Project Start Assessment – VA SSVF

This form should be used by VA funded projects for every client.
(children pages 1-2; all adults pages 1-7; veterans pages 1-9; heads of household pages 1-11)

Answer For All Household Members

Date Of Project Start									
		/			/				
Month			Day			Year			

HMIS Client ID - For HMIS Users only							

Name - (First, Middle, Last, Suffix)	
First Name	
Middle Name	
Last Name	
Suffix (e.g., Jr, Sr, III)	

Name Data Quality
☐ Full name reported
☐ Partial, street name or code name
☐ Don't know
☐ Prefer not to answer
☐ Data Not Collected (DNC)

Social Security Number – ####	**Data Quality Status**				
	☐ Full Reported	☐ Approx. or Partial Reported	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Veteran Status				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Sex – Select one of the following options for your Sex at birth, according to biological, chromosomes, or physical characteristics				
☐ Male	☐ Female	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Date Of Birth (10/23/1978)	**Data Quality Status**				
	☐ Full Reported	☐ Approx. or Partial Reported	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Race and Ethnicity - Select one or more race and ethnic categories	
☐ American Indian, Alaska Native, or Indigenous	☐ White
☐ Asian or Asian American	☐ Don't know
☐ Black, African American, or African	☐ Prefers not to answer
☐ Hispanic / Latina/e/o	☐ Data not collected
☐ Middle Eastern or North African	Additional Race and Ethnicity Detail:
☐ Native Hawaiian or Pacific Islander	

Gender - Select one or more gender options that you identify with (for local use only)	
☐ Woman (Girl, if child)	☐ Questioning
☐ Man (Boy, if child)	☐ Different Identity Please Specify:
☐ Culturally Specific Identity (e.g. Two-Spirit)	☐ Don't know
☐ Transgender	☐ Prefers not to answer
☐ Non-Binary	☐ Data not collected

Please continue to page 2

Relationship to Head of Household	
☐ Self (head of household)	☐ Head of household's other relation member (other relation to head of household)
☐ Head of household's child	
☐ Head of household's spouse or partner	☐ Other: non-relation member

County/Parish	

Disability Status - Do you have a disabling condition?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Answer 'Yes' or 'No' for each disability type (in white).
Only select YES if the disability type is expected to be long-continued and indefinite and substantially impairs your ability to live independently.
For Office HMIS Users Only: If the client identifies Yes for any disability type, mark *Disability Determination* and *Long-Continued or Indefinite Duration* questions as Yes. The disability type's Start Date will be the Project Start Date.

Disability Type	**Yes**	**No**
Physical	☐	☐
Chronic Health Condition	☐	☐
HIV/AIDS	☐	☐
Developmental	☐	☐
Alcohol Use Disorder	☐	☐
Substance Use Disorder	☐	☐
Mental Health Disorder	☐	☐

Health Insurance – Are you currently covered by health insurance?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Answer 'Yes' or 'No' for each health insurance source.
Answer 'Yes' for any source that is currently received.
Answer 'No' for sources that have been terminated, even if they were received in the past.
For Office HMIS Users Only: If the client identifies Yes for any insurance type, the health insurance type's Start Date will be the Project Start Date.

Health Insurance Type	**Yes**	**No**
Medicaid	☐	☐
Medicare	☐	☐
State Children's Health Insurance Program (or North Carolina Health Choice)	☐	☐
Veteran's Health Administration (VHA)	☐	☐
Employer-Provided Health Insurance	☐	☐
Health insurance obtained through COBRA	☐	☐
Private Pay Health Insurance	☐	☐
State Health Insurance for Adults	☐	☐
Indian Health Services Program	☐	☐
Other If Yes, specify source:	☐	☐

What is the Zip Code of your last permanent address?	

Answer These Questions For Head Of Household And Other Adults

Enrollment CoC – In which CoC is the Head of Household staying at the time of project entry?			
☐ NC 502-Durham City & County	☐ NC 503-NC Balance of State	☐ NC 513-Chapel Hill/Orange County	☐ Other:

Homeless History – Select 1 type of living situation. Follow the arrows & red instructions to complete other sections

Section 1: Type of Prior Living Situation- Where did you live immediately prior to this project entry?

