

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
- Two to six nights
- 1 week or more, but less than 1 month
- One month or more, but less than 90 days
- One year or longer
- 90 days or more, but less than one year
- Client doesn't know
- 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

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

- 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	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Both Alcohol and Drug Use Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Drug Use Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Chronic Health Condition	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Developmental Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	Automatically considered long term
Mental Health Disability	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physical	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Earned Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
General Assistance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Pension or retirement income from another job	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Private Disability Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Retirement Income from Social Security	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSDI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
SSI	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
TANF – (VT Reach Up)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Unemployment Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
VA Non-Service Connected Disability Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
VA Service Connected Disability Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	\$
Workers Compensation	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Supplemental nutrition Program for WIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TANF Child Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TANF Transportation Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other TANF-Funded Services	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Source	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

Covered by Health Insurance: Yes No

Source of Income	Receiving Income Source?	
MEDICAID	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MEDICARE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Children’s Health Insurance Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Veteran’s Health Administration (VHA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer – Provided Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Health Insurance obtained through Cobra	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Private Pay Health Insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State Health Insurance for Adults	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Indian Health Services Program	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	<input type="checkbox"/> 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