Homeless Prevention Targeting Tool - Households without Children

Instructions

This tool should be used with single adults and other households, ages 25 years and above, **WITHOUT** dependent children, such as couples with no children.

This tool should be completed by the HP program during the eligibility determination process. Households who meet income and homeless status eligibility, but do not meet the targeting criteria threshold score, should be offered brief problem-solving or case management assistance as needed. Financial assistance is only provided to eligible households who pass the targeting criteria threshold score.

See <http://cohhio.org/boscoc/hp> for more information.

Screening Date Phone Number

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| --- | --- | --- |
| / / |  | ( ) |

Head of Household First Name Head of Household Last Name

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Eligibility Conditions

Instructions

Household must meet conditions for Very Low-Income Status **AND** At-Risk of Literal Homelessness detailed in next two tables.

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| Very Low-Income Status |
| Condition Met | Condition (one condition must be met) |
| * Yes
* No
 | * **HCRP-HP**Household’s gross annual household income is less than **30%** Area Median Income for household size.

Household size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_30% of Area Median Income for Household size \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Household’s Total Annual Gross Income (All Sources) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\*Area Median Income Limits are also referred to as Income Limits and can be found at this link:* [*https://www.huduser.gov/portal/datasets/il.html*](https://www.huduser.gov/portal/datasets/il.html)*\*Document income eligibility in compliance with Ohio BoSCoC HP Standards and retain in client file.* |

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| At-Risk of Literal Homelessness |
| Conditions Met | Conditions (must meet one of the conditions below) |
| * Yes
* No
 | * Imminently losing housing (all 3 of the following conditions must be met)
	+ The primary nighttime residence will be lost within 14 days of the date of application for assistance; **AND**
	+ No subsequent residence has been identified; **AND**
	+ The individual/family lacks the resources or support networks needed to obtain other permanent housing
* At-risk of homelessness (both of the following conditions must be met)
	+ Does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or to become unsheltered; **AND**
	+ Meets one of the following conditions:
		- Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance
		- Is living in the home of another because of economic hardship
		- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance
		- Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals
		- Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau
		- Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution)

\*Document eligibility in compliance with Ohio BoSCoC HP Standards and retain in client file. |

(See Next Page)

Targeting Criteria

Instructions: Assess each Criteria listed and circle the score to the left if the household meets that criteria. The Criteria apply to the entire household’s experience, unless otherwise noted. For example, if any member of the household has experienced 3 or more prior evictions, then the household can receive a score of 5 on that Targeting Criteria even if other household members have experienced fewer evictions.

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| Score (Circle all that apply) | Criteria |
| Income and Housing Affordability |
| 5 | Household current income is $0 |
| 4 | Household current income is less than 30% AMI |
| 3 | Household has experienced sudden and significant loss of income, including loss of employment and/or cash benefits AND/OR experienced an uncontrollable and significant increase in non-discretionary expenses within the past 60 days |
| Housing Instability |
| 5 | Household’s actual housing loss expected within 7 days, via court-ordered eviction or other loss of housing |
| 5 | Household currently living with friends or family, on a temporary basis |
| 5 | Household has 3 or more prior evictions within past 10 years |
| 4 | Household has 1-2 prior evictions within past 10 years |
| 3 | Household currently living in a hotel or motel not paid for by charitable organizations or by Federal, State, or local government programs |
| Homelessness History (Literal homelessness includes living in an emergency shelter or place not meant for habitation, such as the street, car, park, abandoned building.) |
| 5 | Household has 3 or more prior episodes of homelessness in past three years |
| 4 | Household has 2 prior episodes of literal homelessness in past three years |
| 3 | Household has 1 prior episode of literal homelessness in past three years |
| Household Characteristics and Vulnerabilities |
| 5 | Household has criminal record or criminal legal proceedings in process (while adult was 18 years and older) |
| 3 | Any household member is a registered sex offender |
| 3 | Head of Household is 18-24 years of age and identifies as LGBTQ |
| 2 | Head of Household is 60 years or older |
|  |
|  | **Total**43 points possible12 points = Minimum Eligibility Threshold |

HP Eligibility Determination

Instructions

If both boxes below are checked *Yes*, the Household is determined to be eligible for financial assistance.

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| --- | --- |
| **Condition Met** | **Condition** |
| * Yes
* No
 | Household meets conditions for Very Low-Income Status **AND** At-Risk of Literal Homelessness |
| * Yes
* No
 | Household Meets Targeting Criteria Minimum Eligibility Threshold |

Staff First Name Staff Last Name

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