Homeless	Institutional	Temporary Housing
☐ Place not meant for habitation (e.g., vehicle, abandoned building, bus station/airport or anywhere outside)	☐ Foster care home or foster care group home	☐ Transitional housing for homeless persons (including homeless youth)
	☐ Hospital or other residential non- psychiatric medical facility	☐ Residential project or halfway house with no homeless criteria
☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or Host Home shelter	☐ Jail, prison, or juvenile detention facility	☐ Hotel or motel paid for *without* emergency shelter voucher
	☐ Long-term care facility or nursing home	☐ Host Home (non-crisis)
☐ Don't know	☐ Psychiatric hospital or other psychiatric facility	☐ Staying or living in a friend's room, apartment, or house
☐ Prefer not to answer	☐ Substance abuse treatment facility or detox center	☐ Staying or living in a family member's room, apartment, or house
☐ Data not collected	☐ Don't know	**Permanent Housing**
	☐ Prefer not to answer	☐ Rental by client, no ongoing housing subsidy
	☐ Data not collected	☐ Rental by client, with another ongoing housing subsidy (Please specify)
		☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ Housing Choice Voucher (HCV) ☐ Public housing unit ☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing (PSH) ☐ Other permanent housing dedicated for formerly homeless persons
		☐ Owned by client, no ongoing housing subsidy
		☐ Owned by client, with ongoing housing subsidy
		☐ Don't know
		☐ Prefer not to answer

		☐ Data not collected

Section 2: Length of Stay in Prior Living Situation- How long did you stay in that place?

If any responses in the shaded boxes below are checked, you must go to Section 3, all others should go to Income and Sources

☐ 1 night or less	☐ 1 night or less	☐ 1 night or less
☐ 2 to 6 nights	☐ 2 to 6 nights	☐ 2 to 6 nights
☐ 1 week or more, but less than 1 month	☐ 1 week or more, but less than 1 month	☐ 1 week or more, but less than 1 month
☐ 1 month or more, but less than 90 days	☐ 1 month or more, but less than 90 days	☐ 1 month or more, but less than 90 days
☐ 90 days or more, but less than 1 year	☐ 90 days or more, but less than 1 year	☐ 90 days or more, but less than 1 year
☐ 1 year or longer	☐ 1 year or longer	☐ 1 year or longer
☐ Don't know	☐ Don't know	☐ Don't know
☐ Prefer not to answer	☐ Prefer not to answer	☐ Prefer not to answer
☐ Data not collected	☐ Data not collected	☐ Data not collected

Section 3: Break in Homelessness – On the night before entering the living situation, did the client stay on the streets, or in emergency shelter?

If any responses in the shaded boxes below are checked, you must go to SECTION 4, all others should go to Income and Sources

Go to Section 4	☐ Yes **[Go to Section 4]**	☐ Yes **[Go to Section 4]**
	☐ No	☐ No
	☐ Don't know	☐ Don't know
	☐ Prefer not to answer	☐ Prefer not to answer
	☐ Data not collected	☐ Data not collected

Section 4- Answer the three questions below to complete this section

Approximate Date This Episode of Homelessness Started?

		/			/				
Month			Day			Year			

Regardless of where you stayed last night, How Many Times have you been homeless on the streets, or in an emergency shelter in the past 3 years including today?

☐ One time (Select this if this is the 1st time you have experienced homelessness in the past 3 years)	☐ Don't know
☐ Two times	☐ Prefer not to answer
☐ Three times	☐ Data not collected
☐ Four or more times	

How Many Months, in total, have you experienced homelessness on the street, or in an emergency shelter in the past 3 years?

☐ 1 month or less (Select this if this is the 1st time you have experienced homelessness in the past 3 years)	☐ Don't know
☐ Between 2 and 12 Months → **Enter the total number of months:**	☐ Prefer not to answer
☐ More than 12 months	☐ Data not collected

Income and Sources - Do you currently have any income from any source?

☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

To complete the table below, you must answer 'Yes' or 'No' for each monthly income source.
Answer 'Yes' only if the income source is recurrent and received as of today (i.e. not terminated). Children's income (except earned income) can be included under the Head of Household's information.
Answer 'No' for sources that have been terminated, even if they were received in the past.
If the response for any source is 'Yes', complete the amount in the shaded section below.
For Office HMIS Users Only: If the client identifies Yes for any income source, the source's Start Date will be the Project Start Date.

Source of Income	Yes	No	If yes, monthly amount from source (round to nearest dollar)
Earned income (i.e., employment income)	☐	☐	$
Unemployment Insurance	☐	☐	$
Supplemental Security Income (SSI)	☐	☐	$
Social Security Disability Income (SSDI)	☐	☐	$
VA Service-Connected Disability Compensation	☐	☐	$
VA Non-Service-Connected Disability Pension	☐	☐	$
Private disability insurance	☐	☐	$
Worker's Compensation	☐	☐	$
Temporary Assistance for Needy Families (TANF)	☐	☐	$
General Assistance (GA)	☐	☐	$
Retirement Income from Social Security	☐	☐	$
Pension or retirement income from a former job	☐	☐	$
Child support	☐	☐	$
Alimony or other spousal support	☐	☐	$
Other source:	☐	☐	$
Total monthly income from all sources			$

Connection with SOAR?

