Please complete one sheet for each person served, whether they are an individual or a family member

**Project Start Date:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_ **Project Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

S**ervicePointClient ID** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First Name: MI**: **Last Name**: \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suffix**: \_­­\_\_\_\_\_\_\_\_\_\_

**Name Type**:  Full Name Reported

  Partial, Street Name, or Code Name Reported

 Client Doesn’t Know

 Client Refused

 Data Not Collected

**SSN**: \_\_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_\_\_ **SSN Type:**  Full

 Approximate/Partial

 Client Doesn’t Know

 Client Refused

 Data Not Collected

**U.S. Military Veteran? (clients 18 and older)**: Yes No Client Doesn’t Know Client Refused Data Not Collected

***HUD UDEs for All other Projects (2021):***

**DOB**(mm/dd/yyyy) \_\_ / / **DOB Type:**   Full DOB

 Approximate or Partial DOB

 Client Doesn’t Know  Client Refused

 Data Not Collected

**Race (Select up to 5 choices):** American Indian, Alaska Native, or Indigenous  White

 Asian or Asian American  Client Doesn’t know

 Black, African American, or African  Client Refused

  Native Hawaiian or Pacific Islander  Data Not Collected

**Ethnicity**:  Hispanic/Latin(a)(o)(x)

 Non-Hispanic/Latin(a)(o)(x)

 Client Doesn’t Know

  Client Refused

 Data Not Collected

**Gender (Select all that Apply)**:

 Female  Male

 A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)  Transgender  Questioning

 Client Doesn’t Know  Client Refused Data Not Collected

**If other Gender, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the client have a disabling condition?**  Yes No Client Doesn’t Know Client Refused Data Not Collected

**Relationship to Head of Household:**  Self

 Head of Household’s Child

 Head of Household’s Spouse or Partner

 Head of Household’s other relation member

 Other Non-Related Member

 Data Not Collected

**Housing Move-in Date: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Prior Living Situation:**

**-HOMELESS SITUATIONS-**

 Place Not Meant for Habitation

 Emergency Shelter, including hotel/motel paid for w/ ES Voucher or RHY-funded Host Home Shelter

 Safe Haven

**-INSTITUTIONAL SITUATIONS-**

 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 Use Treatment Facility or Detox Center

**-TEMPORARY AND PERMANENT HOUSING SITUATIONS-**

 Residential Project or Halfway House with no Homeless Criteria

 Hotel or Motel Paid for without an Emergency Shelter Voucher

 Transitional Housing for Homeless Persons (includes homeless youth)

 Host Home (non-crisis)

 Staying or Living in a Friend’sRoom, Apartment or House

 Staying or Living in a Family Member’s Room, Apartment or House

 Rental by Client, with GPD TIP Subsidy

 Rental by Client, with VASH Subsidy

 Permanent Housing (other than RRH) for Formerly Homeless Persons

 Rental by Client, with RRH or Equivalent Subsidy

 Rental by Client, with HCV voucher (tenant or project based)

 Rental by Client in a Public Housing Unit

 Rental by Client, No Ongoing Housing Subsidy

 Rental by Client, with Other Ongoing Housing Subsidy

 Owned by Client, with Ongoing Housing Subsidy

 Owned by Client, No Ongoing Housing Subsidy

**-OTHER-**

 Client Doesn’t Know

 Client Refused

 Data Not Collected

**Length of Stay in Previous Place:**  One night or less  One year or longer

  Two to six nights  Client Doesn’t Know

  One week or more but less than one month  Client Refused

  One month or more but less than 90 days  Data Not Collected

  90 days or more but less than one year

***If Literally Homeless, then:***

**Approximate Date Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Regardless of where they stayed last night - number of times the client has been on the streets, in ES, or SH in the past three years including today:**

 One Time  Client Doesn’t Know

 Two Times  Client Refused

 Three Times  Data Not Collected

 Four or More Times

**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

 One Month (this time is the first month)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Refused

