

## Napa County Continuum of Care

## **VA SSVF Adult Enrollment Form**

Program Name: Cas	e Worker/Intake Person:	Program Start Date:	
CLIENT ENROLLMENT			
Separate client enrollments should be completed for each client who is <b>over</b> the age of 17 or the Head of Household. This form should be used for all VA SSVF funded programs. <b>Separate client enrollments must be completed for children as well, but please be sure to use the Standard HMIS Child Client Enrollment form.</b>			
1) Client Name	First	Last	
Relationship to Head of Household	<ul> <li>□ Self (Head of Household)</li> <li>□ Head of Households child</li> <li>□ Head of Households Spouse or Partner</li> <li>□ Head of Household's – other relation to member</li> <li>□ Other: non-relation member</li> </ul>		
2) Date of Program Enrollment  The date the client started being helped by the project (program); also called the project start date.	Month Day Y	/ear	
3) Housing Move-In Date [Head of Household only]  (Required for Permanent Housing Projects)  This is the date a client moves into a permanent housing situation while enrolled in Rapid Rehousing, Permanent Supportive Housing or Other Permanent Housing programs, even if the move-in date is the same as the project enrollment date.	Month Day	Year	
PRIOR LIVING SITUATION – ANSWER ONLY ONE FULL SECTION: A or B or C [Head of Household and Adults only]			

Client Name_	
Head of Household Name (if not Self)	

Type of Residence A – Homeless Living Situations  What was the client's living situation the night before enrolling in the project?  Ask the client "where did you stay or sleep last night"?	<ul> <li>Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)</li> <li>Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter.</li> <li>Safe Haven</li> </ul>	
Length of Stay in Prior Living Situation	<ul> <li>□ One night or less</li> <li>□ Two to six nights</li> <li>□ One week or more, but less than one month</li> <li>□ One month or more, but less than 90 days</li> </ul>	<ul> <li>90 days or more, but less than one year</li> <li>One year or longer</li> <li>Client doesn't know</li> <li>Client prefers not to answer</li> <li>Data Not Collected</li> </ul>
Approximate date this episode of homelessness started:  When was the date the current homeless situation began?  A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).		
Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last</u> three years	☐ One Time ☐ Two Times ☐ Three Times	□ Four or more times □ Client doesn't know □ Client prefers not to answer □ Data Not Collected
Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u>	☐ One month (this time is the first month) ☐ 2 months ☐ 7 months ☐ 3 months ☐ 8 months ☐ 4 months ☐ 9 months ☐ 5 months ☐ 10 months ☐ 6 months ☐ 11 months	☐ 12 months ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Client Name_	
Head of Household Name (if not Self) _	

Type of Residence <u>B – Institutional</u> <u>Living Situations</u> What was the client's living situation the night before enrolling in the project?  Ask the client "where did you stay or sleep last night"?	☐ 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	
Length of Stay in Prior Living Situation	<ul> <li>□ One night or less</li> <li>□ Two to six nights</li> <li>□ One week or more, but less than one month</li> <li>□ One month or more, but less than 90 days</li> </ul>	<ul> <li>□ 90 days or more, but less than one year</li> <li>□ One year or longer</li> <li>□ Client doesn't know</li> <li>□ Client prefers not to answer</li> <li>□ Data Not Collected</li> </ul>
Was the length of stay less than 90 days?	☐ Yes ☐ No	
If the response is "No," STOP here and skip down to the Disability section.		
If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation?	☐ Yes ☐ No	
If the response is "No," STOP here and skip down to the Disability section.		
If the response is "Yes," please answer the following questions below:		
Approximate date <u>this episode</u> of homelessness started:		
When was the date the current homeless situation began?		
A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).		
<del></del>		