☐ Yes	☐ No	☐ Client doesn't know	☐ Client refused	☐ Data not collected

Non-Cash Benefits - Do you have any non-cash benefits from any source?

☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

To complete the table below, you must answer 'Yes' or 'No' for each non-cash benefit.
Answer 'Yes' only if the non-cash benefit is recurrent and received as of today (i.e. not terminated).
Answer 'No' for non-cash benefit that have been terminated, even if they were received in the past.
If the response for any non-cash benefit is 'Yes', complete the shaded section.
For Office HMIS Users Only: If the client identifies Yes for any non-cash benefit, the benefit's Start Date will be the Project Start Date.

Source of Non-Cash Benefit	Yes	No	If yes, monthly amount from source (round to nearest dollar)
Supplemental Nutrition Assistance Program (SNAP)	☐	☐	$
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	☐	☐	$
TANF Child Care services *(or use local name)*	☐	☐	$
TANF transportation services *(or use local name)*	☐	☐	$
Other TANF-Funded Services *(or use local name)*	☐	☐	$
Other source:	☐	☐	$

Domestic Violence - Are you a survivor of domestic violence?

☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

If Yes, when did the experience occur?	
☐ Within the past three months	☐ Don't know
☐ Three to six months ago (excluding six months exactly)	☐ Prefer not to answer
☐ Six months to one year ago (excluding one year exactly)	☐ Data not collected
☐ One year ago or more	

If Yes, are you currently fleeing?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

Last Grade Completed	
☐ Less than Grade 5	☐ Associate's degree
☐ Grades 5-6	☐ Bachelor's degree
☐ Grades 7-8	☐ Graduate degree
☐ Grades 9-11	☐ Vocational Certification
☐ Grade 12 / High School Diploma	☐ Client doesn't know
☐ School Program does not have grade levels	☐ Client refused
☐ GED	☐ Data not collected
☐ Some College	

Employment Status– Is the client currently employed?
☐ Yes
☐ No
☐ Don't know
☐ Prefer not to answer
☐ Data not collected

If Yes, what type of employment?
☐ Full-time
☐ Part-time
☐ Seasonal/Sporadic (including day labor)
☐ Data not collected

If No, why not employed?
☐ Looking for work
☐ Unable to work
☐ Not looking for work
☐ Data not collected

NC Natural Disaster/Storm– Are you experiencing homelessness due to a recent natural disaster/storm?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

If Yes: There are resources and partners available during natural disasters/storms that can help you. Do we have your permission to use this information to coordinate with them to help get you resources and assistance?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

If Yes: What natural disaster/storm caused you to evacuate and seek other shelter?			
☐ Hurricane Florence	☐ Hurricane Matthew	☐ Hurricane Dorian	☐ Other:

What NC County were you living in immediately prior to the natural disaster/storm?	

Type Of Prior Living Situation - Where were you living immediately prior to the Natural Disaster/Storm?	
Homeless	☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
	☐ Emergency shelter, including hotel or motel paid for *with* emergency shelter voucher, or Host Home shelter
Institutional	☐ 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
Temporary	☐ 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
Permanent	☐ Rental by client, no ongoing housing subsidy
	☐ Rental by client, with ongoing housing subsidy (Please Specify) ☐ GPD TIP housing subsidy ☐ VASH housing subsidy ☐ RRH or equivalent subsidy ☐ Housing Choice Voucher (HCV) ☐ Public housing unit ☐ Rental by client, with other ongoing housing subsidy ☐ Housing Stability Voucher ☐ Family Unification Program Voucher (FUP) ☐ Foster Youth to Independence Initiative (FYI) ☐ Permanent Supportive Housing (PSH) ☐ Other permanent housing dedicated for formerly homeless persons
	☐ Owned by client, no ongoing housing subsidy
	☐ Owned by client, with ongoing housing subsidy
Other	☐ Other (specify):
	☐ Don't know
	☐ Prefer not to answer
	☐ Data not collected

Length of Stay – Before he natural disaster/storm, how long did you live in the prior living situation?	
☐ 1 night or less	☐ 1 year or longer
☐ 2 to 6 nights	☐ Don't know
☐ 1 week or more, but less than 1 month	☐ Prefer not to answer
☐ 1 month or more, but less than 90 days	☐ Data not collected
☐ 90 days or more, but less than 1 year	

Approximate Date of Evacuation – On what date did you leave your prior living situation?

