

New Hampshire Continua of Care Supportive Services for Veteran Families (SSVF) RRH & HP Supplement

SSVF HMIS REQUIRED HOUSEHOLD MEMBER DATA – Please fill out for EACH household member. ALL members 18 years of age and over must also sign the consent form for HMIS. Please refer to the HUD HMIS Data Standards Manual of July, 2017 – available on the NH-HMIS website www.nh-hmis.org – for an explanation of this form.

Rapid Rehousing (Literally Homeless RRH)

Homeless Prevention (HP)

Record Identifiers	
Client Name:	
Client ID #:	
Head of Household Name:	
Date:	
Case Manager Name:	
Project Entry Date:	

V1 Veteran's Information	
✓ <i>Collection is required of all Veterans at record creation.</i>	
Year Entered Military Service (Year only.)	Year:
Year Separated from Military Service (Year only.)	Year:
Theatre of Operations: WWII	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Theatre of Operations Korean War	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Theatre of Operations: Vietnam War	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
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 refused <input type="checkbox"/> Data not collected
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 refused <input type="checkbox"/> Data not collected
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 refused <input type="checkbox"/> Data not collected
Theatre of Operations: Iraq (Operation New Dawn)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Theatre of Operations: Other Peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia)	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Branch of the military	<input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
Discharge status	<input type="checkbox"/> Honorable <input type="checkbox"/> General under honorable conditions <input type="checkbox"/> Under other than honorable conditions (OTH) <input type="checkbox"/> Bad conduct <input type="checkbox"/> Dishonorable <input type="checkbox"/> Uncharacterized <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

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V2 Services Provided	
<p>✓ <i>Collection is required at point of occurrence.</i></p> <p>✓ <i>Services will be recorded for HoH only unless a specific service is of benefit only to a particular household member.</i></p>	
Date of service:	
Type of service provided:	<input type="checkbox"/> Outreach services <input type="checkbox"/> Case management services <input type="checkbox"/> Assistance obtaining VA benefits <input type="checkbox"/> Assistance obtaining/coordinating other public benefits <input type="checkbox"/> Other (non-TFA) supportive service approved by VA
(If assistance obtaining VA benefits) select from the following:	<input type="checkbox"/> VA vocational and rehabilitation counseling <input type="checkbox"/> Employment and training services <input type="checkbox"/> Educational assistance <input type="checkbox"/> Health care services
(If assistance obtaining/coordinating other public benefits) select from the following:	<input type="checkbox"/> Health care services <input type="checkbox"/> Daily living services <input type="checkbox"/> Personal financial planning services <input type="checkbox"/> Transportation services <input type="checkbox"/> Income support services <input type="checkbox"/> Fiduciary and representative payee services <input type="checkbox"/> Legal services – child support <input type="checkbox"/> Legal services – eviction prevention <input type="checkbox"/> Legal services – outstanding fines and penalties <input type="checkbox"/> Legal services – restore/acquire driver’s license <input type="checkbox"/> Legal services – other <input type="checkbox"/> Child care <input type="checkbox"/> Housing counseling
(If direct provision of other public benefits) select from the following:	<input type="checkbox"/> Personal financial planning services <input type="checkbox"/> Transportation services <input type="checkbox"/> Income support services <input type="checkbox"/> Fiduciary and representative payee services <input type="checkbox"/> Legal services – child support <input type="checkbox"/> Legal services – eviction prevention <input type="checkbox"/> Legal services – outstanding fines and penalties <input type="checkbox"/> Legal services – restore/acquire driver’s license <input type="checkbox"/> Legal services – other <input type="checkbox"/> Child care <input type="checkbox"/> Housing counseling
(If other [non-TFA] supportive service approved by VA) specify:	

