

VA-SSVF-HP Addendum

This form can be used by all VA-SSVF-HP projects. This form will be used as a supplement to every data entry stage in order to ensure full data collection for VA-SSVF-HP projects.

Section I: Data Collection Point Information

CLIENT NAME

CLIENT ID

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DATA COLLECTION POINT (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

<input type="checkbox"/>	Project Start
<input type="checkbox"/>	Project Update
<input type="checkbox"/>	Annual Assessment
<input type="checkbox"/>	Project Exit

ASSESSMENT DATE (Month / Day / Year) - [ALL CLIENTS] - [ALL PROJECTS]

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Please note, there are 3 sections under this assessment. Take note of each section header to know when you are supposed to complete each set of data elements. The four section types are listed here for reference.

SECTION II: Complete ONLY at initial Entry into the program.

SECTION III: Update at any data collection point - Entry, Interim, or Exit.

SECTION IV: Complete at Entry and Exit ONLY - not for interim updates.

Section II: VA-SSVF-HP Project Entry Data Elements

VETERAN INFORMATION - [ALL VETERANS] – [ALL PROJECTS]

Only ONE record of Veteran Information should exist. If another record is already present, verify the accuracy of the record. If anything is inaccurate, correct the existing record. DO NOT make a second record.

Year Entered Military Service (Month / Day / Year)

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Year Separated from Military Service (Month / Day / Year)

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Theatre of Operations

Client Doesn't Know = CDK

Client Refused = CR

Data Not Collected = DNC

Theatre of Operations	No	Yes	CDK	CR	DNC
World War II	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Korean War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vietnam War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persian Gulf War	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afghanistan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iraq Freedom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Iraq Dawn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Peace-Keeping Operations or Military Interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Branch of the Military

<input type="checkbox"/>	Army	<input type="checkbox"/>	Air Force
<input type="checkbox"/>	Navy	<input type="checkbox"/>	Marines
<input type="checkbox"/>	Coast Guard	<input type="checkbox"/>	Client Doesn't Know
<input type="checkbox"/>	Client Refused	<input type="checkbox"/>	Data Not Collected

Discharge Status

<input type="checkbox"/>	Honorable	<input type="checkbox"/>	General under honorable conditions
<input type="checkbox"/>	Under other than honorable conditions (OTH)	<input type="checkbox"/>	Bad Conduct

<input type="checkbox"/>	Dishonorable	<input type="checkbox"/>	Uncharacterized
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

VAMC STATION NUMBER – [HEADS OF HOUSEHOLD] – [SSVF AND HUD-VASH PROJECTS ONLY]

Enter the VA Medical Center (VAMC) Station Number that corresponds to the grantee's service location. This may be filled in on behalf of the client – it does not require client input.

PERCENT OF AMI – [HEADS OF HOUSEHOLD] – [SSVF PROJECTS ONLY]

This field records the household income compared to the Area Median Income. Select the appropriate category from the dropdown. An answer of "Greater than 50%" means the client is ineligible for SSVF assistance. Such an answer will reflect poorly in data quality reports.

<input type="checkbox"/>	30% or less	<input type="checkbox"/>	51% to 80%
<input type="checkbox"/>	31% to 50%	<input type="checkbox"/>	81% or greater

CLIENT'S LAST PERMANENT ADDRESS – [HEADS OF HOUSEHOLD] – [SSVF AND HUD-VASH PROJECTS ONLY]

Record the head of household's last permanent address. For Prevention clients this will be their current address. This should be an address that is a permanent housing situation, not a reference to a shelter or other homeless situation. Normally this will include the client renting an apartment/house or living at another person's apartment/house.

Street Address	
City	
State	
Zip	

Address Data Quality

<input type="checkbox"/>	Full Address Reported	<input type="checkbox"/>	Incomplete or estimated address reported
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

SSVF HP TARGETING CRITERIA

This is only required of Homeless Prevention SSVF projects. There are 19 questions, which are based off of the SSVF Homelessness Prevention Stage 2 Targeting Criteria Screening. Data entered into HMIS should be based on this screening. Please refer to your agency for more information on this screening.