 Data Not Collected

***If Institutional Setting, then:***

**Did you stay less than 90 days:** Yes No

***If less than 90 days*, on the night before did you stay on the streets, ES, or SH?** Yes No

***If yes:* Approximate Date Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_**

**Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:**

 One Time  Client Doesn’t Know

 Two Times  Client Refused

 Three Times  Data Not Collected

 Four or More Times

**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

 One Month (this time is the first month)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Refused

 Data Not Collected

***If Transitional or Permanent Housing Situation:***

**Did you stay less than 7 nights?** Yes No

***If less than 7 nights,* on the night before did you stay on the streets, ES, or SH?** Yes No

***If yes:* Approximate Date Homelessness Started: \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_**

**Regardless of where they stayed last night, number of times the client has been on the streets, in ES, or SH in the past three years including today:**

 One Time  Client Doesn’t Know

 Two Times  Client Refused

 Three Times  Data Not Collected

 Four or More Times

**Total Number of Months Homeless on the street, in ES or SH in the Past Three Years:**

 One Month (this time is the first month)  6 Months  11 Months

 2 Months  7 Months  12 Months

 3 Months  8 Months  More than 12 Months

 4 Months  9 Months  Client Doesn’t Know

 5 Months  10 Months  Client Refused

 Data Not Collected

**Income from any source?** Yes No Client Doesn’t Know Client Refused Data Not Collected

 **Monthly Income**

|  |  |  |
| --- | --- | --- |
| **Receiving Income** | **Source of Income** (*Check all that apply)* | **Income Amount** |
| Yes  No | Earned Income | $ |
| Yes  No | Unemployment Insurance  | $ |
| Yes  No | Supplemental Security Income (SSI)  | $ |
| Yes  No | Social Security Disability Income (SSDI)  | $ |
| Yes  No | VA Service Connected Disability Compensation  | $ |
| Yes  No | Private Disability Insurance | $ |
| Yes  No | Worker’s Compensation | $ |
| Yes  No |  Temporary Assistance for Needy Families (TANF) | $ |
| Yes  No | General Assistance  | $ |
| Yes  No | Retirement Income From Social Security | $ |
| Yes  No | VA Non-Service Connected Disability Pension | $ |
| Yes  No | Pension or Retirement Income from Another Job | $ |
| Yes  No | Child Support | $ |
| Yes  No | Alimony or Other Spousal Support  | $ |
| Yes  No | Other – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
|  | **Total Monthly Income** | **$** |

**Non-Cash Benefit from any source?** Yes No Client Doesn’t Know Client Refused Data Not Collected

 **Non-Cash Benefits**

|  |  |  |
| --- | --- | --- |
| **Receiving Benefit** | **Source of Non-Cash Benefit** (*Check all that apply)* | **Benefit Amount** *(when applicable)* |
| Yes  No | Supplemental Nutrition Assistance Program (SNAP – Food Stamps)  | $ |
| Yes  No | Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | $ |
| Yes  No | TANF Child Care services | $ |
| Yes  No | TANF Transportation services | $ |
| Yes  No | Other TANF-funded services | $ |
| Yes  No | Other Source – Specify Source \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |

**Covered by Health Insurance?** Yes No Client Doesn’t Know Client Refused Data Not Collected

**Health Insurance**

|  |  |
| --- | --- |
| **Covered** | **Health Insurance Type** (*Check all that apply)* |
| Yes  No | MEDICAID |
| Yes  No | MEDICARE  |
| Yes  No | State Children’s Health Insurance Program  |
| Yes  No | Veteran’s Administration (VA) Medical Services  |
| Yes  No | Employer-Provided Health Insurance  |
| Yes  No | Health Insurance obtained through COBRA |
| Yes  No | Private Pay Health Insurance  |
| Yes  No | State Health Insurance for Adults |
| Yes  No | Indian Health Services Program  |
| Yes  No | Other – Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Domestic violence victim/survivor?**  Yes  Client Refused

