



Homeless Housing Operations and Services Targeted Prevention Eligibility Screening

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|---|---|--------------|----------------------------|---|---|---|---|---|
| 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 | | | | | | | | |
| 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 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%. | | | 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): | | | | | |
| D. 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 5.3.1)

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. (HHOS Guidelines Section 5.8)

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 5.3.1.1)