

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

Housing Eligibility Checklist

1. Does this person lack a fixed, regular and adequate nighttime residence **(Category 1)**?
  - YES: Move to next question.
  - NO: Move directly to question 5
2. Is this person's primary nighttime residence a public or private place not meant for human habitation?
  - YES: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
  - NO: Continue to next question
3. Is this person living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing and hotels/motels paid for by charitable organizations or by a federal, state or local government program)?
  - YES: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
  - NO: Continue to next question
4. Is this person exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution?
  - YES: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
  - NO: Continue to next question
5. Is this person feeling or attempting to flee domestic violence **(Category 4)**?
  - YES: Check box and move to next question.
  - NO: Check box and continue to question 8
6. Is this person who is fleeing domestic violence have no other residence?
  - YES: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
  - NO: Continue to next question.
7. Does this person, who is fleeing domestic violence, lack the resources or support networks to obtain other permanent housing?
  - YES: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
  - NO: Check box and continue to next question.

8. Will this individual imminently lose their primary residence **(Category 2)**?
- YES: Check box and move to next question.
  - NO: Check box and continue to question 12
9. Will the residence be lost within 14 days of the date of application for homeless assistance?
- YES: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
  - NO: Check box and continue to next question.
10. Does this person who is imminently losing their primary residence have another residence identified that they can move into immediately?
- YES: Check box and continue to next question
  - NO: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
11. Does this person who is imminently losing their primary residence lack the resources or support networks needed to obtain other permanent housing?
- YES: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
  - NO: Check box and continue to next question
12. Is this person an unaccompanied youth under 25 years of age, or a family with children and youth who are defined as homeless under other listed federal statutes **(Category 3)**?
- YES: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
  - NO: Check box and continue to next question
13. Is this person an unaccompanied youth under 25 years of age, or a family with children and youth who have not had a lease, ownership interest or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application?
- YES: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
  - NO: Check box and continue to next question
14. Is this person an unaccompanied youth under 25 years of age, or a family with children and youth who have experienced persistent instability as measured by two moves or more in the preceding 60 days and can continue in such status for an extended period of time due to special needs or barriers?
- YES: STOP HERE and complete VI-SPDAT, HMIS Intake form and Release of Information. Send referral to BBHC.
  - NO: STOP HERE, do not complete any additional housing screening. Client is not eligible for housing assistance.