		/			/				
Month			Day			Year			

Do you know if the place you were living was destroyed by the natural disaster/storm, seriously damaged but not destroyed, or not seriously damaged?	
☐ Destroyed	☐ Don't know
☐ Seriously damaged	☐ Prefer not to answer
☐ Not seriously damaged	☐ Data not collected

If the place you were living was destroyed or damaged in any way, do you have insurance to cover losses?	
☐ I have insurance to cover most of my losses	☐ Don't know
☐ I have insurance to cover some of my losses	☐ Prefer not to answer
☐ I have no insurance	☐ Data not collected

Have you registered with FEMA for assistance?				
☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐ Data not collected

If the place you were living was destroyed or damaged in any way, do you have insurance to cover losses?	
☐ I have insurance to cover most of my losses	☐ Don't know
☐ I have insurance to cover some of my losses	☐ Prefer not to answer
☐ I have no insurance	☐ Data not collected

Only Answer For Veterans

Percentage Of AMI (Area Median Income)			
☐ 30% or less	☐ 31% to 50%	☐ 51% to 80%	☐ 81% or greater

Veteran Information – If the client is a veteran, please provide details of service below

Year entered military service									
		/			/				
Month			Day			Year			

Year separated military service									
		/			/				
Month			Day			Year			

Answer 'Yes' or 'No' for each Military Operation (in white).

Military Operation	Served in?				
World War II	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐Data not collected
Korean War	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐Data not collected
Vietnam War	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐Data not collected
Persian Gulf War	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐Data not collected
Afghanistan	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐Data not collected
Iraq Freedom	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐Data not collected
Iraq Dawn	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐Data not collected
Other Peace-Keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	☐ Yes	☐ No	☐ Don't know	☐ Prefer not to answer	☐Data not collected

Branch Of Military	
☐ Army	☐ Space Force
☐ Air Force	☐ Don't know
☐ Navy	☐ Prefer not to answer
☐ Marines	☐ Data not collected
☐ Coast Guard	

Discharge Status	
☐ Honorable	☐ Uncharacterized
☐ General under honorable conditions	☐ Don't know
☐ Under other than honorable conditions	☐ Prefer not to answer
☐ Bad Conduct	☐ Data not collected
☐ Dishonorable	☐ Not Applicable

VAMC Station Number Three-digit code and location for VA Medical Center	

Mental Health Consultation for Veterans	
☐ Mental health consultation completed	
☐ Mental health consultation being coordinated/arranged with VA provider	☐ Don't know
☐ Mental health consultation being coordinated/arranged with other provider	☐ Prefer not to answer
☐ Offer declined	☐ Data not collected

Answer These Questions For Head Of Households Only

Coordinated Entry Assessment - For Office HMIS Users Only										
Date Of Assessment			/			/				

Assessment Location		
Orange CoC	☐ CEF	
	☐ Housing Helpline	
	☐ HomeLink	
	☐ IFC Commons	
	☐ Jail	
	☐ Medical Provider	
	☐ Outreach	
	☐ Shelter	
BoS CoC	☐ Region 1	☐ Region 8
	☐ Region 2	☐ Region 9
	☐ Region 3	☐ Region 10
	☐ Region 4	☐ Region 11
	☐ Region 5	☐ Region 12
	☐ Region 6	☐ Region 13
	☐ Region 7	
Durham	☐ Durham CoC	

Assessment Type	
	☐ Phone
	☐ In Person
	☐ Virtual

Assessment Level	
	☐ Crisis Needs Assessment
	☐ Housing Needs Assessment

Prioritization Status	
	☐ Placed on Prioritization List
	☐ Not Placed on Prioritization List

Coordinated Entry Event – For Staff Only										
Start Date / Date Of Event			/			/				

