

KS BOS HMIS

SSVF Intake Form (RRH & HP)

SOCIAL SECURITY NUMBER (SSN)									
QUALITY OF SSN		<input type="checkbox"/> Full SSN reported <input type="checkbox"/> Approximate/partial SSN reported			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
CLIENT NAME									
Last:									
First:									
Middle:							Suffix:		
QUALITY OF NAME		<input type="checkbox"/> Full name reported <input type="checkbox"/> Partial, street name, or code name reported			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
DATE OF BIRTH (DOB) (MM/DD/YYYY)									
QUALITY OF DOB		<input type="checkbox"/> Full DOB reported <input type="checkbox"/> Approximate/partial DOB reported			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
GENDER									
<input type="checkbox"/> Female <input type="checkbox"/> Male		<input type="checkbox"/> Trans Female (MTF or Male to Female) <input type="checkbox"/> Trans Male (FTM or Female to Male) <input type="checkbox"/> Gender Non-Conforming (not exclusively male or female)			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
RACE									
<input type="checkbox"/> White <input type="checkbox"/> Black or African American		<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian			<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected				
ETHNICITY									
<input type="checkbox"/> Non-Hispanic/Non-Latino <input type="checkbox"/> Hispanic/Latino		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected							
VETERAN STATUS									
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected							
YEAR ENTERED MILITARY SERVICE					YEAR SEPARATED FROM MILITARY SERVICE				

THEATER OF OPERATIONS		
WORLD WAR II	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
KOREAN WAR	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
VIETNAM WAR	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
PERSIAN GULF WAR (DESERT STORM)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
AFGHANISTAN (OPERATION ENDURING FREEDOM)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IRAQ (OPERATION IRAQI FREEDOM)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
IRAQ (OPERATION NEW DAWN)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
OTHER PEACE-KEEPING OPERATIONS OR MILITARY INTERVENTIONS (SUCH AS LEBANON, PANAMA, SOMALIA, BOSNIA, KOSOVO)	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

BRANCH OF MILITARY		
<input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Navy	<input type="checkbox"/> Marines <input type="checkbox"/> Coast Guard	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

DISCHARGE STATUS		
<input type="checkbox"/> Honorable <input type="checkbox"/> Dishonorable <input type="checkbox"/> Bad Conduct	<input type="checkbox"/> Uncharacterized <input type="checkbox"/> Other than honorable conditions (OTH) <input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD	
<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member

CLIENT LOCATION (Required if project operates in multiple CoCs)		
<input type="checkbox"/> Colorado Balance of State	<input type="checkbox"/> Metropolitan Denver	<input type="checkbox"/> Colorado Springs / El Paso County

PROJECT NAME										
PROJECT START DATE (MM/DD/YYYY)										
HOUSING MOVE-IN DATE (RRH) <i>(Leave blank if this has not happened)</i>										

PRIOR LIVING SITUATION *(Where did the client sleep the night before entering this project?) (PICK ONLY 1)*

HOMELESS SITUATION

- Place not meant for human habitation (vehicle, anywhere outside)
- Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher or RHY-funded host home
- 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 & PERMANENT HOUSING SITUATION

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Rental by client, with GPD TIP subsidy <input type="checkbox"/> Rental by client, with VASH housing subsidy | <ul style="list-style-type: none"> <input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons <input type="checkbox"/> Rental by client, with RRH or equivalent subsidy <input type="checkbox"/> Rental by client, with HCV voucher (tenant or project) <input type="checkbox"/> Rental by client in a public housing unit <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with other ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy |
|---|---|

- Client doesn't know
- Client refused
- Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION *(How long did the client stay in that situation?)*

- | | | |
|--|---|--|
| <input type="checkbox"/> One night or less | <input type="checkbox"/> One month or more, but less than 90 days | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two to six nights | <input type="checkbox"/> 90 days or more, but less than one year | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> One week or more, but less than one month | <input type="checkbox"/> One year or longer | <input type="checkbox"/> Data not collected |

If Client's Prior Living Situation is any of the **HOMELESS SITUATION options:**

APPROXIMATE DATE HOMELESSNESS STARTED <i>(for the client's current episode of homelessness)</i>									
	MONTH		DAY		YEAR				

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today *(Regardless of where they stayed last night)*

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Three times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

Total number of months homeless on the streets, in ES, or SH in the past three years

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> One month (first time) | <input type="checkbox"/> Five months | <input type="checkbox"/> Nine months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Two months | <input type="checkbox"/> Six months | <input type="checkbox"/> Ten months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three months | <input type="checkbox"/> Seven months | <input type="checkbox"/> Eleven months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Four months | <input type="checkbox"/> Eight months | <input type="checkbox"/> Twelve months | <input type="checkbox"/> Data not collected |

If Client's Prior Living Situation is any INSTITUTIONAL SITUATION:

Length of Stay Less than 90 days?

