Client ID #: _____

Project State Date: _____

Client Profile: ***Complete for ALL household members***

First Name	Last Name	Relationship to HoH	SSN	Date of Birth	Gender	Race and Ethnicity
		SELF				

Date of Birth (DOB): _____

❑Full DOB ❑Client Doesn't Know

(Write in DOB and check 1 data quality option): ❑Approx. or partial DOB ❑Client prefers not to answer

Race and Ethnicity (check all that apply):

❑American Indian, Alaska Native, or Indigenous ❑White ❑Asian or Asian American

❑Black, African American, or African ❑Hispanic/Latina/o ❑Middle Eastern or North African

❑Native Hawaiian or Pacific Islander ❑Client doesn't know ❑Client prefers not to answer

❑Data not collected

Additional Race and Ethnicity Detail: _____

Did you serve in the National Guard or Reserves?

❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer ❑ Data not collected

Were you activated/deployed under Title 10 into Federal Active-Duty Service? ❑Yes ❑No

❑Client doesn't know ❑Client prefers not to answer ❑Data not collected

Veteran Status: ☐Yes ☐No ☐Client doesn't know ☐Client prefers not to answer ☐Data not collected

Year Entered Military Service (Year) _____ **Separated (Year)** _____

Veteran Information

Theater of Operations World War II: ❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

❑ Data not collected

Theater of Operations Korean War: ❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

❑ Data not collected

Theater of Operations Vietnam War: ❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

❑ Data not collected

Theater of Operations Persian Gulf War: ❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

❑ Data not collected

Theater of Operations Afghanistan: ❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

❑ Data not collected

Theater of Operations Iraq (Iraqi Freedom): ❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

❑ Data not collected

Theater of Operations Iraq (New Dawn): ❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

❑ Data not collected

Theater of Operations Other Operations: ❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

❑ Data not collected

Branch of Military: ❑Army ❑Air Force ❑Navy ❑Marines ❑Coast guard ❑Client doesn't know

❑Client prefers not to answer ❑Data not collected

Discharge Status: ☐ Honorable ☐General under honorable conditions

❑Other under honorable conditions (OTH) ❑Bad conduct ❑Dishonorable ❑Uncharacterized

❑Client doesn't know ❑Client prefers not to answer ❑Data not collected

COMPLETE HOUSING MOVE-IN DATE WHEN CLIENT MOVES INTO A PERMANENT HOUSING UNIT

Housing Move-In Date: _____/_____/_____

Prior Living Situation: ***Answer for all household members (Adults and Children). Please use separate forms for each household member.***

Homeless Situation

❑Place not meant for habitation

❑Emergency shelter, including hotel or motel paid for with emergency shelter voucher

❑Safe Haven

Institutional Situation

❑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

Transitional and Permanent Housing Situation

❑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 in a friend's room, apartment, or house

❑Staying or living in a family member's room, apartment, or house

Rental by client, no ongoing housing subsidy

❑Rental by client, with other ongoing housing subsidy (including RRH)

❑Owned by client, with ongoing housing subsidy

❑Owned by client, no ongoing housing subsidy

❑Client doesn't know

❑Client prefers not to answer

❑Data not collected

If 'Rental by Client, with ongoing housing subsidy is chosen:
Rental Subsidy Type

❑GPD TIP housing subsidy

❑VASH housing subsidy

❑RRH or equivalent subsidy

❑HCV voucher (tenant or project based) (not dedicated)

❑Public Housing Unit

❑Rental by client, with other housing subsidy

❑Housing Stability Voucher

❑Family Unification Program Voucher (FUP)

❑Foster Youth Independence Initiative (FYI)

❑Permanent Supportive Housing

❑Other permanent housing dedicated for formerly homeless persons

Length of Stay at Prior Night Living Situation:

❑One night or less ❑ One year or longer

❑Two to six nights ❑90 days or more, but less than one year

❑1 week or more, but less than 1 month ❑Client doesn't know

❑One month or more, but less than 90 days ❑ Client prefers not to answer

Approximate Date this episode of Homelessness started: _____/_____/_____
(Homelessness – in Shelter or on Street)

Regardless of where they stayed last night—Number of times the client has been on the streets, in an Emergency Shelter, or Safe Haven in the past three years (counting current stay):

❑Never in 3 years ❑One Time ❑Two Times ❑Three Times ❑Four or more times

❑Client doesn't know ❑Client prefers not to answer

<u>Total number of months homeless on the street, in an Emergency Shelter, or Safe Haven in past 3 years:</u>

