VT HMIS BoS CE – At Risk and Literally Homeless Status Form

HMIS Client ID: _____ **Project Status Date: _____**

Client Contact Information:

Email Address: _____
Phone (#1) _____ Phone (#2) _____
Contact Date _____
Note: *With client permission, this would be a place to add emergency contact, alternative contact, mailing address, etc.*

_____

_____

Client Status: *Status Update and Assessments are located within the program enrollment*

Does client have someone providing housing navigation support / case management? ❑Yes ❑ No

Name of Housing Navigator / Case Manager: _____

Living Situation at time of Assessment: *Answer for all household members (Adults and Children)*

Type of Residence:

-------- HOMELESS SITUATIONS -------
❑ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home
❑ Place not meant for habitation
------- INSTITUTIONAL SITUATIONS ------
❑ Foster care home 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
--- TEMPORARY HOUSING SITUATIONS ---
❑ Transitional housing for homeless persons (including homeless youth)
❑ Residential project or halfway house with no homeless criteria
❑ Hotel or motel paid for without emergency shelter voucher
❑ Host Home (non-crisis)
❑ Staying or living with family (temporary) room, apartment, or house
❑ Staying or living with friends (temporary) room, apartment, or house
--- PERMANENT HOUSING SITUATIONS ---
❑ Staying or living with family (permanent)
❑ Staying or living with friends (permanent)
❑ Rental by client, no ongoing housing subsidy
❑ Rental by client, with ongoing housing subsidy *(if selected, answer 'Rental Subsidy Type' below)*
❑ Owned by client, with ongoing housing subsidy
❑ Owned by client, no ongoing housing subsidy

Rental Subsidy Type: *Answer if 'Rental by client, with ongoing housing subsidy' is selected.*

❑ GPD TIP housing subsidy
❑ VASH housing subsidy

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❑ RRH or equivalent subsidy
❑ HCV voucher (tenant or project based) (not dedicated)
❑ Public housing unit
❑ Rental by client, with other ongoing housing subsidy
❑ Housing Stability Voucher
❑ Family Unification Program Voucher (FUP)
❑ Foster Youth to Independence Initiative (FYI)
❑ Permanent Supportive Housing
❑ Other permanent housing dedicated for formerly homeless persons

Length of Stay in Prior Living Situation:

❑ One day or less	❑ One month or more, but less than 90 days
❑ Two Day to six nights	❑ 90 days or more, but then than one year
❑ One week or more, but less than one month	❑ One year or longer

Approximate Date This Episode of Homelessness Started: _____

Number of times on the streets, in ES, or Safe Haven in the past three years:

❑ One time	❑ Two times	❑ Three times	❑ Four or more times

Total number of months homeless on the streets, in ES, or Safe Haven in the past 3 years:

❑ One month (This is first month)	❑ 4	❑ 7	❑ 10
❑ 2	❑ 5	❑ 8	❑ 11
❑ 3	❑ 6	❑ 9	❑ 12
			❑ More than 12 months

Total number of months spent homeless in lifetime:

❑ Less than 1 year	❑ 12 – 60 months (2 – 5 years)
❑ 12 – 23 months	❑ More than 60 months (5+ years)

Disabling Conditions and Barriers: *Answer for all household members (Adults and Children)*

Does the client have a disabling condition? ❑Yes ❑ No

Disability Type	**Disability Determination**	**If Yes, long term?**
Alcohol Use Disability	❑Yes ❑ No	❑Yes ❑ No
Both Alcohol and Drug Use Disability	❑Yes ❑ No	❑Yes ❑ No
Drug Use Disability	❑Yes ❑ No	❑Yes ❑ No
Chronic Health Condition	❑Yes ❑ No	❑Yes ❑ No
Developmental Disability	❑Yes ❑ No	Automatically considered long term
Mental Health Disability	❑Yes ❑ No	❑Yes ❑ No
Physical	❑Yes ❑ No	❑Yes ❑ No
HIV/AIDS	❑Yes ❑ No	Automatically considered long term

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Do you currently receive services or treatment for the disabling conditions identified? ❑Yes ❑No

Do you or anyone in your household have any urgent medical conditions right now that you need help with?

❑Yes ❑No

Do you or anyone in your household need help finding a primary care doctor? ❑Yes ❑No

Survivor of Domestic Violence: *Answer for all Adults in household (18 years older)*

❑Yes ❑No

If Yes for domestic violence survivor, when experience occurred:

❑ Within the past three months	❑ From six to twelve months ago
❑ Three to six months ago	❑ More than a year

If Yes for domestic violence survivor, are you currently fleeing? ❑ Yes ❑ No

Monthly Income: *Answer for HoH and all Adults in household (18 years older)*

Income from Any Source: ❑Yes ❑ No Total Monthly Income: _____

Source of Income	**Receiving Income Source?**		**Monthly Amount**
Alimony or Other Spousal Support	❑Yes	❑ No	$
Child Support	❑Yes	❑ No	$
Earned Income	❑Yes	❑ No	$
General Assistance	❑Yes	❑ No	$
Other	❑Yes	❑ No	$
Pension or retirement income from another job	❑Yes	❑ No	$
Private Disability Insurance	❑Yes	❑ No	$
Retirement Income from Social Security	❑Yes	❑ No	$
SSDI	❑Yes	❑ No	$
SSI	❑Yes	❑ No	$
TANF – (VT Reach Up)	❑Yes	❑ No	$
Unemployment Insurance	❑Yes	❑ No	$
VA Non-Service Connected Disability Pension	❑Yes	❑ No	$
VA Service Connected Disability Compensation	❑Yes	❑ No	$
Workers Compensation	❑Yes	❑ No	$

