**St. Vincent de Paul - Supportive Services for Veteran Families (SSVF) Screening Tool**

Veteran’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_

Veteran’s Contact Information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**First, determine if the client served in the United State Military.**

\_\_\_\_\_ Yes \_\_\_\_\_ No (If the answer is “No”, the client is not eligible for SSVF)

**Did the Veteran serve at least one day of active duty in the military?**

\_\_\_\_\_ Yes \_\_\_\_\_ No (If the answer is “No”, the client is not eligible for SSVF)

\*\*\* Reserves or National Guard members with active duty for training purposes cannot be served by SSVF.

**Does the Veteran qualify for VA Healthcare Benefits?**

\_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Don’t Know

**Was the Veteran dishonorably discharged from the Military?**

\_\_\_\_\_ Yes (If the answer is “Yes”, the client is not eligible for SSVF assistance.) \_\_\_\_\_ No

**Where did the Veteran stay last night?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What is the Veteran’s current housing status?**

\_\_\_\_\_ Literally Homeless (street, shelter, car, transitional living, woods, place not meant for habitation)

\_\_\_\_\_ At-Imminent Risk of Homelessness (Eviction, Couch Surfing, Cannot afford Motel)

\_\_\_\_\_ Stably Housed (If stably housed, the client is not eligible for SSVF assistance)

**What is the Veteran’s monthly income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does client fall within the following AMI?** (If client’s entire household income exceeds the amount listed below, the client is not eligible for SSVF assistance)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Income Limit Categories | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
| 50% AMI (very low income limits) | $20,650 | $23,600 | $26,550 | $29,500 | $31,900 | $34,250 | $36,600 | $38,950 |

**Brief Summary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Referrer’s Name and Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Name and Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Fax Completed referrals to: 727-484-6916 Attention: John Mafodda**