Client Name_	
Head of Household Name (if not Self) _	

Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last</u> three years	□ One Time □ Two Times □ Three Times	□ Four or more times □ Client doesn't know □ Client prefers not to answer □ Data Not Collected
Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u>	☐ One month (this time is the first month) ☐ 2 months ☐ 7 months ☐ 3 months ☐ 8 months ☐ 4 months ☐ 9 months ☐ 5 months ☐ 10 months ☐ 6 months ☐ 11 months	<ul> <li>□ 12 months</li> <li>□ More than 12 months</li> <li>□ Client doesn't know</li> <li>□ Client prefers not to answer</li> <li>□ Data Not Collected</li> </ul>
Type of Residence <u>C – Transitional OR</u> <u>Permanent Housing Living Situations</u> What was the client's living situation the night before enrolling in the project?  Ask the client "where did you stay or sleep last night"?	Temporary Housing Situations  ☐ 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 ongoing housing subsidy ☐ Owned by client, with ongoing housing subsidy ☐ Owned by client, no ongoing housing subsidy	Other Client doesn't know Client prefers not to answer Data Not Collected
Rental Subsidy Type:  If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.	□ 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 ongoing housing subsidy □ Emergency Housing Voucher (EHV) □ Family Unification Program Voucher (FUP) □ Foster Youth to Independence Initiative (FYI) □ Permanent Supportive Housing □ Other permanent housing dedicated for formerly homeless persons	

Client Name\_\_\_\_\_\_

Head of Household Name (if not Self) \_\_\_\_\_

Length of Stay in Prior Living Situation	<ul> <li>□ One night or less</li> <li>□ Two to six nights</li> <li>□ One week or more, but less than one month</li> <li>□ One month or more, but less than 90 days</li> </ul>	<ul> <li>□ 90 days or more, but less than one year</li> <li>□ One year or longer</li> <li>□ Client doesn't know</li> <li>□ Client prefers not to answer</li> <li>□ Data Not Collected</li> </ul>
Was the length of stay less than 7 nights?  If the response is "No," STOP here and skip down to the Disability section.	☐ Yes ☐ No	
If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the transitional or permanent placement?  If the response is "No," STOP here and skip down to the Disability section.	☐ Yes ☐ No	
Approximate date this episode of homelessness started:  When was the date the current homeless situation began?  A break in homelessness is defined as being in any permanent or temporary housing situation for 7 consecutive nights or more, or spending 90 days or more in an institution (i.e., jail, substance abuse or mental health treatment facility, hospital, or other similar facility).		
Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last</u> three years	☐ One Time ☐ Two Times ☐ Three Times	☐ Four or more times ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected

Client Name

Head of Household Name (if not Self)

Total number of months client has been homeless on the streets or in Emergency Shelter in the last three years	☐ 3 months ☐ 4 months ☐ 5 months ☐	e is the first month) 1 7 months 1 8 months 1 9 months 1 10 months 1 11 months	☐ 12 months ☐ More than 12 months ☐ Client doesn't know ☐ Client prefers not to answer ☐ Data Not Collected
<b>DISABLING CONDITIONS:</b> A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.			etting and/or keeping stable housing.
1) Does the client currently have a disabling condition?  A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.  This question is used with other information to determine if the client meets criteria for chronic homelessness.	□ Yes □ No		☐ Client doesn't know☐ Client prefers not to answer☐ Data Not Collected
DOMESTIC VIOLENCE [Head of Household	and Adults only]		
1) Survivor of Domestic Violence  Ask the client "Have you ever experienced any dating violence, sexual assault, stalking or othe threatening conditions against you or a membe including a child, that has happened in the place  If the answer is "no", skip to the "Monthly In Benefits" section.  If the answer is "yes", COMPLETE questions.	r dangerous or life- r of your family, e you were living?" ncome – Cash	☐ Yes☐ No☐ Client doesn't know☐ Client prefers not to☐ Data Not Collected☐	
2) Most Recent Occurrence  Ask the client "How long ago was your most recent experience of domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions?"			s ago (excluding six months exactly) year ago (excluding one year exactly) ore
3) Current Status  Ask the client "Are you currently fleeing, or attempting to flee, the domestic violence situation, or are you afraid to return to the place you are living?"		☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to ☐ Data Not Collected	
MONTHLY INCOME - CASH BENEFITS [Hea	nd of Household and	Adults only]	
	Cli	ent Name	

