Consolidated Homeless Grant

Targeted Prevention Eligibility Screening

|  |  |  |  |
| --- | --- | --- | --- |
| **Head of Household Name:** |  | **Date:** |  |
| **Homelessness Prevention Minimum Eligibility** |
| Household must meet both of the following criteria:* At imminent risk of homelessness:
* Losing primary nighttime residence within 14 days
* No subsequent residence identified
* Lacks resources /support networks need to obtain other housing
* At or below 30% AMI
 |
|  **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](https://www.huduser.gov/portal/datasets/il.html#2019). 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………………………………….….15 points
* Severe or life-threatening health condition…………………………………….10 points
* Disabling[[2]](#footnote-2) condition or conditions…………………………………………………….5 points
* Experienced domestic violence[[3]](#footnote-3) ………………………………………….……………5 points
* Temporarily staying with friends or family…………………………..…………..5 points
* Exited a system of care or institution within past 90 days……...………..5 points
 | SCORE (0-45): |
| **D. Eligibility Determination** |
| * Approved: score of 15points or more
* Not Approved
 | **TOTAL SCORE** (0-61):  |
| Staff Signature |  | Date |  |
| **Override Approval** I approve override for this household. **Attach justification.** |
| Supervisor Signature |  | Date |  |

1. Unsheltered or resided in a temporary housing program (CHG Guidelines Section 4.3.1) [↑](#footnote-ref-1)
2. Disability includes: a physical, developmental, mental, or emotional impairment, including impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury. A person with HIV or AIDS is considered disabled. (CHG Guidelines Section 4.9) [↑](#footnote-ref-2)
3. People fleeing or attempting to flee domestic violence are unsheltered homeless and are not required to complete the Targeted Prevention Screening. (CHG Guidelines Section 4.3.1.1) [↑](#footnote-ref-3)