

Stage 2: TARGETING

SECTION XIII | FORMS

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Targeting Criteria Check each applicable at-risk condition that is true for the applicant. Use example or additional questions as needed and record applicant responses where indicated.	Response/Notes	'x' all that apply	Point Value
Has moved because of economic factors two or more times in the past 60 days • <i>How many times have you moved in the past 60 days?</i> • <i>What caused you have to move each time?</i>		<input type="checkbox"/>	3
Living in a hotel or motel not paid for by charitable organizations or by Federal, State, or local government programs		<input type="checkbox"/>	3
Living with friends or family, on a temporary basis		<input type="checkbox"/>	3
Being discharged from an institution and reintegrating into the community without a stable housing plan		<input type="checkbox"/>	3
History of homelessness as an adult, prior to any homeless episode occurring in the past 60 days. <i>Have you been homeless before and had to stay in a shelter or on the street? If so, when did you experience that?</i>		<input type="checkbox"/>	3
Households annual gross income is less than 30% of local Area Median Income for household size	<i>30% of Area Median Income for Household Size: \$</i>	<input type="checkbox"/>	3
Housing loss within 14 days		<input type="checkbox"/>	3
At least one dependent child under age 6 • <i>Can you tell me the age(s) of each child in your household?</i>		<input type="checkbox"/>	3
At least one dependent child age 6 – 17		<input type="checkbox"/>	2
Veteran returning from Iraq or Afghanistan		<input type="checkbox"/>	2

Applied for shelter or spent at least one night during the prior 60 days literally homeless (shelter, place not meant for human habitation, transitional housing for homeless persons) • <i>Have you stayed in a shelter or on the street in</i>		<input type="checkbox"/>	2
Sudden and significant loss of income, including employment and/or cash benefits • <i>Have you had any sudden changes in income, whether from employment or cash benefits, that's made it difficult to pay for your housing and other needs?</i>		<input type="checkbox"/>	2
Housing loss in 15-21 days		<input type="checkbox"/>	2
Rental and/or utility arrears • <i>Are you behind on your rent or utilities?</i>		<input type="checkbox"/>	1
Additional Targeting Criteria Established by Grantee (As identified in SSVF grantee's VA-approved Grantee Screening Criteria and Targeting Threshold			
Describe:		<input type="checkbox"/>	
Describe:		<input type="checkbox"/>	
Total Points			

Stage 3: Targeting Disposition	
Meets Targeting Threshold VA Approved Targeting Threshold Score:	Continue with SSVF program intake OR other referral if no capacity
Does Not Meet Targeting Threshold	

Applicant Certification
<p>By signing below I certify that the information provided above is correct, so far as I know and understand, and that I do not have other housing options or sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent my household from becoming literally homeless.</p> <p style="text-align: center;">Veteran Name: _____</p> <p>Veteran or Head of HH Signature: _____</p> <p style="text-align: center;">Date: _____</p>
SSVF Staff Certification
<p>By signing below I certify that I have worked with the Veteran household to identify housing resources and solutions and believe, based on the information presented, that the Veteran household is eligible for SSVF services and will become literally homeless unless SSVF assistance is provided. Further, I certify that all supporting documentation required for SSVF enrollment has been obtained and verified and is contained in the participant's case file.</p> <p style="text-align: center;">SSVF Staff Name: _____</p> <p>SSVF Staff Signature: _____</p> <p style="text-align: center;">Date: _____</p>
SSVF Supervisor Approval
<p>SSVF Staff Signature: _____</p> <p style="text-align: center;">Date: _____</p>