Head of Household Name (if not Self)

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Current income from any source?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer
Is the client currently receiving any income from any source?	☐ Data Not Collected
Specify the type(s) and amount(s) of income	□ Earned Income \$
the client currently receives.	☐ Unemployment Insurance \$
Only regular, recurrent sources that are current today should be included. Income received for a	□ Supplemental Security Income SSI \$
minor (under 18 years old) member of the	□ Social Security Disability Insurance SSDI \$
household (e.g., SSI) should be recorded with the HoH's information.	□ VA Service-Connected Disability Pension\$
DO NOT include income received by other adults	□ VA Non-service connect disability pension \$
(18 years and older) in the household; record their	☐ Private Disability Insurance \$
income on their Enrollment form.	☐ Worker's Compensation \$
	☐ Temporary Assistance for Needy Families TANF/CalWORKs \$
	☐ General Assistance (GA) \$
	☐ Retirement income from Social Security \$
	☐ Pension or Retirement Income from a Former Job \$
	☐ Child Support \$
	☐ Alimony and Other Spousal Support \$
	☐ Other Cash Income \$
	If Other Specify:
Total Monthly Cash Income for Individual	If Other Specify:
Total Monthly Cash Income for Individual	If Other Specify:  TOTAL: \$
Total Monthly Cash Income for Individual  NON-CASH BENEFITS [Head of Household a	If Other Specify:  TOTAL: \$
NON-CASH BENEFITS [Head of Household a Currently receiving Non-Cash Benefits?	If Other Specify:  TOTAL: \$
NON-CASH BENEFITS [Head of Household a	If Other Specify:  TOTAL: \$  nd Adults only]
NON-CASH BENEFITS [Head of Household a  Currently receiving Non-Cash Benefits?  Is the client currently receiving one of the non-cash	If Other Specify:  TOTAL: \$  nd Adults only]  If Other Specify:  Provided the specify:  Client doesn't know I client prefers not to answer
NON-CASH BENEFITS [Head of Household a  Currently receiving Non-Cash Benefits?  Is the client currently receiving one of the non-cash benefits listed below?	If Other Specify:  TOTAL: \$  nd Adults only]  If Other Specify:  Output  Discretely:  Discretely:  Output  Discretely:  Discretely:  Output  Discretely:  Discretely:  Output  Discretely:
NON-CASH BENEFITS [Head of Household a  Currently receiving Non-Cash Benefits?  Is the client currently receiving one of the non-cash	If Other Specify:  TOTAL: \$  nd Adults only]  Per No Client doesn't know Client prefers not to answer  Data Not Collected
NON-CASH BENEFITS [Head of Household a  Currently receiving Non-Cash Benefits? Is the client currently receiving one of the non-cash benefits listed below?  If Yes, indicate all the non-cash benefits the client is receiving:  Only regular, recurrent sources that are current	If Other Specify:  TOTAL: \$  nd Adults only]  Yes No Client doesn't know Client prefers not to answer  Data Not Collected  Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh
NON-CASH BENEFITS [Head of Household a  Currently receiving Non-Cash Benefits? Is the client currently receiving one of the non-cash benefits listed below?  If Yes, indicate all the non-cash benefits the client is receiving:  Only regular, recurrent sources that are current today should be included. Record non-cash	If Other Specify:  TOTAL: \$  nd Adults only]  Yes No Client doesn't know Client prefers not to answer  Data Not Collected  Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh  Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
NON-CASH BENEFITS [Head of Household a  Currently receiving Non-Cash Benefits? Is the client currently receiving one of the non-cash benefits listed below?  If Yes, indicate all the non-cash benefits the client is receiving:  Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's	If Other Specify:  TOTAL: \$  nd Adults only]  Yes No Client doesn't know Client prefers not to answer Data Not Collected  Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) TANF/CALWORKS Childcare Services
NON-CASH BENEFITS [Head of Household a  Currently receiving Non-Cash Benefits? Is the client currently receiving one of the non-cash benefits listed below?  If Yes, indicate all the non-cash benefits the client is receiving:  Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18	If Other Specify:  TOTAL: \$  nd Adults only]    Yes   No   Client doesn't know   Client prefers not to answer   Data Not Collected    Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh   Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)   TANF/CALWORKS Childcare Services   TANF/CALWORKS Transportation Services
NON-CASH BENEFITS [Head of Household a  Currently receiving Non-Cash Benefits?  Is the client currently receiving one of the non-cash benefits listed below?  If Yes, indicate all the non-cash benefits the client is receiving:  Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.  DO NOT include benefits received by other adults	If Other Specify:  TOTAL: \$  nd Adults only]    Yes
NON-CASH BENEFITS [Head of Household a  Currently receiving Non-Cash Benefits?  Is the client currently receiving one of the non-cash benefits listed below?  If Yes, indicate all the non-cash benefits the client is receiving:  Only regular, recurrent sources that are current today should be included. Record non-cash benefits received by a minor member (under 18 years of age) of the household under the HoH's information.	If Other Specify:  TOTAL: \$  nd Adults only]  Yes No Client doesn't know Client prefers not to answer Data Not Collected  Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) TANF/CALWORKS Childcare Services TANF/CALWORKS Transportation Services Other TANF/CALWORKS-Funded Services Other Non-Cash Benefit

