Consolidated Homeless Grant

Targeted Prevention Eligibility Screening

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| --- | --- | --- | --- |
| **Head of Household Name:** |  | **Date:** |  |

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| **Homelessness Prevention Minimum Eligibility** |
| Household must meet both of the following criteria:   * At imminent risk of homelessness: * Loosing primary nighttime residence within 14 days * No subsequent residence identified * Lacks resources /support networks need to obtain other housing * At or below 30% AMI **OR** HEN referral **OR** TANF Enrollment |

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| --- | --- | --- | --- |
| **A. Household Income** (Check ONE that applies to the household.) | | | |
| * No Income…………………………………………………………………………………….…10 points * Income at or below 15% AMI................................................................5 points   Fill in the chart below by finding your county’s AMI [here](http://www.huduser.gov/portal/datasets/il/il15/index_il2015.html). Take the 30% (Extremely Low Income) column and divide in half to get 15%.   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Family Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | | 15% of AMI |  |  |  |  |  |  |  |  | | | SCORE (0-10): | |
| **B. Re-Housing Challenge Factors** (Check all that apply to any adult household member.) | | | |
| * Eviction history………………………………………………………………………………….3 points * 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.) | |  | |
| * Experienced homelessness[[1]](#footnote-1) in past 3 years………………………………….….10 points * Mental health issue……………………………………………………………………………5 points * Problematic substance or alcohol use………………………………………………..5 points * Disabling condition…………………………………………………………………………….5 points * Domestic Violence[[2]](#footnote-2) prior 2 years…….………………………………………………...5 points | | SCORE (0-30): | |
| **C. Eligibility Determination** | | | |
| * Approved: score of **15** points or more * Not Approved | | **TOTAL SCORE** (0-46): | |
| Staff Signature |  | Date |  |
| **Override Approval** I approve override for this household. **Justification is attached.** | | | |
| Supervisor Signature |  | Date |  |

1. Unsheltered or resided in a temporary housing program (CHG Guidelines Section 4.1.1) [↑](#footnote-ref-1)
2. People fleeing or attempting to flee domestic violence are unsheltered homeless (CHG Guidelines Section 4.1.1.1) [↑](#footnote-ref-2)