

# VA SSVF Entry

Project Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Name of Head of Household: \_\_\_\_\_

Project Name (Enter Data As): \_\_\_\_\_

## Client Record

**i** Unless specifically required by a funder, clients may use a preferred name (rather than legal name) for HMIS purposes.

**Name** \_\_\_\_\_  
First Middle Last Suffix

**Name Data Quality**  Full Name Reported  Partial, Street Name, or Code Name Reported  
 Client doesn't know  Client prefers not to answer

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Full SSN Reported  Approx or Partial SSN Reported  Client doesn't know  Client prefers not to answer

**U.S. Veteran**  No  Yes  Client doesn't know  Client prefers not to answer

**Sex**  Female  Male  
 Client doesn't know  Client prefers not to answer  Data not collected

## Project Enrollment

### **ANSWER FOR ALL CLIENTS**

**Enrollment CoC**  ME-500

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

**Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Full DOB Reported  Approximate or Partial DOB Reported  Client doesn't know  Client prefers not to answer

**Race(s) and Ethnicity**  
*select all that apply*

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous	<input type="checkbox"/> Asian or Asian American
<input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Hispanic/Latina/o
<input type="checkbox"/> Middle Eastern or North African	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Client prefers not to answer	<b>Additional:</b> _____

**Additional Race and Ethnicity Detail (Optional)** \_\_\_\_\_

**Disabilities**

Does the client have a disabling condition?  No  Yes  Client doesn't know  Client prefers not to answer

**Health Insurance**

Covered by Health Insurance  No  Yes  Client doesn't know  Client prefers not to answer

- Medicaid  No  Yes
- Medicare  No  Yes
- State Children's Health Insurance Program  No  Yes
- Veteran's Health Administration (VHA)  No  Yes
- Employer-Provided Health Insurance  No  Yes
- Health Insurance obtained through COBRA  No  Yes
- Private Pay Health Insurance  No  Yes
- State Health Insurance for Adults  No  Yes
- Indian Health Services Program  No  Yes
- Other (specify): \_\_\_\_\_  No  Yes

**i** HUD requires that the client be asked about each individual source of health insurance and requires an answer be recorded for each.

**i** **Data Entry Tip:** Remember to end date old records and create new records each time a source of health insurance changes.

**ANSWER FOR HEAD OF HOUSEHOLD AND ADULTS ONLY**

**Prior Living Situation (Immediately Prior to Project Start Date)**

*Chronically Homeless Status Calculated w/ this Information*

**Prior living situation (Where did the client stay immediately prior to entry?)**

*Homeless situations (if none of these options match, skip to "Institutional situations")*

- 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, host home shelter
- Safe haven

*Length of stay in homeless situation noted above*

- 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

*Skip to "Approximate date homelessness started" (below)*

*Institutional situations (if none of these options match, skip to "Temporary housing 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 abuse treatment facility or detox center

*Length of stay in institutional situation noted above*

- 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

*If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?*  No  Yes

*If yes, skip to "Approximate date homelessness started" (below)*

*If no, skip to next section*

**Temporary housing situations (if none of these options match, skip to "Permanent housing situations")**

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including homeless youth)
- 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

*Length of stay in temporary situation noted above*

- 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

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?  No  Yes

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

**Permanent housing situations (if none of these options match, skip to "Other")**

- Rental by client, no ongoing housing subsidy
- Rental by client, with ongoing subsidy (select subsidy type →)
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- If "rental by client, with ongoing subsidy", select type*
- GPD TIP housing subsidy
- VASH housing subsidy
- RRH or equivalent subsidy
- HCV Voucher (tenant or project based)
- 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
- Other permanent housing dedicated for formerly homeless persons

*Length of stay in permanent situation noted above*

- 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

If you selected one of the underlined options above, were they on the streets or in emergency shelter prior to that?  No  Yes

If yes, skip to "Approximate date homelessness started" (below)

If no, skip to next section

**Other**

- Client doesn't know
- Client prefers not to answer

Skip to next section

**Approximate date this episode of homelessness started:** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Regardless of where they stayed last night, number of times on streets, in ES, or SH in the past 3 years including today**

- One time
- Two times
- Three times
- Four or more times
- Client doesn't know
- Client prefers not to answer

**Total number of months homeless on the street, in ES, or SH in the past 3 years**

- One month (this time is the first month)
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- More than 12 months
- Client doesn't know
- Client prefers not to answer

## Domestic Violence



“Domestic violence” is utilized here as shorthand for domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

**Survivor of Domestic Violence?**  No  Yes  Client doesn't know  Client prefers not to answer

**If yes, when experience occurred**

<input type="checkbox"/> Within the past three months	<input type="checkbox"/> Three to six months ago
<input type="checkbox"/> From six to twelve months ago	<input type="checkbox"/> More than a year ago
<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

**If yes, currently fleeing?**  No  Yes  Client doesn't know  Client prefers not to answer

## Monthly Income

**Income from Any Source**  No  Yes  Client doesn't know  Client prefers not to answer

**Total Monthly Income** \$ \_\_\_\_\_

Alimony and other spousal support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Child support	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Earned income (i.e., employment income)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
General Assistance (GA)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Pension or retirement income from a former job	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Private disability insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Retirement Income from Social Security	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Social Security Disability Insurance (SSDI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Supplemental Security Income (SSI)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Unemployment Insurance	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Non-Service-Connected Disability Pension	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
VA Service-Connected Disability Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____
Worker's Compensation	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____



HUD requires that the client be asked about each individual source of income and requires an answer be recorded for each.

