



San Francisco ONE System: VA SERVICES STATUS FORM (HUD VASH, SSVF, GPD)

Use block letters for text and bubble in the appropriate circles. Please complete a separate form for each household member.

LIENT						
	PROJECT STATUS DATE [All Clien	ts]				
	/ /					
	Month Day	Υ	ear			
· · · · · · · · · · · · · · · · · · ·						
INKO	LLMENT CoC [only if multiple CoC's	sj				
CONN	ECTION WITH SOAR [Head of House	ehold	and Ad	dults,	SSVF RRH and	
	essness Prevention]					
o No				0	Client doesn't know	
o Ye	S			0	Client prefers not to answer	
				0	Data not collected	
-	RMANENT HOUSING [Permanent House			for H	ead of Household]	
o No	0	Yes				
IF "Y	ES" TO PERMANENT HOUSING					
1 ,						
Hous	ing Move-In Date:*	/_				
		l_	I	ındatı	e on the enrollment screen	
	ing Move-In Date:* ent moved into permanent housing, ma	l_ ake s	I ure to u	ıpdat	e on the enrollment screen.	
		l_ ake s	I ure to u	ıpdatı	e on the enrollment screen.	
*If clie	ent moved into permanent housing, ma	I_ ake s	I_ ure to u	ıpdatı	e on the enrollment screen.	
*If clie	ent moved into permanent housing, ma	I_ ake s	I_ ure to u	<i>ipdate</i>	e on the enrollment screen. Client doesn't know	
*If clie	ent moved into permanent housing, ma	I_ ake s	I_ ure to u		Client doesn't know	
*If clie	ent moved into permanent housing, ma	I_ ake s	I_ ure to u	0	Client doesn't know Client prefers not to answer	
*If clie	ent moved into permanent housing, ma	ake s	ure to u	0	Client doesn't know	
*If clie	LING CONDITION [All Clients] o		ure to u	0	Client doesn't know Client prefers not to answer	
*If clie	ent moved into permanent housing, ma LING CONDITION [All Clients] Des CAL DISABILITY [not required for SSV		ure to u	0 0	Client doesn't know Client prefers not to answer Data not collected	
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*If clie	LING CONDITION [All Clients] CAL DISABILITY [not required for SSV os SS" TO PHYSICAL DISABILITY – SPEC ted to be of long-continued and indefinite on and substantially impairs ability to live	/F]	No	0 0 0	Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Data not collected Client doesn't know Client prefers not to answer Client doesn't know Client prefers not to answer	
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Expected to be of long-continued and	0	No	0	Client doesn't know
indefinite duration and substantially impairs	0	Yes	0	Client prefers not to answer
ability to live independently?		•	0	Data not collected

CHRONIC HEALTH CONDITION [not required for SSVF]

o No			0	Client doesn't know
○ Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO CHRONIC HEALTH CONDITION	- SI	PECIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

HIV-AIDS [not required for SSVF]

o No			0	Client doesn't know
o Yes			0	Client prefers not to answer
			0	Data not collected
IF "YES" TO HIV-AIDS – SPECIFY				
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

MENTAL HEALTH DISORDER [not required for SSVF]

o No				Client doesn't know
o Yes			0	Client prefers not to answer
				Data not collected
IF "YES" TO MENTAL HEALTH DISORDER -	SPE	CIFY		
Expected to be of long-continued and indefinite	0	No	0	Client doesn't know
duration and substantially impairs ability to live	0	Yes	0	Client prefers not to answer
independently?			0	Data not collected

SUBSTANCE USE DISORDER [not required for SSVF]

0	No			0	Client doesn't know
0	Alcohol use disorder			0	Client prefers not to answer
0	Drug use disorder			0	Data not collected
0	Both alcohol and drug use disorders				
IF	IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE				
וח	CODDEDC" CDECIEV				
וט	SORDERS" – SPECIFY				
	spected to be of long-continued and indefinite	0	No	0	Client doesn't know
Ex		0	No Yes	0	Client doesn't know Client prefers not to answer

SURVIVOR OF DOMESTIC VIOLENCE [Head of Household and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO SURVIVOR OF DOMESTIC VIOLENCE - SPEC	IFY	WHEN EXPERIENCE OCCURRED



С	Within the past three months				Client doesn't know
С	Three to six months ago (excluding six months exactly)			0	Client prefers not to answer
С	Six months to one year ago (excluding one year exactly)			0	Data not collected
С	One year ago or more				
	o No			0	Client doesn't know
A	Are you currently fleeing?			0	Client prefers not to answer
				0	Data not collected

INCOME FROM ANY SOURCE [Head of Household and Adults]

1146	NCOME FROM ANT SOURCE [Flead of Flousefield and Adults]							
0	No	()	Client doesn't know				
0	o Yes)	Client prefers not to answer				
		()	Data not collected				
IF	IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY							
In	come Source	Amount	Inc	ome Source	Amount			
0	Earned Income		0	CalWORKs				
0	Unemployment Insurance		0	CAAP				
0	Supplemental Security Income (SSI)		0	Retirement income from Social Security				
0	Social Security Disability Insurance (SSDI)		0	Pension or retirement income from a former job				
0	VA Service-Connected Disability Compensation		0	Child support				
0	VA Non-Service-Connected Disability Pension		0	Alimony and other spousal support				
0	Private disability insurance		0	Other income source (specify):				
0	Worker's Compensation							
To	otal Monthly Income for Individua	l:						

RECEIVING NON-CASH BENEFITS [Head of Household and Adults]

0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO NON-CASH BENEFITS - INDICATE ALL	SOU	RCES THAT APPLY
0	CalFresh	0	CalWORKs Child Care Services
	Special Supplemental Nutrition Program for Women,		CalWORKs Transportation
0	Infants, and Children (WIC)	0	Services
	Other (specify):		CalWORKs TANF-funded
		0	services



COVERED BY HEALTH INSURANCE [All Clients]

	_		
0	No	0	Client doesn't know
0	Yes	0	Client prefers not to answer
		0	Data not collected
IF	"YES" TO HEALTH INSURANCE - HEALT	TH I	NSURANCE COVERAGE DETAILS
0	Medi-Cal	0	Employer Provided Health Insurance
0	MEDICARE	0	Health Insurance Obtained Through COBRA
0	State Children's Health Insurance (SCHIP)	0	Private Pay Health Insurance
0	Veteran's Health Administration (VHA)	0	State Health Insurance for Adults
0	Other (specify):	0	Indian Health Services Program

Signature of applicant stating all information is true and correct Date