Head of Household Name (if not Self)

HEALTH INSURANCE			
Currently covered by health insurance? Is the client currently covered by health insurance?	☐ Yes ☐ No ☐ Client doesn't know ☐ Client prefers not to answer		
	☐ Data Not Collected		
	☐ Medicaid (same as Medi-Cal)		
If Yes, type(s) of insurance(s): If the client is currently covered by multiple health insurances please select all that apply.	□ Medicare		
	☐ State Children's Health Insurance (CHIP) Program		
ilisurances piease select all that apply.	· · · ·		
	<ul><li>□ Veteran's Health Administration (VHA)</li><li>□ Employer-Provided Health Insurance</li></ul>		
	☐ Health Insurance Obtained Through COBRA		
	☐ Private Pay Health Insurance		
	☐ State Health Insurance for Adults		
	☐ Indian Health Services Program		
	☐ Other Health Insurance		
	If Other Specify:		
COVE UD TADOETINO CDITEDIA: Illocal			
33VF HP TARGETING CRITERIA. [Head	of Household in SSVF Homeless Prevention programs only]		
1) Is Homelessness Prevention Targeting	□ No		
Screener required?	☐ Yes		
If the answer is "No," SKIP down to VAMC Station Number. If "YES" To Homelessness Prevention Targeting Screener Required, COMPLETE the following required questions:			
2) Housing loss expected within			
, 3	☐ 1-6 days		
, 3 ,	☐ 14-21 days		
, 3 ,	·		
	☐ 14-21 days ☐ 7-13 days ☐ More than 21 days		
3) Current household income	☐ 14-21 days ☐ 7-13 days		
	☐ 14-21 days ☐ 7-13 days ☐ More than 21 days ☐ \$0 (i.e., not employed, not receiving cash benefits, no other current income) ☐ 1-14% of Area Median Income (AMI) for household size ☐ 15-30% of AMI for household size		
	□ 14-21 days □ 7-13 days □ More than 21 days □ \$0 (i.e., not employed, not receiving cash benefits, no other current income) □ 1-14% of Area Median Income (AMI) for household size		
3) Current household income  4) Past experience of homelessness	<ul> <li>□ 14-21 days</li> <li>□ 7-13 days</li> <li>□ More than 21 days</li> <li>□ \$0 (i.e., not employed, not receiving cash benefits, no other current income)</li> <li>□ 1-14% of Area Median Income (AMI) for household size</li> <li>□ 15-30% of AMI for household size</li> <li>□ More than 30% of AMI for household size</li> <li>□ Most recent episode occurred within the last year</li> </ul>		
3) Current household income	□ 14-21 days □ 7-13 days □ More than 21 days □ \$0 (i.e., not employed, not receiving cash benefits, no other current income) □ 1-14% of Area Median Income (AMI) for household size □ 15-30% of AMI for household size □ More than 30% of AMI for household size		
3) Current household income  4) Past experience of homelessness (street/shelter/transitional housing) (any adult)	<ul> <li>□ 14-21 days</li> <li>□ 7-13 days</li> <li>□ More than 21 days</li> <li>□ \$0 (i.e., not employed, not receiving cash benefits, no other current income)</li> <li>□ 1-14% of Area Median Income (AMI) for household size</li> <li>□ 15-30% of AMI for household size</li> <li>□ More than 30% of AMI for household size</li> <li>□ Most recent episode occurred within the last year</li> <li>□ Most recent episode occurred more than one year ago</li> <li>□ None</li> </ul>		
Current household income      Past experience of homelessness (street/shelter/transitional housing) (any	<ul> <li>□ 14-21 days</li> <li>□ 7-13 days</li> <li>□ More than 21 days</li> <li>□ \$0 (i.e., not employed, not receiving cash benefits, no other current income)</li> <li>□ 1-14% of Area Median Income (AMI) for household size</li> <li>□ 15-30% of AMI for household size</li> <li>□ More than 30% of AMI for household size</li> <li>□ Most recent episode occurred within the last year</li> <li>□ Most recent episode occurred more than one year ago</li> </ul>		

