



A Tradition of Stewardship
A Commitment to Service

Napa County Continuum of Care VA SSVF Adult Enrollment Form

Program Name: _____ Case Worker/Intake Person: _____ Program Start Date: _____

CLIENT ENROLLMENT

Separate client enrollments should be completed for each client who is **over** the age of 17 or the Head of Household. This form should be used for all VA SSVF funded programs. **Separate client enrollments must be completed for children as well, but please be sure to use the Standard HMIS Child Client Enrollment form.**

1) Client Name

First

Last

Relationship to Head of Household

- ☐ Self (Head of Household)
☐ Head of Households child
☐ Head of Households Spouse or Partner
☐ Head of Household's – other relation to member
☐ Other: non-relation member
☐

2) Date of Program Enrollment

The date the client started being helped by the project (program); also called the project start date.

		/			/				
Month			Day			Year			

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			

Client Name _____

Head of Household Name (if not Self) _____

PRIOR LIVING SITUATION – ANSWER ONLY ONE FULL SECTION: A or B or C [Head of Household and Adults only]**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"?*

- ☐ 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.
- ☐ Safe Haven

Length of Stay in Prior Living Situation

- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days

- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client prefers not to answer
- ☐ Data Not Collected

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 *times* the client has been on the streets or in Emergency Shelter in the last 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 *months* client has been homeless on the streets or in Emergency Shelter in the last three years

- ☐ 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) _____

<p>Type of Residence <u>B – Institutional Living Situations</u></p> <p><i>What was the client's living situation the night before enrolling in the project?</i></p> <p><i>Ask the client "where did you stay or sleep last night"?</i></p>	<p><input type="checkbox"/> Foster care home or foster care group home</p> <p><input type="checkbox"/> Hospital or other residential non—psychiatric medical facility</p> <p><input type="checkbox"/> Jail, prison, or juvenile detention facility</p> <p><input type="checkbox"/> Long-term care facility or nursing home</p> <p><input type="checkbox"/> Psychiatric hospital or other psychiatric facility</p> <p><input type="checkbox"/> Substance abuse treatment facility or detox center</p>											
<p>Length of Stay in Prior Living Situation</p>	<p><input type="checkbox"/> One night or less</p> <p><input type="checkbox"/> Two to six nights</p> <p><input type="checkbox"/> One week or more, but less than one month</p> <p><input type="checkbox"/> One month or more, but less than 90 days</p>	<p><input type="checkbox"/> 90 days or more, but less than one year</p> <p><input type="checkbox"/> One year or longer</p> <p><input type="checkbox"/> Client doesn't know</p> <p><input type="checkbox"/> Client prefers not to answer</p> <p><input type="checkbox"/> Data Not Collected</p>										
<p>Was the length of stay less than 90 days?</p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>If the response is "Yes", did the client stay on the streets or in emergency shelter the night before going to the institutional situation?</p> <p><i>If the response is "No," STOP here and skip down to the Disability section.</i></p> <p><i>If the response is "Yes," please answer the following questions below:</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>											
<p>Approximate date <u>this episode</u> of homelessness started:</p> <p><i>When was the date the current homeless situation began?</i></p> <p><i>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).</i></p>	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;">/</td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>			/			/					
		/			/							

Client Name _____

Head of Household Name (if not Self) _____

<p>Number of <i>times</i> the client has been on the streets or in Emergency Shelter in the <u>last three years</u></p>	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times	<input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>Total number of <i>months</i> client has been homeless on the streets or in Emergency Shelter in the <u>last three years</u></p>	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> 5 months <input type="checkbox"/> 10 months <input type="checkbox"/> 6 months <input type="checkbox"/> 11 months	<input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>Type of Residence <u>C – Transitional OR Permanent Housing Living Situations</u></p> <p><i>What was the client's living situation the night before enrolling in the project?</i></p> <p><i>Ask the client "where did you stay or sleep last night"?</i></p>	<p><u>Temporary Housing Situations</u></p> <input type="checkbox"/> Transitional housing for homeless persons (including homeless youth) <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Host Home (non-crisis) <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <p><u>Permanent Housing Situations</u></p> <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Owned by client, no ongoing housing subsidy	<p><u>Other</u></p> <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
<p>Rental Subsidy Type: <i>If "Rental by client, with ongoing housing subsidy" is selected, please select the type of housing subsidy in use.</i></p>	<input type="checkbox"/> GPD TIP housing subsidy <input type="checkbox"/> VASH housing subsidy <input type="checkbox"/> RRH or equivalent subsidy <input type="checkbox"/> HCV voucher (tenant or project based) (not dedicated) <input type="checkbox"/> Public housing unit <input type="checkbox"/> Rental by client, with other ongoing housing subsidy	