❑1 month (this time is the first month) ❑2 months ❑3 months ❑4 months ❑5 months

❑6 months ❑ 7 months ❑8 months ❑9 months ❑10 months ❑11 months ❑12 months

❑More than 12 months ❑Client doesn't know ❑Client prefers not to answer

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

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

❑Yes ❑No ❑Client doesn't know ❑Client prefers not to answer

If yes, last occurrence:

❑Within the past three months ❑Three to six months ago ❑From six to twelve months ago

❑More than a year ago ❑Client doesn't know ❑Client prefers not to answer

If yes, are you currently fleeing:

No ❑Yes Client doesn't know ❑Client prefers not to answer

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	$

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
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

What MCO is client working with? ***Answer for all household members (Adults and Children)***

❑Amerihealth ❑NH Healthy Families ❑WellSense

❑Client Doesn't Know ❑Client prefers not to answer ❑Data Not Collected

SSVF Targeting Criteria

Is Homelessness Prevention Targeting Screener required?

❑Yes ❑ No

Housing Loss Expected within…

❑1-6 days (12) ❑7-13 days (8) ❑14-21 days (4) ❑More than 21 days (0)

Current Household Income

❑$0 (i.e., not employed, not receiving cash benefits, no other current income (8)

❑ 1-14% of Area Median Income (AMI) for household size (6)

❑ 15-30% of AMI for household size (4)

❑ More than 30% for household size (0)

History of Literal Homelessness (street/shelter/transitional housing) (any adult)

❑ Most recent episode occurred within the last year (17)

❑ Most recent episode occurred more than one year ago (15)

❑ None (0)

Head of Household is not a current leaseholder/renter of unit

❑Yes (6) ❑No (0)

Head of Household never been a leaseholder/renter of unit

❑Yes (4) ❑No (0)

Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit?

❑Yes (3) ❑No (0)

Rental Evictions within the past 7 years (any adult)

❑No prior rental evictions (0)

❑ 1 prior rental eviction (7)

❑ 2 or more rental evictions (9)

Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property

❑Yes (5) ❑No (0)

Incarcerated as adult (any adult in household)

❑Not incarcerated (0)

❑Incarcerated Once (2)

❑ Incarcerated two or more times (5)

Discharge from jail or prison within last six months after incarceration of 90 days or more (adults)

❑Yes (2) ❑ No (0)

Registered sex offender (any household members)

❑Yes (3) ❑ No (0)

Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing

❑Yes (6) ❑ No (0)

Currently Pregnant (any household member)

❑Yes (3) ❑ No (0)

Single parent/guardian household with minor child(ren)

❑Yes (2) ❑No (0)

Household includes one or more young children (age six and younger), or a child who requires significant care?

❑ No (5)

❑ Youngest child is under 1 year old (3)

❑ Youngest child is 1 to 6 years old and / or one or more children (any age) require significant care (0)

Household size of 5 or more requiring at least 3 bedrooms (due to household composition)

❑Yes (3) ❑ No (0)

Household includes one or more members meeting other criteria for targeting prevention by the CoC

❑Yes (7) ❑ No(0)

HP applicant total points (integer) _____

Grantee targeting threshold score (integer) _____

Additional Information:

VMAC Station Number

❑ (405) White River Junction, VT ❍ (608) Manchester, NH ❍ 52A8) Albany, NY

Connection with SOAR:

❑ No ❑ Yes ❑ Client Doesn't Know ❑ Client Refused ❑Data Not Collected

Household Income as Percent of AMI

❑Less than 30% ❑30%-50% ❑Greater than 50%

Last Grade Completed

❑Less than Grade 5 ❑Grades 5-6 ❑Grades 7-8 ❑Grades 9-11

❑Grade 12 ❑School program does not have grade levels ❑GED ❑Some college

❑Associates degree ❑Bachelor's degree ❑Graduate degree ❑Vocational certification

❑Client Doesn't Know ❑Client prefers not to answer ❑Data not collected

Employed

❑No ❑Yes ❑Client doesn't know ❑Client prefers not to answer ❑Data not collected

Type of Employment

❑Full time ❑Part time ❑Seasonal/Sporadic (including day labor)

Why Not Employed

❑Looking for work ❑Unable to work ❑Not looking for work

Town stayed in prior to project Entry: _____

Zip Code of Last Address: _____

County client is currently receiving services:

❑Belknap

❑Carroll

❑Cheshire

❑Coos

❑Grafton

❑Hillsborough

❑Merrimack

❑Rockingham

❑Strafford

❑Sullivan

Town and zip code client is currently receiving services _____

Additional Information
Sex

❑Male ❑Female ❑ Client prefers not to answer ❑Data not collected ❑ Client doesn't know