For any income sources where income is received, the monthly amount must also be recorded.



### Data Entry Tip:

Remember to end date old records and create new records each time a source of income changes.

**Employed?**  No  Yes  Client doesn't know  Client prefers not to answer

**If yes, type of employment?**

<input type="checkbox"/> Full-time	<input type="checkbox"/> Seasonal/sporadic (including day labor)
<input type="checkbox"/> Part-time	<input type="checkbox"/> Data not collected

**If no, why not employed?**

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

## Last Grade Completed:

<input type="checkbox"/> Less than Grade 5	<input type="checkbox"/> School Program does not have grade levels	<input type="checkbox"/> Graduate degree
<input type="checkbox"/> Grades 5-6	<input type="checkbox"/> GED	<input type="checkbox"/> Vocational Certification
<input type="checkbox"/> Grades 7-8	<input type="checkbox"/> Some College	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Grades 9-11	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Client prefers not to answer
<input type="checkbox"/> Grade 12 / High school diploma	<input type="checkbox"/> Bachelor's degree	

**Non-Cash Benefits**

**Non-Cash Benefits from Any Source**     No     Yes     Client doesn't know     Client prefers not to answer

Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	ⓘ HUD requires that the client be asked about each individual source of non-cash benefits and requires an answer be recorded for each.
Special Supplemental Nutrition Program for Women, Infants and Children (WIC)	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	
TANF Child Care services	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	ⓘ <b>Data Entry Tip:</b> Remember to end date old records and create new records each time a source of non-cash benefit changes.
TANF transportation services	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	
Other TANF-funded services	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	
Other (specify): _____	<input type="checkbox"/> No	<input type="checkbox"/> Yes: \$ _____	

**Connection with SOAR**     No     Yes     Client doesn't know     Client prefers not to answer

**ANSWER FOR ALL VETERANS**

**Veteran's Information [Veterans Only]**

ⓘ **Data entry tip:** Enter the following dates as 01/01/\_\_\_\_\_ in WellSky Community Services (formerly ServicePoint).

Year Entered Military Service \_\_\_\_\_

Year Separated from Military Service \_\_\_\_\_

ⓘ HUD expects that the client be asked about each individual theatre of operation and requires an answer be recorded for each.

Theatre of Operations: World War II	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Korean War	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Vietnam War	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Persian Gulf War (Operation Desert Storm)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Afghanistan (Operation Enduring Freedom)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Iraq (Operation Iraqi Freedom)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer
Theatre of Operations: Other Peace-keeping Operations or Military Interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

**Branch of the Military**

<input type="checkbox"/> Army	<input type="checkbox"/> Air Force	<input type="checkbox"/> Navy	<input type="checkbox"/> Marines
<input type="checkbox"/> Space Force	<input type="checkbox"/> Coast Guard	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers not to answer

**Discharge Status**

<input type="checkbox"/> Honorable	<input type="checkbox"/> Dishonorable
<input type="checkbox"/> General under honorable conditions	<input type="checkbox"/> Uncharacterized
<input type="checkbox"/> Under other than honorable conditions	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Bad conduct	<input type="checkbox"/> Client prefers not to answer

**ANSWER FOR HEAD OF HOUSEHOLD ONLY**

**VAMC Station Number**

**VAMC Station Number:**     402 (Togus, ME)     Other (if in another state): \_\_\_\_\_

**Percentage of AMI**     81% or greater     31% to 50%

51% to 80%     30% or less

**Housing Move In Date – Only one housing move in date per enrollment - This question to be answered only by Rapid Rehousing**

**Housing Move-In Date (CANNOT be prior to Project Start Date):** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**ANSWER FOR HEAD OF HOUSEHOLD ONLY**

*Maine Required Data Elements*

**Hub where client is located:**

- |  |  |
|--|--|
| <input type="checkbox"/> Hub 1 - York          | <input type="checkbox"/> Hub 6 - Central   |
| <input type="checkbox"/> Hub 2 - Cumberland    | <input type="checkbox"/> Hub 7 - Penquis   |
| <input type="checkbox"/> Hub 3 - Midcoast      | <input type="checkbox"/> Hub 8 - Downeast  |
| <input type="checkbox"/> Hub 4 - Androscroggin | <input type="checkbox"/> Hub 9 - Aroostook |
| <input type="checkbox"/> Hub 5 - Western       |  |

**i** Record the last zip code the client had for at least 90 days that was not in an emergency shelter, a transitional housing project, a safe haven, or a place not meant for habitation.

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

- Full or Partial Zip Code Reported       Client doesn't know       Client prefers not to answer

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

**Type of Release:**     None             Signed by Client     verbal