(Indicate if the stay in the Institutional setting they lived in immediately prior to project entry was less than 90 days)

- No
 Yes*

***If YES to Length of Stay Less than 90 days**

On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven?

(On the night before the client's stay of less than 90 days in an institutional setting, were they on the Streets, in an Emergency Shelter, or in a Safe Haven?)

- No
 Yes*

***If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven'**

APPROXIMATE DATE HOMELESSNESS STARTED

(for the client's current episode of homelessness)

MONTH			DAY			YEAR			

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today *(Regardless of where they stayed last night)*

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Three times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

Total number of months homeless on the streets, in ES, or SH in the past three years

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> One month (first time) | <input type="checkbox"/> Five months | <input type="checkbox"/> Nine months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Two months | <input type="checkbox"/> Six months | <input type="checkbox"/> Ten months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three months | <input type="checkbox"/> Seven months | <input type="checkbox"/> Eleven months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Four months | <input type="checkbox"/> Eight months | <input type="checkbox"/> Twelve months | <input type="checkbox"/> Data not collected |

If Client's Prior Living Situation is any TRANSITIONAL or PERMANENT HOUSING SITUATION:

Length of Stay Less than 7 nights?

(Indicate if the stay in the Transitional or Permanent Housing setting they lived in immediately prior to project entry was less than 7 nights)

- No
 Yes*

***If YES to Length of Stay Less than 7 nights**

On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven?

(On the night before the client's stay of less than 7 nights in a Transitional or Permanent Housing setting, were they on the Streets, in an Emergency Shelter, or in a Safe Haven?)

- No
 Yes*

***If YES to 'On the night before – stayed on the Streets, Emergency Shelter, or Safe Haven'**

APPROXIMATE DATE HOMELESSNESS STARTED

(for the client's current episode of homelessness)

MONTH			DAY			YEAR			

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today *(Regardless of where they stayed last night)*

- | | | |
|------------------------------------|---|--|
| <input type="checkbox"/> One time | <input type="checkbox"/> Three times | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Two times | <input type="checkbox"/> Four or more times | <input type="checkbox"/> Client refused |
| | | <input type="checkbox"/> Data not collected |

Total number of months homeless on the streets, in ES, or SH in the past three years

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> One month (first time) | <input type="checkbox"/> Five months | <input type="checkbox"/> Nine months | <input type="checkbox"/> More than 12 months |
| <input type="checkbox"/> Two months | <input type="checkbox"/> Six months | <input type="checkbox"/> Ten months | <input type="checkbox"/> Client doesn't know |
| <input type="checkbox"/> Three months | <input type="checkbox"/> Seven months | <input type="checkbox"/> Eleven months | <input type="checkbox"/> Client refused |
| <input type="checkbox"/> Four months | <input type="checkbox"/> Eight months | <input type="checkbox"/> Twelve months | <input type="checkbox"/> Data not collected |

DISABLING CONDITION			
<input type="checkbox"/> No		<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes		<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Data not collected	
HOUSEHOLD INCOME AS A PERCENTAGE OF AMI			
<input type="checkbox"/> Less than 30%			
<input type="checkbox"/> 30% to 50%			
<input type="checkbox"/> Greater than 50%			
CONNECTION WITH SOAR			
<input type="checkbox"/> No		<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes		<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Data not collected	
LAST GRADE COMPLETED			
<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> School does not have grade levels	<input type="checkbox"/> Associate's Degree	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> GED	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Client refused
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> Some College	<input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Grades 9-11		<input type="checkbox"/> Vocational Certification	
<input type="checkbox"/> Grades 12			
EMPLOYMENT STATUS			
Employed?	<input type="checkbox"/> No*	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> Yes*	<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Data not collected	
*If YES to Employed			
Type of Employment	<input type="checkbox"/> Full Time	<input type="checkbox"/> Seasonal/sporadic (including day labor)	
	<input type="checkbox"/> Part Time		
*If NO to Employed			
Why not employed?	<input type="checkbox"/> Looking for work	<input type="checkbox"/> Not looking for work	
	<input type="checkbox"/> Unable to work		
LAST PERMANENT ADDRESS			
Street			
City			
State		Zip Code	
QUALITY OF ADDRESS	<input type="checkbox"/> Full Address reported	<input type="checkbox"/> Client doesn't know	
	<input type="checkbox"/> Incomplete or estimated address reported	<input type="checkbox"/> Client refused	
		<input type="checkbox"/> Data not collected	
VAMC STATION NUMBER			

DOMESTIC VIOLENCE VICTIM/SURVIVOR		
<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	
<input type="checkbox"/> Yes*	<input type="checkbox"/> Client refused	
	<input type="checkbox"/> Data not collected	
*If YES to Domestic Violence Victim/Survivor		
When did this experience occur?	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> From six to twelve months ago (excluding one year exactly) <input type="checkbox"/> More than a year ago	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Are you currently fleeing?	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

CASH INCOME FOR INDIVIDUAL		
Income from Any Source?	<input type="checkbox"/> No <input type="checkbox"/> Yes*	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
*If YES to Income from Any Source – Indicate all sources that apply		
Income Source (Check all that apply)	Monthly Amount	
<input type="checkbox"/> Earned Income		
<input type="checkbox"/> Unemployment Insurance		
<input type="checkbox"/> Supplemental Security Income (SSI)		
<input type="checkbox"/> Social Security Disability Insurance (SSDI)		
<input type="checkbox"/> VA Service-Connected Disability Compensation		
<input type="checkbox"/> VA Non-Service Connected Disability Compensation		
<input type="checkbox"/> Private Disability Insurance		
<input type="checkbox"/> Worker's Compensation		
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)		
<input type="checkbox"/> General Assistance (GA)		
<input type="checkbox"/> Retirement Income from Social Security		
<input type="checkbox"/> Pension or Retirement Income from a Former Job		
<input type="checkbox"/> Child Support		
<input type="checkbox"/> Alimony and Other Spousal Support		
<input type="checkbox"/> Other Cash Income (Specify: _____)		
Total Monthly Amount		

NON-CASH BENEFITS	
Receiving Non-Cash Benefits?	<input type="checkbox"/> No <input type="checkbox"/> Yes* <div style="float: right;"> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div>
*If YES to Receiving Non-Cash Benefits – Indicate all sources that apply	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> TANF Transportation Services <input type="checkbox"/> Other TANF-Funded Services <input type="checkbox"/> Other Non-Cash Benefit (Specify source: _____)

HEALTH INSURANCE	
Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Yes* <div style="float: right;"> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected </div>
*If YES to Covered by Health Insurance – Indicate all sources that apply	
<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance Program <input type="checkbox"/> Veteran's Administration (VA) Medical Services <input type="checkbox"/> Employer-Provided Health Insurance	<input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program <input type="checkbox"/> Other Health Insurance (Specify source: _____)

SSVF HP TARGETING CRITERIA	
Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Current Housing Loss Expected Within	<input type="checkbox"/> 0 - 6 Days <input type="checkbox"/> 7 - 13 Days <input type="checkbox"/> 14 - 21 Days <input type="checkbox"/> 21 Days or More
Current Household Income is \$0?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Annual Household Gross Income Amount for Household Size	<input type="checkbox"/> 0 - 14% of Area Median Income <input type="checkbox"/> 15 - 30% of AMI for Household Size <input type="checkbox"/> More than 30% of AMI for Household Size
Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months?	<input type="checkbox"/> No <input type="checkbox"/> Yes

SSVF HP TARGETING CRITERIA (Continued)	
Rental Evictions within the Past 7 Years	<input type="checkbox"/> 4 or more prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> 2 – 3 prior rental evictions <input type="checkbox"/> No prior rental evictions
Currently at risk of losing tenant-based housing subsidy or housing in a subsidized building or unit?	<input type="checkbox"/> No <input type="checkbox"/> Yes
History of Literal Homelessness (street/shelter/transitional housing)	<input type="checkbox"/> 4 or more times or total of at least 12 months in past three years <input type="checkbox"/> 2 – 3 times in past three years <input type="checkbox"/> 1 time in past three years <input type="checkbox"/> None
Head of Household with Disabling Condition (physical health, mental health, Substance use) that directly affects ability to Secure/Maintain Housing?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Criminal Record for arson, drug dealing/manufacture or felony offense against persons or property?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Registered Sex Offender?	<input type="checkbox"/> No <input type="checkbox"/> Yes
At least one dependent child under age 6?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Single parent with minor children?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Household size of 5 or more requiring at least 3 bedrooms (Due to age/gender mix)?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Any Veteran in household served in Iraq or Afghanistan?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Female Veteran?	<input type="checkbox"/> No <input type="checkbox"/> Yes
HP applicant total points (integer):	
Grantee targeting threshold score (integer):	

CONTACT INFORMATION (Optional – entered on the Contacts tab)	
Phone number	
Email	

Signature of applicant stating all information is true and correct

Date