Is the household income at or below 50% AMI? ❑Yes ❑ No

Non-Cash Benefits: *Answer for HoH and all Adults in household (18 years older)*

Non-cash benefits from any source: ❑Yes ❑ No

Source of Income	**Receiving Income Source?**	
Supplemental Nutrition Assistance Program (Food Stamps)	❑Yes	❑ No
Special Supplemental nutrition Program for WIC	❑Yes	❑ No
TANF Child Services	❑Yes	❑ No
TANF Transportation Services	❑Yes	❑ No
Other TANF-Funded Services	❑Yes	❑ No

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Other Source	❑Yes	❑ No

Health Insurance: *Answer for all household members (Adults and Children)*

Covered by Health Insurance: ❑Yes ❑ No

Source of Income	Receiving Income Source?	
MEDICAID	❑Yes	❑ No
MEDICARE	❑Yes	❑ No
State Children's Health Insurance Program	❑Yes	❑ No
Veteran's Health Administration (VHA)	❑Yes	❑ No
Employer – Provided Health Insurance	❑Yes	❑ No
Health Insurance obtained through Cobra	❑Yes	❑ No
Private Pay Health Insurance	❑Yes	❑ No
State Health Insurance for Adults	❑Yes	❑ No
Indian Health Services Program	❑Yes	❑ No
Other	❑Yes	❑ No

Service Connections:

Are you currently on Probation or Parole? ❑Yes ❑ No

If yes, Parole Officer's Name? _____ Parole Officer's Phone Number: _____

Type of Offense? _____

How many bedrooms needed in a future rental? _____

Do any of these soft referrals need to be made? *Select all that apply*

❑ Emergency shelter/housing – 211 for local shelter, ESD for GA Emergency Housing
❑ Homeownership Center
❑ CVOEO Mobile Home Project
❑ Homeless Education Liaisons
❑ Employment, training, or education opportunities – for people with disability: Hire Ability VT
❑ Employment, training, or education opportunities – for all other, VT Department of Labor
❑ Veteran Services/Veteran CE Referral
❑ Public Benefit Programs
❑ Support for adults to complete high school / GED
❑ Domestic/sexual violence advocate for support
❑ Substance Use services or treatment
❑ Health Care Access

What do you have that will help you success with your housing plan? *Select all that apply*

❑ I have rental assistance or a housing voucher
❑ I have stable income
❑ I have landlord references

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❑ I have supportive friends or family
❑ I have someone who helps me advocate for my needs
❑ I have access to land
❑ I have a case manager or someone who is helping me with my housing plan
❑ I have my own determination and know-how!
❑ I have a job, or I am in a job training program

Current Living Situation: *Located on the Assessments tab within a program enrollment. Required for* ***Coordinated Entry****, PATH-enrolled clients, and other projects for Head of Household*

Date of Contact: _____

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Is Client going to have to leave their current living situation within 14 days? *This field will populate if the client is coming from an institutional, temporary, or permanent housing situation*

❑Yes ❑ No

If 'Yes" to 'Is Client going to have to leave their current living situation within 14 days?' answer the following questions:

Has subsequent residence been identified?	❑Yes ❑ No
Does the individual or family have resources or supper networks to obtain other permanent housing?	❑Yes ❑ No
Has the client had a lease or ownership interest in a permanent housing unit in the last 60 days?	❑Yes ❑ No
Has the client moved 2 or more times in the last 60 days?	❑Yes ❑ No

Living Situation Verified by: *This field will populate for Coordinated Entry. Select appropriate program type and project*

_____

Location Details: *Optional note section to put in specific details about location of client. Most helpful when unsheltered*

_____

VT 2025 BoS Complex Service Needs At Risk and Literally Homeless Assessment: *Located on the Assessments tab within a program enrollment. Must be completed on the HoH client enrollment and referral to Community Queue must be sent for clients to prioritize on the BoS prioritization report.*

Assessment Date:			
Assessment Location:			
Assessment Type:	❑ Phone	❑ Virtual	❑ In Person
Assessment Level:	Housing Needs Assessment		

Complexity of Situation: *This section is located on the VT BoS CoC Housing Assessment and must be completed to calculate if the client's situation is complex or non-complex.*

A. Have you or a member of your household and For adults and Head of Household Only: *This section is located on the VT BoS CoC Housing Assessment and must be completed to calculate a clients place on the prioritization report.*

B. For Adults and Heads of Households Only: *This section is located on the VT BoS CoC Housing Assessment and must be completed to calculate a client's place on the prioritization report.*

C. Staff Member Answer from Information Collected Earlier: *The following questions must be answered for all adult members of the household in order for the household to be placed on the prioritization report correctly.*

Any adult in the household currently unsheltered or living in a place unfit for human habitation?	❑Yes	❑No
Any adult in the household have a history of unsheltered homelessness (not including current)	❑Yes	❑No
Any adult survivor of domestic violence / sexual violence?	❑Yes	❑No
Any adult household member living with a chronic medical condition that is disabling?	❑Yes	❑No

C. Information Collected Earlier: *This section pre-populates based on the HoH enrollment. If an adult member of the household (and included in the enrollment) has more months spent homeless than that of the HoH, please update accordingly.*

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