Head of Household Name (if not Self)

Client Name\_\_\_\_\_

6) Head of Household has never been a leaseholder/renter of unit	□ Yes □ No
7) Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit (household)	☐ Yes ☐ No
8) Rental Evictions within the past 7 years (any adult)	<ul> <li>□ No prior rental evictions</li> <li>□ 1 prior rental eviction</li> <li>□ 2 or more prior rental evictions</li> </ul>
9) Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)	☐ Yes☐ No
10) Incarcerated as an adult (any adult in household)	<ul> <li>□ Not incarcerated</li> <li>□ Incarcerated once</li> <li>□ Incarcerated two or more times</li> </ul>
11) Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	☐ Yes☐ No
12) Registered sex offenders (any household members)	☐ Yes☐ No
13) Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	□ Yes □ No
14) Currently pregnant (any household member)	□ Yes □ No
15) Single parent/guardian household with minor child(ren)	☐ Yes ☐ No
16) Household includes one or more young children (age six or under), or a child who requires significant care	<ul> <li>□ No</li> <li>□ Youngest child is under 1 year old</li> <li>□ Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care</li> </ul>
17) Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)	☐ Yes ☐ No

Client Name

Head of Household Name (if not Self)

18) Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population	☐ Yes☐ No	
HP APPLICANT TOTAL POINTS (integer)		
GRANTEE TARGETING THRESHOLD SCORE (integer)		
VAMC Station Number [Head of Household only]		
Connection with SOAR [Head of Household and Adults only]	□ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data not collected	
Household Income as a Percentage of AMI [Head of Household only]	□ 30% or less □ 31% to 50% □ 51% to 80% □ 81% or greater	
Last Grade Completed [Head of Household and Adults only]	□ Less than Grade 5 □ Grades 5-6 □ Grades 7-8 □ Grades 9-11 □ Grade 12/High school diploma □ School program does not have grade levels □ GED	<ul> <li>□ Some college</li> <li>□ Associate's degree</li> <li>□ Bachelor's degree</li> <li>□ Graduate degree</li> <li>□ Vocational certification</li> <li>□ Client doesn't know</li> <li>□ Client prefers not to answer</li> <li>□ Data not collected</li> </ul>
EMPLOYMENT STATUS [Head of Household and Adults only]		
Employed?	□ No □ Yes □ Client doesn't know □ Client prefers not to answer □ Data not collected	
If "Yes" for employed – Type of employment	□ Full-time □ Part-time □ Seasonal/sporadic (including day labor)	
If "No" for employed – Why not employed	<ul><li>□ Looking for work</li><li>□ Unable to work</li><li>□ Not looking for work</li></ul>	

Client Name\_\_\_\_\_

Head of Household Name (if not Self)