

SSVF Supplemental Intake Form

Military History

Year Entered Service: _____

Year Separated from Service: _____

Military Branch: _____

Discharge Status: _____

Theater of Operations: World War II Yes No

Theater of Operations: Korean War Yes No

Theater of Operations: Vietnam War Yes No

Theater of Operations: Persian Gulf War Yes No

Theater of Operations: Afghanistan Yes No

Theater of Operations: Iraq (Iraqi Freedom) Yes No

Theater of Operations: Iraq (New Dawn) Yes No

Theater of Operations: Other Operations Yes No

Additional Information

Chart In CPRS Yes No

Chart In HOMES Yes No

VAMC Station #: _____

Connection With SOAR

No Yes Client doesn't know Client refused Data Not Collected

Household Income as Percent of AMI

Less Than 30% 30% to 50% Greater Than 50%

Employed

Yes

No

Data not collected

If Currently Employed, Select Tenure

Full-time

Part-time

Seasonal

Data not collected

If Employed Average Number of Hours Worked Per Week

If No, Why Not Employed

Looking for Work

Unable to Work

Not Looking for Work

Client refused

Client doesn't know

Data not collected

Last Grade Completed

- Less than Grade 5
- Grades 5-6
- Grades 7-8
- Grades 9-11
- 12th grade/High School Diploma
- School program does not have grade levels
- GED
- Some College

- Associate's Degree
- Bachelor's Degree
- Graduate Degree
- Vocational Certification
- Client doesn't know
- Client refused
- Data not collected

Received Vocational Training

- Yes
- No

- Client doesn't know
- Client refused

Zip Code of Last Permanent Address

General Area of Previous Residence

- Within Franklin County (Outside City-Columbus)
- Outside Franklin County (Outside City-Columbus)
- Outside Franklin County (Inside City-Columbus)

- Within Franklin County (Within City-Columbus)
- Outside of Ohio
- Client Doesn't Know

Homeless Primary Reason

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural Disaster
- Physical/mental disability
- Relationship problems
- Substandard housing
- Unable to pay rent/mortgage
- Unemployment
- Other

Homeless Secondary Reason

- Addiction
- Divorce
- Domestic Violence
- Evicted
- Family/Personal Illness
- Jail/Prison
- Lack of affordable housing
- Moved to seek work
- Natural disaster
- Physical/mental disability
- Relationship Problems
- Substandard Housing
- Unable to pay rent/mortgage
- Unemployment
- Other
- No secondary reason for source of crisis

Pregnant No Yes

Due Date: _____

COVID Vaccine Information

COVID Vaccine Received

- Fully vaccinated
- Not vaccinated

- Partially vaccinated
- Client doesn't know

Vaccine Brand Options

- Pfizer
- Johnson & Johnson

- Moderna

Date of 1st dose: _____

Expected date of 2nd dose: _____

Date of 2nd dose: _____

Client Signature: _____

Date: _____

SSVF HP Targeting Criteria

Is Homeless Prevention Targeting Screener Required Yes No

Housing Loss Expected Within

1-6 Days 7-13 days 14-21 days More than 21 days

Current Household Income

0 (i.e. not employed, receiving cash benefits, or other income) 1-14% of AMI for Household Size 15-30% of AMI for Household Size More Than 30% of AMI for Household Size

History of Literal Homelessness

Most Recent Episode Occurred Within the Last Most Recent Episode Occurred More Than One None

Head of Household Is Not a Current Lease Holder

No Yes

Head of Household Never Been a Lease Holder

No Yes

Major Change in Household Composition

No Yes

Currently At Risk of Losing a Tenant-Based Housing Subsidy or Housing In a Subsidized Unit

No Yes

Rental Evictions Within the Past 7 Years (Any Adult)

No Prior Rental Evictions 1 Prior Rental Eviction 2 or More Prior Rental Evictions

Criminal Record For Arson, Drug Dealing or Manufacture, or Felony Offense Against Persons or Property (Adults)

No Yes

Incarcerated As Adult

Not Incarcerated Incarcerated Once Incarcerated 2 or More Times

Discharged From Jail or Prison Within Last 6 Months After Incarceration of 90 Days or More (Adults)

No Yes

Registered Sex Offender (Any Household Member)

No Yes

Head of Household With Disabling Condition That Affects Ability to Secure/Maintain Housing

No Yes

Currently Pregnant (Any Household Member)

No Yes

Single Parent Household With Minor Child(ren)

- No Yes

Single Parent Household With Minor Child(ren)

- No Youngest Child Is Under 1 Year Old Youngest Child Is 1 to 6 Years Old and/or 1 or More Children (Any Age) Require Significant Care

Household Size of 5 or More Requiring at Least 3 Bedrooms

- No Yes

Household Includes 1 or More Members of an Overrepresented Population in the Homelessness System When Compared to the General Population

- No Yes

HP Applicant Total Points _____