disability Pension	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Pension or Retirement income from a former job	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Child Support	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $
Alimony or other spousal support	□ N □ Y $	□ N □ Y $	□ N □ Y $	□ N □ Y $

Veteran Information: **Complete for each Veteran in the household.**

DD214 Order Date: _____/_____/_____ **DD214 Receive Date:** _____/_____/_____

Service Connected Disability: □ Yes □ No

***Branch of military:** □ Air Force □ Army □ Marines □ Navy □ Coast Guard □ Space Force □ Client Doesn't Know □ Client prefers not to answer □ Other

Reserves: □ Yes □ No

***Discharge status:** □ Honorable □ General under Honorable Conditions □ Under Other than Honorable Conditions □ Bad Conduct □ Dishonorable

□ Uncharacterized □ Don't Know □ Refused

***Date Entered Service:** _____/_____/_____ ***Date Separated Service:** _____/_____/_____

Months of Active Duty: _____ **Campaign Badge Veteran:** □ Yes □ No

Stand Down Event: □ Yes □ No

Serve in a War Zone: □ Yes □ No □ Client Doesn't Know □ Client prefers not to answer

If YES, please select the **War Zone Name**: □ Afghanistan □ China, Burma, India □ Don't Know □ Europe □ Iraq □ Korea □ Laos and Cambodia □ North Africa □ Other □ Persian Gulf □ Refused □ South China Sea □ South Pacific □ Vietnam

***Months Served in a Warzone: _____** ***If Yes, Received Friendly or Hostile Fire: _____**

***Theatre of Operations:** □ World War II □ Korean War □ Vietnam War □ Persian Gulf War (Operation Desert Storm) □ Afghanistan (Operation Enduring Freedom) □ Iraq (Operation Iraqi Freedom) □ Iraq (Operation New Dawn) □ Other Peace-keeping Operations or Military Interventions

Mental Health Consultation

□ Mental health consultation completed
□ Mental health consultation being coordinated/arranged with VA provider
□ Mental health consultation being coordinated/arranged with other provider
□ Offer declined

Financial Assistance

Date Provided:_____ Start Date of Financial Assistance:_____

Provided Healthcare Navigation Service: □ Yes □ No

CT Veteran Additional Information:

Veteran Eligibility: □ Type 1 □ Type 2 □ Type 3 □ Type 4

Client is Income Eligible: □ Yes □ No

Client Hard to Find: □ Yes □ No

Refused Services: □ Refused Services □ Hard to Engage

Service Status: □ Engaged □ Unengaged □ Exited

Transitional Choosers: □ Yes □ No

Chronic Homeless Verified: □ Yes □ No

Chronic Homeless Verified Date: _____

Additional notes: