

SSVF Assessment Form

Updated: 2016 October 2



Client first name:		Client last name:		MAACLink Client ID:	
Assessment date:			Assessment type: <input type="radio"/> Entry <input type="radio"/> Interval <input type="radio"/> Exit		
Veteran status: <input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Client doesn't know <input type="radio"/> Client refused		Disabling condition: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	
Housing status:					
<input type="radio"/> Category 1 – Homeless		<input type="radio"/> Category 2 – At imminent risk of losing housing			
<input type="radio"/> Category 3 – Homeless only under other federal statutes		<input type="radio"/> Category 4 – Fleeing domestic violence			
<input type="radio"/> Stably housed – rent		<input type="radio"/> Stably housed – own		<input type="radio"/> At risk of homelessness	
<input type="radio"/> Client doesn't know		<input type="radio"/> Client refused			
Prior type of residence:					
<input type="radio"/> Emergency shelter (inc. hotel/motel voucher)		<input type="radio"/> Transitional housing for homeless persons			
<input type="radio"/> Permanent housing for formerly homeless persons		<input type="radio"/> Psychiatric hospital/facility			
<input type="radio"/> Substance abuse treatment facility or detox center		<input type="radio"/> Hospital or other residential non-psych. med. facility			
<input type="radio"/> Jail, prison, or juvenile detention facility		<input type="radio"/> Staying/living in a family member's room/apt/house			
<input type="radio"/> Staying/living in a friend's room/apt/house		<input type="radio"/> Hotel/motel paid w/o emergency shelter voucher			
<input type="radio"/> Foster care home or foster care group home		<input type="radio"/> Place not meant for habitation			
<input type="radio"/> Safe Haven		<input type="radio"/> Rental by client with VASH subsidy			
<input type="radio"/> Rental by client with GPD TIP subsidy		<input type="radio"/> Rental by client with other ongoing subsidy			
<input type="radio"/> Rental by client (no ongoing subsidy)		<input type="radio"/> Residential project/halfway house (no homeless criteria)			
<input type="radio"/> Owned by client with ongoing subsidy		<input type="radio"/> Owned by client (no ongoing subsidy)			
<input type="radio"/> Long-term care facility/nursing home		<input type="radio"/> Interim housing			
<input type="radio"/> Client doesn't know		<input type="radio"/> Client refused			
Length of stay in prior residence:			Approximate date homelessness started:		
<input type="radio"/> One night or less		<input type="radio"/> Two to six nights			
<input type="radio"/> One week or more but less than one month					
<input type="radio"/> One month or more but less than 90 days					
<input type="radio"/> 90 days or more but less than one year					
<input type="radio"/> One year or longer					
<input type="radio"/> Client doesn't know		<input type="radio"/> Client refused			
Number of times client has been on the streets, in emergency shelter, or in safe haven in the past three years including today:			(Cumulative) Number of months on the streets, in emergency shelter, or in safe haven in the past three years:		
<input type="radio"/> One time		<input type="radio"/> Two times <input type="radio"/> Three times			
<input type="radio"/> Four or more times					
<input type="radio"/> Client doesn't know		<input type="radio"/> Client refused			
Year entered military service:			Year separated military service:		
Military branch:			Discharge status:		
<input type="radio"/> Air Force		<input type="radio"/> Army			
<input type="radio"/> Navy		<input type="radio"/> Marines			
<input type="radio"/> Coast Guard		<input type="radio"/> Client doesn't know			
<input type="radio"/> Client refused		<input type="radio"/> Honorable <input type="radio"/> General under honorable conditions			
		<input type="radio"/> Under other than honorable conditions			
		<input type="radio"/> Bad conduct <input type="radio"/> Dishonorable			
		<input type="radio"/> Uncharacterized <input type="radio"/> Client doesn't know			
		<input type="radio"/> Client refused			

Era:	
World War II	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client Refused
Korean War	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client Refused
Vietnam War	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client Refused
Persian Gulf War	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client Refused
Afghanistan	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client Refused
Iraq War (Iraqi Freedom)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client Refused
Iraq War (New Dawn)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client Refused
Other peacekeeping operations	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Client doesn't know <input type="radio"/> Client Refused
VAMC station:	
Last grade completed: <input type="radio"/> Less than grade 5 <input type="radio"/> Grades 5-6 <input type="radio"/> Grades 7-8 <input type="radio"/> Grades 9-11	
<input type="radio"/> Grade 12/ HS diploma <input type="radio"/> School program does not have grade levels <input type="radio"/> GED <input type="radio"/> Some college	
<input type="radio"/> Associate's degree <input type="radio"/> Bachelor's degree <input type="radio"/> Graduate degree <input type="radio"/> Vocational certification	
<input type="radio"/> Client doesn't know <input type="radio"/> Client refused	
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="radio"/> Yes <input type="radio"/> No	Current housing loss expected within: <input type="radio"/> 0-6 days <input type="radio"/> 7-13 days <input type="radio"/> 14-21 days <input type="radio"/> More than 21 days
Current household income is \$0: <input type="radio"/> Yes <input type="radio"/> No	Annual household gross income amount: <input type="radio"/> 0-14% of Area Median Income for household size <input type="radio"/> 15-30% of Area Median Income for household size <input type="radio"/> More than 30% of Area Median Income 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="radio"/> Yes <input type="radio"/> No	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="radio"/> Yes <input type="radio"/> No
Rental evictions within the past 7 years: <input type="radio"/> 4 or more prior rental evictions <input type="radio"/> 2-3 prior rental evictions <input type="radio"/> 1 prior rental eviction <input type="radio"/> No prior rental evictions	Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit: <input type="radio"/> Yes <input type="radio"/> No
History of literal homelessness (street/shelter/transitional housing): <input type="radio"/> 4+ times or total of 12 months or more in the past 3 years <input type="radio"/> 2-3 times in the past 3 years <input type="radio"/> 1 time in the past 3 years <input type="radio"/> None	Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing: <input type="radio"/> Yes <input type="radio"/> No
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property: <input type="radio"/> Yes <input type="radio"/> No	Registered sex offender: <input type="radio"/> Yes <input type="radio"/> No
At least one dependent child under age 6: <input type="radio"/> Yes <input type="radio"/> No	Single parent with minor child(ren): <input type="radio"/> Yes <input type="radio"/> No
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix): <input type="radio"/> Yes <input type="radio"/> No	Any veteran in household served in Iraq or Afghanistan: <input type="radio"/> Yes <input type="radio"/> No
Female veteran: <input type="radio"/> Yes <input type="radio"/> No	HP applicant total points:
Grantee targeting threshold score:	Number of visits to an emergency room in the past year: <input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-10 <input type="radio"/> 11-20 <input type="radio"/> 20+ <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
Approximate number of nights in jail/prison in the past year: <input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-10 <input type="radio"/> 11-20 <input type="radio"/> 20+ <input type="radio"/> Client doesn't know <input type="radio"/> Client refused	Approximate number of nights spent in an inpatient medical facility in the past year: <input type="radio"/> 0 <input type="radio"/> 1-2 <input type="radio"/> 3-5 <input type="radio"/> 6-10 <input type="radio"/> 11-20 <input type="radio"/> 20+ <input type="radio"/> Client doesn't know <input type="radio"/> Client refused
Client moved in to permanent housing (interval/exit assessment only)? <input type="radio"/> Yes	(If in permanent housing) Date of move-in:

Client is currently receiving income: Yes No Client doesn't know Client refused

Earned income: _____
SSI (Supplemental Security Income): _____
VA Service Connected Disability Compensation: _____
Worker's compensation: _____
General assistance: _____
VA Non-Service Connected Disability Compensation: _____
Child support: _____
Other (1): _____

Unemployment insurance: _____
SSDI (Social Security Disability Income): _____
Private disability insurance: _____
TANF (Temporary Assistance for Needy Families): _____
Retirement income from Social Security: _____
Pension from a former job: _____
Alimony or other spousal support: _____
Other (2): _____

Client is currently receiving benefits: Yes No Client doesn't know Client refused

SNAP/Food stamps or food benefit card: _____
WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) : _____
TANF child care services: _____ TANF transportation services: _____
Other TANF-funded services: _____ Section 8, public housing, or other rental assistance: _____
Child support: _____ Temporary rental assistance: _____
Other: _____

Client expenses:

Bus pass: _____	Car payment: _____	Car repair: _____
Child care: _____	Child support: _____	Church tithe: _____
Clothing: _____	Credit accounts: _____	Education: _____
Electricity (utility) : _____	Entertainment: _____	Food: _____
Garnishments (on wage/salary): _____	Gas/heating oil (utility) : _____	Gasoline (car) : _____
Health insurance: _____	Other insurance: _____	Laundry: _____
Legal: _____	Medical: _____	Med prescription: _____
Miscellaneous: _____	Mortgage: _____	Payday loans: _____
Personal hygiene: _____	Personal luxuries: _____	Rent: _____
Rent deposit: _____	Retirement plan: _____	Savings: _____
Sewage/trash (utility) : _____	Storage: _____	Taxes: _____
Telephone (utility) : _____	Transportation (general) : _____	Unpaid rent: _____
Unpaid utilities: _____	Water (utility) : _____	Withholding tax: _____
Other (1) : _____	Other (2) : _____	

Percent of AMI: Less than 30% 30%-50% Greater than 50%

Insurance coverage assessment date:

Client has health insurance:

Yes No Client doesn't know Client refused

(If Yes) Health insurance type:

Medicaid Medicare SCHIP (State Child Health Insurance Program)
 State Health Insurance for Adults VA health insurance COBRA
 Employer insurance Private pay insurance Indian Health Services Program