Is Homeless Prevention Targeting Screener required?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Housing loss expected within...

<input type="checkbox"/>	1 – 6 days	<input type="checkbox"/>	7 – 13 days
<input type="checkbox"/>	14 – 21 days	<input type="checkbox"/>	More than 21 days

Annual household gross income amount

<input type="checkbox"/>	\$0 (i.e., not employed, not receiving cash benefits, no other current income)	<input type="checkbox"/>	15 – 30% of AMI for household size
<input type="checkbox"/>	1 – 14% of Area Median Income (AMI) for household size	<input type="checkbox"/>	More than 30% of AMI for household size

History of Literal Homelessness (street/shelter/transitional housing) (any adult)

<input type="checkbox"/>	Most recent episode occurred within the last year	<input type="checkbox"/>	Most recent episode occurred more than one year ago
<input type="checkbox"/>	None		

Head of Household (HOH) is not a current leaseholder

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Head of Household (HOH) has never been a current leaseholder

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Rental Evictions within the past 7 years (any adult)

<input type="checkbox"/>	No prior rental evictions	<input type="checkbox"/>	2 or more prior rental evictions
<input type="checkbox"/>	1 prior rental eviction		

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

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Incarcerated as adult (any adult in household)

<input type="checkbox"/>	Not incarcerated	<input type="checkbox"/>	Incarcerated two or more times
<input type="checkbox"/>	Incarcerated once		

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

<input type="checkbox"/>	4 or more times or total of at least 12 months in past three years	<input type="checkbox"/>	2 – 3 times in the past 3 years
<input type="checkbox"/>	1 time in past 3 years	<input type="checkbox"/>	None

Registered sex offender (any household members)

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Currently pregnant (any household member)

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Single parent with minor child(ren)

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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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 1 to 6 years old and/or one or more children (any age) require significant care
<input type="checkbox"/>	Youngest child is under 1 year old		

Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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Household includes one or more members of an overrepresented population in the homelessness system when compared to the general population

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes
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HP applicant total points (integer)

This field will be based on the SSVF Homelessness Prevention Stage 2 Targeting Criteria Screening, which should have been completed prior to the client's entry into the program. Please refer to your agency for more detail.

Grantee targeting threshold score (integer)

This score is variable and is determined by the SSVF program. In short, it is based on the number of expected applicants compared to the program capacity. Please refer to your agency for more detail.

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Section III: Update, if applicable, at EVERY Project Stage

CONNECTION WITH SOAR - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [SSVF PROJECTS]

Record if the client has any connection with a SOAR program.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn't know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

SERVICES PROVIDED - [ALL CLIENTS RECEIVING SSVF FINANCIAL ASSISTANCE] – [COLLECTION ONLY REQUIRED FOR SSVF RRH & HP PROJECTS]

Date of Service:

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Type of Service

<input type="checkbox"/>	Outreach services	<input type="checkbox"/>	Case management services
<input type="checkbox"/>	Assistance obtaining VA benefits	<input type="checkbox"/>	Assistance obtaining/coordinating other public benefits
<input type="checkbox"/>	Direct provision of other public benefits	<input type="checkbox"/>	Other (non TFA) supportive service approved by VA
<input type="checkbox"/>	Shallow Subsidy	<input type="checkbox"/>	Returning Home
<input type="checkbox"/>	Rapid Resolution	<input type="checkbox"/>	Healthcare Navigation

If “Assistance obtaining VA Benefits”

<input type="checkbox"/>	VA vocational and rehabilitation counseling	<input type="checkbox"/>	Employment and training services
<input type="checkbox"/>	Educational assistance	<input type="checkbox"/>	Health care services

If “Assistance obtaining/coordinating other public benefits”

