

## Consolidated Homeless Grant Targeted Prevention Eligibility Screening Form

<b>Head of Household Name:</b>	<b>Date:</b>									
<b>Homelessness Prevention Minimum Eligibility</b>										
Household must meet both of the following criteria:										
<input type="checkbox"/> At risk of homelessness (as documented on the CHG Verification of Household Eligibility and Recertification Form): <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Have a missed rent payment and currently owe all or part of a rent payment (current month or past months); OR</li> <li><input checked="" type="checkbox"/> Has moved because of economic reasons 2 or more times during the 60 days immediately preceding the application for assistance; OR</li> <li><input checked="" type="checkbox"/> Is living in the home of another because of economic hardship; OR</li> <li><input checked="" type="checkbox"/> Has been notified that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance; OR</li> <li><input checked="" type="checkbox"/> Lives in a hotel/motel and the cost is not paid for by charitable organizations or by Federal, State, or local government programs for low-income individuals; OR</li> <li><input checked="" type="checkbox"/> Lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than one and a half persons per room; OR</li> <li><input checked="" type="checkbox"/> Is exiting a publicly funded institution or system of care.</li> </ul>										
<input type="checkbox"/> At or below 80% AMI <b>OR</b> HEN referral										
<b>A. Household Income</b> (Check ONE that applies to the household.)										
<input type="checkbox"/> No Income.....10 points <input type="checkbox"/> Income at or below 30% AMI.....5 points Fill in the chart below by finding your county's Extremely Low Income AMI <a href="#">here</a> .										
Family Size  30% of AMI	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%;">1</td> <td style="width: 12.5%;">2</td> <td style="width: 12.5%;">3</td> <td style="width: 12.5%;">4</td> <td style="width: 12.5%;">5</td> <td style="width: 12.5%;">6</td> <td style="width: 12.5%;">7</td> <td style="width: 12.5%;">8</td> </tr> </table>	1	2	3	4	5	6	7	8	SCORE (0-10):
1	2	3	4	5	6	7	8			
<b>B. Risk of Homelessness Factors</b> (Check all that apply to any adult household member.)		No documentation is required for Section B, Risk of Homelessness Factors. This information is collected by case managers through conversation with households. This form is an internal tool completed by case managers, not households applying for services.								
<input type="checkbox"/> Experienced homelessness <sup>1</sup> in past five years.....5 points <input type="checkbox"/> Household member has a severe or disabling health condition, including physical, developmental, mental, or emotional impairment. This includes impairment caused by trauma, abuse, post-traumatic stress disorder, or brain injury. A person with HIV or AIDS is considered disabled.....5 points <input type="checkbox"/> Has a pending eviction.....5 points <input type="checkbox"/> Eviction history within the past five years.....3 points <input type="checkbox"/> Owes more than three months of rental arrears, including current month.....3 points <input type="checkbox"/> History of housing disruption due to a household member's race, ethnicity, gender identity, sexual orientation, or religion.....3 points <input type="checkbox"/> Social network is financially and/or emotionally strained <sup>2</sup> ; friends and family are also struggling financially and do not have resources to share, household has "burned bridges" with friends and family, etc.....3 points		SCORE (0-27):								

<sup>1</sup> Unsheltered or Sheltered Homeless (CHG Guidelines Section 3.3.1)

<sup>2</sup> See "[network impoverishment](#)," SPARC Atlanta, Center for Social Innovation (C4), version date: April 13, 2018, page 24.

**C. Additional Risk Factors for any Household Member Age 18-24.<sup>3</sup>** (Check all that apply.)

<input type="checkbox"/> Person is pregnant or parenting.....3 points <input type="checkbox"/> Person is or has been a recipient of foster care, adoption, mental health care, drug or alcohol treatment, or has been involved in court systems.....3 points	SCORE (0-6):
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**D. Eligibility Determination**

Required Score <sup>4</sup> : _____	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<b>TOTAL SCORE (0-43):</b>
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If approved but does not meet required score, provide brief explanation why:

<b>Staff Signature</b>		Date	
<b>Supervisor Signature</b> <i>(if approving for assistance but does not meet required score)</i>		Date	

<sup>3</sup> Young adults are ages 18-24.

<sup>4</sup> Determine a threshold score for eligibility based local on crisis response system capacity. Threshold score may change from time to time in response to local funding availability and need.