Client Name _____

Head of Household Name (if not Self) _____

	<input type="checkbox"/> Emergency Housing Voucher (EHV) <input type="checkbox"/> Family Unification Program Voucher (FUP) <input type="checkbox"/> Foster Youth to Independence Initiative (FYI) <input type="checkbox"/> Permanent Supportive Housing <input type="checkbox"/> Other permanent housing dedicated for formerly homeless persons	
Length of Stay in Prior Living Situation	<input type="checkbox"/> One night or less <input type="checkbox"/> Two to six nights <input type="checkbox"/> One week or more, but less than one month <input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> 90 days or more, but less than one year <input type="checkbox"/> One year or longer <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Was the length of stay less than 7 nights? <i>If the response is "No," STOP here and skip down to the Disability section.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> 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? <i>If the response is "No," STOP here and skip down to the Disability section.</i> <i>If the response is "Yes," please answer the following questions below:</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Approximate date <u>this episode</u> of homelessness started: <i>When was the date the current homeless situation began?</i> <i>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).</i>	<div style="border: 1px solid black; display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px; text-align: center;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> </div>	

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 three years</u>	<input type="checkbox"/> One Time <input type="checkbox"/> Two Times <input type="checkbox"/> Three Times	<input type="checkbox"/> Four or more times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
Total number of months client has been homeless on the streets or in Emergency Shelter in the last three years	<input type="checkbox"/> One month (this time is the first month) <input type="checkbox"/> 2 months <input type="checkbox"/> 7 months <input type="checkbox"/> 3 months <input type="checkbox"/> 8 months <input type="checkbox"/> 4 months <input type="checkbox"/> 9 months <input type="checkbox"/> 5 months <input type="checkbox"/> 10 months <input type="checkbox"/> 6 months <input type="checkbox"/> 11 months	<input type="checkbox"/> 12 months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
DISABLING CONDITIONS: A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.		
1) Does the client currently have a disabling condition? <i>A Disabling Condition is a health condition that interferes with getting and/or keeping stable housing.</i> <i>This question is used with other information to determine if the client meets criteria for chronic homelessness.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
DOMESTIC VIOLENCE [Head of Household and Adults only]		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 1) Survivor of Domestic Violence <i>Ask the client "Have you ever experienced any domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions against you or a member of your family, including a child, that has happened in the place you were living?"</i> If the answer is "no", skip to the "Monthly Income – Cash Benefits" section. If the answer is "yes", COMPLETE questions 2 and 3. </div> <div style="width: 50%;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected </div> </div>		
2) Most Recent Occurrence <i>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?"</i>	<input type="checkbox"/> Within the past three months <input type="checkbox"/> Three to six months ago (excluding six months exactly) <input type="checkbox"/> Six months to one year ago (excluding one year exactly) <input type="checkbox"/> One year ago or more	

Client Name _____

Head of Household Name (if not Self) _____

	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
3) Current Status <i>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?"</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected

MONTHLY INCOME – CASH BENEFITS [Head of Household and Adults only]

Current income from any source? <i>Is the client currently receiving any income from any source?</i> Specify the type(s) and amount(s) of income the client currently receives. <i>Only regular, recurrent sources that are current today should be included. Income received for a minor (under 18 years old) member of the household (e.g., SSI) should be recorded with the HoH's information.</i> <i>DO NOT include income received by other adults (18 years and older) in the household; record their income on their Enrollment form.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected <input type="checkbox"/> Earned Income \$ _____ <input type="checkbox"/> Unemployment Insurance \$ _____ <input type="checkbox"/> Supplemental Security Income SSI \$ _____ <input type="checkbox"/> Social Security Disability Insurance SSDI \$ _____ <input type="checkbox"/> VA Service-Connected Disability Pension \$ _____ <input type="checkbox"/> VA Non-service connect disability pension \$ _____ <input type="checkbox"/> Private Disability Insurance \$ _____ <input type="checkbox"/> Worker's Compensation \$ _____ <input type="checkbox"/> Temporary Assistance for Needy Families TANF/CalWORKs \$ _____ <input type="checkbox"/> General Assistance (GA) \$ _____ <input type="checkbox"/> Retirement income from Social Security \$ _____ <input type="checkbox"/> Pension or Retirement Income from a Former Job \$ _____ <input type="checkbox"/> Child Support \$ _____ <input type="checkbox"/> Alimony and Other Spousal Support \$ _____ <input type="checkbox"/> Other Cash Income \$ _____
--	--

Client Name _____

Head of Household Name (if not Self) _____

Total Monthly Cash Income for Individual	If Other Specify: _____
	TOTAL: \$ _____

NON-CASH BENEFITS [Head of Household and Adults only]