  No  Data Not Collected

  Client Doesn’t Know

**If yes, how long ago?**  Within the past three months  More than a year ago

 Three to six months ago  Client Doesn't know

  From six to twelve months ago  Client Refused

**If yes, are you currently fleeing?**  Yes  Client Refused

  No  Data Not Collected

  Client Doesn’t Know

**Connection with SOAR:** YesNo

**Last Grade Completed:**  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  Some College  Associate Degree  Bachelor’s Degree  Graduate Degree  Vocational Certification  Client Doesn’t Know  Client Refused  Data Not Collected



**Veteran Information:**

**Year Entered Military Service: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Year Separated from Military Service: \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_**

**Theatre of Operations:**

|  |  |
| --- | --- |
| **World War II** |  Yes  No  Client Doesn’t Know  Client Refused  |
| **Korean War** |  Yes  No  Client Doesn’t Know  Client Refused |
| **Vietnam War** |  Yes  No  Client Doesn’t Know  Client Refused |
| **Persian Gulf War (Operation Desert Storm)** |  Yes  No  Client Doesn’t Know  Client Refused |
| **Afghanistan (Operation Enduring Freedom)** |  Yes  No  Client Doesn’t Know  Client Refused |
| **Iraq (Operation Iraqi Freedom)** |  Yes  No  Client Doesn’t Know  Client Refused |
| **Iraq (Operation New Dawn)** |  Yes  No  Client Doesn’t Know  Client Refused |
| **Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)** |  Yes  No  Client Doesn’t Know  Client Refused |

**Branch of the Military:**  Army

  Air Force

  Navy

  Marines

  Coast Guard

  Client Doesn’t Know

  Client Refused

**Discharge Status:**  Honorable

  General under honorable conditions

  Under other than honorable conditions

  Bad Conduct

  Dishonorable

  Uncharacterized

  Client Doesn’t Know

  Client Refused

**Percent of AMI:**  Less than 30%

  30% to 50%

  Greater than 50%

**Last Permanent Address: Address Type:**  Mailing  Physical  P.O. Box

 **Street Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Last Permanent Address Data Quality:**  Full Address Reported

  Incomplete or Estimated Address Reported

  Client Doesn’t Know

  Client Refused

  Data Not Collected

**VAMC Station Number: \_\_\_\_\_\_\_\_\_\_\_\_\_**

***SSVF HP TARGETING CRITERIA (HP ONLY):***

**Is Homelessness Prevention Targeting Screener required?:**  Yes  No

**Current housing loss expected within:**  0-6 days  7-13 days  14-21 days  more than 21 days

**Current household income:**  $0 (i.e. not employed, not receiving cash benefits, no other current 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 for any adult (street/shelter/transitional housing):**

 Most recent episode occurred within the last year

  Most recent episode occurred more than 1 year ago

  None

**Head of Household is not a current leaseholder:**  Yes  No

**Head of Household has never been a leaseholder:**  Yes  No

**Currently at risk of losing tenant-based housing subsidy or housing in a subsidized building or unit (household):**

 Yes  No

**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:**  Yes  No

**Incarcerated as Adult (any adult in HH):**  Not Incarcerated  Incarcerated once  Incarcerated two or more times

**Discharged from jail or prison within last six months after incarceration of 90 days or more (adults):**

 Yes  No

**Registered sex offender:**  Yes  No

**Head of Household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing:**  Yes  No

**Currently pregnant (any household member)?:**  Yes  No

**Single parent household with minor child(ren):**  Yes  No

**Household includes one or more children (age six or younger) OR a child who requires significant care:**  Yes  No

**Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix):**  Yes  No

**HP applicant total points (integer): \_\_\_\_\_\_\_**

**Grantee targeting threshold score (integer): \_\_\_\_\_\_\_\_**

***Maine Required Data Elements:***

**Zip Code of Last Permanent Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Zip data quality for last permanent address:** Full or Partial Zip Code Report Client doesn’t know Client refused

**Release of Information Date:** \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_

**Type of Release:** None Signed by Client Verbal