



City of Spokane Homeless Housing Operations and Services Grant Targeted Prevention Eligibility Screening

Head of Household Name:		Date:							
Homelessness Prevention Minimum Eligibility									
Household must meet both of the following criteria:									
<input type="checkbox"/> At imminent risk of homelessness: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Losing primary nighttime residence within 14 days <input checked="" type="checkbox"/> No subsequent residence identified <input checked="" type="checkbox"/> Lacks resources /support networks need to obtain other housing 									
<input type="checkbox"/> At or below 30% AMI OR HEN referral OR TANF Enrollment									
A. Household Income (Check ONE that applies to the household.)									
<input type="checkbox"/> No Income.....10 points <input type="checkbox"/> Income at or below 15% AMI.....5 points <small>Fill in the chart below by finding your county's AMI here. Take the 30% (Extremely Low Income) column and divide in half to get 15%.</small>			SCORE (0-10):						
Family Size	1	2		3	4	5	6	7	8
15% of AMI									
B. Re-Housing Challenge Factors (Check all that apply to any adult household member.)									
<input type="checkbox"/> Eviction history.....3 points <input type="checkbox"/> Felony likely to impact housing (drug, sex crime, arson, etc.).....3 points			SCORE (0-6):						
C. High Risk of Homelessness Factors (Check all that apply to any adult household member.)									
<input type="checkbox"/> Experienced homelessness ¹ in past 3 years.....15 points <input type="checkbox"/> Severe or life-threatening health condition.....10 points <input type="checkbox"/> Disabling ² condition or conditions.....5 points <input type="checkbox"/> Experienced domestic violence ³5 points <input type="checkbox"/> Temporarily staying with friends or family.....5 points <input type="checkbox"/> Exited a system of care or institution within past 90 days.....5 points			SCORE (0-45):						
C. Eligibility Determination									
<input type="checkbox"/> Approved: score of 15 points or more <input type="checkbox"/> Not Approved			TOTAL SCORE (0-61):						
Staff Signature		Date							
Override Approval I approve override for this household. Attach justification.									
Supervisor Signature		Date							

¹ Unsheltered or resided in a temporary housing program (HHOS Guidelines Section 4.1.1)

² Disability includes: a physical, developmental, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury. A person with HIV or AIDS is considered disabled.).

³ People fleeing or attempting to flee domestic violence are unsheltered homeless and are not required to complete the Targeted Prevention Screening. (HHOS Guidelines Section 4.1.1.1)