<p>Currently receiving Non-Cash Benefits? <i>Is the client currently receiving one of the non-cash benefits listed below?</i></p> <p>If Yes, indicate all the non-cash benefits the client is receiving:</p> <p><i>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.</i></p> <p><i>DO NOT include benefits received by other adults (18 years and older) in the household; record their benefits on their Enrollment form.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Cal Fresh <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) <input type="checkbox"/> TANF/CALWORKS Childcare Services <input type="checkbox"/> TANF/CALWORKS Transportation Services <input type="checkbox"/> Other TANF/CALWORKS-Funded Services <input type="checkbox"/> Other Non-Cash Benefit If Other Specify: _____

HEALTH INSURANCE

<p>Currently covered by health insurance? <i>Is the client currently covered by health insurance?</i></p> <p>If Yes, type(s) of insurance(s): <i>If the client is currently covered by multiple health insurances please select all that apply.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected
	<input type="checkbox"/> Medicaid (same as Medi-Cal) <input type="checkbox"/> Medicare <input type="checkbox"/> State Children's Health Insurance (CHIP) Program <input type="checkbox"/> Veteran's Health Administration (VHA) <input type="checkbox"/> Employer-Provided Health Insurance <input type="checkbox"/> Health Insurance Obtained Through COBRA <input type="checkbox"/> Private Pay Health Insurance <input type="checkbox"/> State Health Insurance for Adults <input type="checkbox"/> Indian Health Services Program

Client Name _____

Head of Household Name (if not Self) _____

☐ Other Health Insurance

If Other Specify: _____

SSVF HP TARGETING CRITERIA: [Head of Household in SSVF Homeless Prevention programs only]

1) Is Homelessness Prevention Targeting Screener required?

☐ No☐ 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...

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

3) Current household income

☐ \$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

4) Past experience of homelessness (street/shelter/transitional housing) (any adult)

☐ Most recent episode occurred within the last year☐ Most recent episode occurred more than one year ago☐ None

5) Head of Household is not a current leaseholder/renter of unit

☐ Yes☐ No

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)

☐ No prior rental evictions☐ 1 prior rental eviction☐ 2 or more prior rental evictions

9) Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property (any adult)

☐ Yes☐ No

Client Name _____

Head of Household Name (if not Self) _____

10) Incarcerated as an adult (any adult in household)	<input type="checkbox"/> Not incarcerated <input type="checkbox"/> Incarcerated once <input type="checkbox"/> Incarcerated two or more times								
11) Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
12) Registered sex offenders (any household members)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
13) Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing	<input type="checkbox"/> Yes <input type="checkbox"/> No								
14) Currently pregnant (any household member)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
15) Single parent/guardian household with minor child(ren)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
16) Household includes one or more young children (age six or under), or a child who requires significant care	<input type="checkbox"/> No <input type="checkbox"/> Youngest child is under 1 year old <input type="checkbox"/> Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care								
17) Household size of 5 or more requiring at least 3 bedrooms (due to household composition)	<input type="checkbox"/> Yes <input type="checkbox"/> No								
18) Households which may include one or more members meeting other criteria for targeting prevention determined by the CoC	<input type="checkbox"/> Yes <input type="checkbox"/> No								
HP APPLICANT TOTAL POINTS (integer) _____									
GRANTEE TARGETING THRESHOLD SCORE (integer) _____									
VAMC Station Number <i>[Head of Household only]</i>	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								

Client Name _____

Head of Household Name (if not Self) _____

Connection with SOAR <i>[Head of Household and Adults only]</i>	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
Household Income as a Percentage of AMI <i>[Head of Household only]</i>	<input type="checkbox"/> 30% or less <input type="checkbox"/> 31% - 50% <input type="checkbox"/> 51% to 80% <input type="checkbox"/> 81% or greater	
Last Grade Completed <i>[Head of Household and Adults only]</i>	<input type="checkbox"/> Less than Grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/High school diploma <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED	<input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected
EMPLOYMENT STATUS <i>[Head of Household and Adults only]</i>		
Employed?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data not collected	
If "Yes" for employed – Type of employment	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal/sporadic (including day labor)	
If "No" for employed – Why not employed	<input type="checkbox"/> Looking for work <input type="checkbox"/> Unable to work <input type="checkbox"/> Not looking for work	
Additional Information <i>[Head of Household and Adults only]</i>		
Mental Health Consultation	<input type="checkbox"/> Mental health consultation completed <input type="checkbox"/> Mental health consultation being coordinated/arranged with VA provider	

Client Name _____

Head of Household Name (if not Self) _____

	<input type="checkbox"/> Mental health consultation being coordinated/arranged with other provider <input type="checkbox"/> Offer declined
What is the client's sex?	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers not to answer <input type="checkbox"/> Data Not Collected

Client Name _____

Head of Household Name (if not Self) _____