Event		
Access Events	☐ Referral to Prevention Assistance project	
	☐ Problem Solving/Diversion/Rapid Resolution intervention or service	→ **Go to A**
	☐ Referral to scheduled Coordinated Entry Crisis Needs Assessment	
	☐ Referral to scheduled Coordinated Entry Housing Needs Assessment	→ **Go to B**
Referral Events	☐ Referral to post-placement/follow-up case management	
	☐ Referral to Street Outreach project or services	
	☐ Referral to Housing Navigation project or services	
	☐ Referral to Non-continuum services: Ineligible for continuum services	
	☐ Referral to Non-continuum services: No availability in continuum services	
	☐ Referral to Emergency Shelter bed opening	→ **Go to C**
	☐ Referral to Transitional Housing bed/unit opening	
	☐ Referral to Joint TH-RRH project/unit/resource opening	
	☐ Referral to RRH project resource opening	
	☐ Referral to PSH project resource opening	
	☐ Referral to Other PH project/unit/resource opening	
	☐ Referral to emergency assistance/flex fund/furniture assistance	
	☐ Referral to a Housing Stability Voucher	

If 'Event' answer was 'Problem Solving/Diversion/Rapid Re-Housing intervention or service result', please answer A:		
A. Problem Solving/Diversion/Rapid Resolution intervention or service result – Client housed/re-housed in a safe alternative?	☐ Yes	☐ No
If 'Event' answer was 'Referral to post-placement/follow-up case management result', please answer B:		
B. Referral to post-placement/follow-up case management result – Enrolled in Aftercare project?	☐ Yes	☐ No
If 'Event' answer was Referral to an ES, TH, Joint TH-RRH, RRH, PSH, or Other PH opening, please answer C-E:		
C. Location of Crisis Housing or Permanent Housing Referral (Project name or Project ID)		
D. Referral Result (if known)	☐ Client accepted	☐ Client rejected ☐ Provider rejected
E. Date of Result (if known)	/ /	/ /

SSVF HP Targeting Criteria

Stage 2: Targeting

Targeting Criteria Use the following criteria to identify if the eligible applicant household is also a priority for SSVF homelessness prevention assistance. Check each condition that is true for the Veteran applicant.	**Check if Applicable**	**Point Value**	**Total Points** (enter value for each box that is checked)
Urgency of Housing Situation **(May indicate more urgent need for homelessness prevention assistance)**			
Is Homeless Prevention targeting screener required?	☐		
Housing loss expected within… (select only one)			
1-6 days	☐		
7-13 days	☐		
14-21 days	☐		

More than 21 days	☐		
Potential Barriers And Vulnerabilities (May impact ability to quickly secure housing and resolve literal homelessness independently if household is not assisted and becomes literally homeless			
Current Household Income (select only one)			
$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	☐		
Past experience of Homelessness (street/shelter/transitional housing) (any adult)			
Most recent episode occurred within the last year	☐	0	
Most recent episode occurred more than one year ago	☐	1	
None	☐	2	
Head of household is not current leaseholder			
No	☐	0	
Yes	☐	1	
Head of household (HoH) never been leaseholder			
No	☐	0	
Yes	☐	1	
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit			
No	☐	0	
Yes	☐	1	
Rental evictions within the past 7 years (select only one) [**Staff Note**: Only include formal eviction actions (i.e., Notice to Quit) taken by a landlord due to lease non-compliance and that ultimately resulted in loss of rental housing.]			
No prior rental evictions	☐	0	
1 prior rental eviction	☐	1	
2 or more prior rental evictions	☐	2	
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property			
No	☐	0	
Yes	☐	1	
Incarcerated as adult (any adult in household)			
Not incarcerated	☐	0	
Incarcerated once	☐	1	
Incarcerated two or more times	☐	2	
Discharged from jail or prison within the last six months after incarceration for 90 or more days (adults)			
No	☐	0	
Yes	☐	1	
Registered sex offender			
No	☐	0	
Yes	☐	1	
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing			
No	☐	0	
Yes	☐	1	
Currently pregnant (any household member)			
No	☐	0	
Yes	☐	1	

Single parent/guardian with minor child(ren)			
No	☐	0	
Yes	☐	1	
Household includes one or more young children (age six or under), or a child who requires significant care			
No	☐	0	
Youngest child is under 1 year old	☐	1	
Youngest child is 1 to 6 years old AND/OR one or more children (any age) require significant care	☐	2	
Household size of 5 or more requiring at least 3 bedrooms (due to household composition)			
No	☐	0	
Yes	☐	1	
Household includes one or more members of meeting other criteria for targeting prevention determined by the CoC			
No	☐	0	
Yes	☐	1	
Total Points			

Stage 2: Targeting Disposition

Meets Targeting Threshold **VA Approved Targeting Threshold Score:** ( )	( )	**Continue with SSVF HP enrollment OR other referral if no capacity**
Does Not Meet Targeting Threshold	( )	**Reference HP Screening Form Instructions regarding "Service Directed Housing Interventions"**