

VA SSVF Update

Interim Date: ____/____/____ Name of Head of Household: _____

Project Name (Enter Data As): _____

Client _____
 Name _____ Client ID _____

ANSWER FOR ALL CLIENTS (only if changes occurred)

Health Insurance

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

- | | | |
|---|-----------------------------|------------------------------|
| Medicaid | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Medicare | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| State Children's Health Insurance Program | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Veteran's Health Administration (VHA) | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Employer-Provided Health Insurance | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Health Insurance obtained through COBRA | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Private Pay Health Insurance | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| State Health Insurance for Adults | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Indian Health Services Program | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Other (specify): _____ | <input type="checkbox"/> No | <input type="checkbox"/> 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 ADULTS AND HEAD OF HOUSEHOLD (only if changes occurred)

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: \$ _____ |

i 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.

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

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
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
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

i HUD requires that the client be asked about each individual source of non-cash benefits 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 non-cash benefit changes.

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

Domestic Violence

i "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

ANSWER FOR HEAD OF HOUSEHOLD ONLY

To be answered only by SSVF Rapid Rehousing Project Types

Housing Move-In Date (CANNOT be prior to Project Start Date): _____/_____/_____