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V3 Financial Assistance Provided	
✓ <i>Collection is required at occurrence point.</i> ✓ <i>Financial assistance will be recorded for the HoH unless a specific service is of distinct benefit only to a particular household member.</i>	
Date of financial assistance:	
Financial assistance amount:	
Financial assistance type:	<input type="checkbox"/> Rental assistance <input type="checkbox"/> Utility fee payment assistance <input type="checkbox"/> Security deposit <input type="checkbox"/> Utility deposit <input type="checkbox"/> Moving costs <input type="checkbox"/> Transportation services: token/vouchers <input type="checkbox"/> Transportation services: vehicle repair/maintenance <input type="checkbox"/> Child care <input type="checkbox"/> General housing stability assistance – emergency supplies <input type="checkbox"/> General housing stability assistance – other <input type="checkbox"/> Emergency housing assistance

V4 Percent of AMI (SSVF Eligibility)	
✓ <i>Collection is required at project start.</i>	
Household income as a % of AMI:	<input type="checkbox"/> <30% <input type="checkbox"/> 30%-50% <input type="checkbox"/> >50%

V5 Last Permanent Address	
✓ <i>Collection is required at project start.</i>	
Street Address	
City	
State	
ZIP Code	
Address Data Quality	<input type="checkbox"/> Full address reported <input type="checkbox"/> Incomplete or estimated address reported <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

V 6 VAMC Station Number	
✓ <i>Collection is required at project start.</i>	
VAMC Station Number:	_____

V7 SSVF HP Targeting Criteria	
✓ <i>Collection is required at project start.</i>	
Referred by Coordinated Entry or a homeless assistance provider to prevent the household from entering an emergency shelter or transitional housing or from staying in a place not meant for human habitation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Current housing loss expected within:	<input type="checkbox"/> 0-6 days <input type="checkbox"/> 7-13 days <input type="checkbox"/> 14-21 days <input type="checkbox"/> More than 21 days (0 points)

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Current household income is \$0:	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Annual household gross income amount:	<input type="checkbox"/> 0-14% of Area Median Income (AMI) for household size <input type="checkbox"/> 15-30% of AMI for household size <input type="checkbox"/> More than 30% of AMI for household size (0 points)
Sudden and significant decrease in cash income (employment and/or cash benefits) AND/OR unavoidable increase in non-discretionary expenses (e.g., rent or medical expenses) in the past 6 months?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Major change in household composition (e.g., death of family member, separation/divorce from adult partner, birth of new child) in the past 12 months?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Rental evictions within the past 7 years?	<input type="checkbox"/> 4 or more prior rental evictions <input type="checkbox"/> 2-3 prior rental evictions <input type="checkbox"/> 1 prior rental eviction <input type="checkbox"/> No prior rental evictions (0 points)
Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
History of literal homelessness (street/shelter/transitional housing)?	<input type="checkbox"/> 4 or more times or total of at least 12 months in past three years <input type="checkbox"/> 2-3 times in past three years <input type="checkbox"/> 1 time in past three years <input type="checkbox"/> None (0 points)
Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Registered sex offender?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
At least one dependent child under age 6?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Single parent with minor child(ren)?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Household size of 5 or more requiring at least 3 bedrooms (due to age/gender mix)?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Any Veteran in household served in Iraq or Afghanistan?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
Female Veteran?	<input type="checkbox"/> No (0 points) <input type="checkbox"/> Yes
HP applicant total points (integer):	
Grantee targeting threshold score (integer):	

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P4 Connection with SOAR	
✓ <i>Collection is required at entry, update, annual assessment and exit.</i>	
Connection with SOAR?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

R4 Last Grade Completed	
✓ <i>Collection is required at project start and project exit.</i>	
Last Grade Completed	<input type="checkbox"/> Less than grade 5 <input type="checkbox"/> Grades 5-6 <input type="checkbox"/> Grades 7-8 <input type="checkbox"/> Grades 9-11 <input type="checkbox"/> Grade 12/high school diploma <input type="checkbox"/> School program does not have grade levels <input type="checkbox"/> GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate's degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Graduate degree <input type="checkbox"/> Vocational certification <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

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