<input type="checkbox"/>	Health care services	<input type="checkbox"/>	Daily living services
<input type="checkbox"/>	Personal financial planning services	<input type="checkbox"/>	Transportation services
<input type="checkbox"/>	Income support services	<input type="checkbox"/>	Fiduciary and representative payee services
<input type="checkbox"/>	Legal services - child support	<input type="checkbox"/>	Legal services - eviction prevention
<input type="checkbox"/>	Legal services - outstanding fines and penalties	<input type="checkbox"/>	Legal services - restore/acquire driver's license

<input type="checkbox"/>	Legal services - other	<input type="checkbox"/>	Child care
<input type="checkbox"/>	Housing counseling		

If “Direct provision of other public benefits”

<input type="checkbox"/>	Personal financial planning services	<input type="checkbox"/>	Transportation services
<input type="checkbox"/>	Income support services	<input type="checkbox"/>	Fiduciary and representative payee services
<input type="checkbox"/>	Legal services - child support	<input type="checkbox"/>	Legal services - eviction prevention
<input type="checkbox"/>	Legal services - outstanding fines and penalties	<input type="checkbox"/>	Legal services - restore/acquire driver's license
<input type="checkbox"/>	Legal services - other	<input type="checkbox"/>	Child care
<input type="checkbox"/>	Housing counseling		

If “Other (Non-TFA) Supportive Service approved by VA”

FINANCIAL ASSISTANCE - [ALL CLIENTS RECEIVING SSVF FINANCIAL ASSISTANCE] – [COLLECTION ONLY REQUIRED FOR SSVF RRH & HP PROJECTS]

SSVF Financial Assistance Start Date:

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SSVF Financial Assistance End Date:

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SSVF Financial Assistance Amount (integer)

SSVF Financial Assistance Type

<input type="checkbox"/>	Rental assistance	<input type="checkbox"/>	Utility fee payment assistance
<input type="checkbox"/>	Security deposit	<input type="checkbox"/>	Utility deposit
<input type="checkbox"/>	Moving costs	<input type="checkbox"/>	Transportation services: token/vouchers
<input type="checkbox"/>	Transportation services: vehicle repair/maintenance	<input type="checkbox"/>	Childcare
<input type="checkbox"/>	General housing stability assistance	<input type="checkbox"/>	Emergency housing assistance
<input type="checkbox"/>	Shallow Subsidy – Financial Assistance	<input type="checkbox"/>	Food Assistance
<input type="checkbox"/>	Landlord Incentive	<input type="checkbox"/>	Tenant Incentive

Section IV: Complete at Project ENTRY and Project EXIT

LAST GRADE COMPLETED - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [SSVF AND HUD-VASH PROJECTS ONLY]

Enter the last grade the client completed.

<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"/>	Associates 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 refused
<input type="checkbox"/>	Data not collected		

EMPLOYED? - [HEADS OF HOUSEHOLD AND ALL ADULTS] – [SSVF AND HUD-VASH PROJECTS ONLY]

Is the client currently employed?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Client doesn’t know	<input type="checkbox"/>	Client refused
<input type="checkbox"/>	Data not collected		

IF YES, TYPE OF EMPLOYMENT

<input type="checkbox"/>	Full Time	<input type="checkbox"/>	Part Time
<input type="checkbox"/>	Seasonal/Sporadic (including day labor)	<input type="checkbox"/>	Data not collected

IF NO, WHY NOT EMPLOYED

<input type="checkbox"/>	Looking for work	<input type="checkbox"/>	Unable to work
<input type="checkbox"/>	Not looking for work	<input type="checkbox"/>	Data not collected

Mental Health Consultation

<input type="checkbox"/>	Mental health consultation completed
<input type="checkbox"/>	Mental health consultation being coordinated/arranged with VA provider
<input type="checkbox"/>	Mental health consultation being coordinated/arranged with other provider
<input type="checkbox"/>	Offer declined