## CHG 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 **OR** HEN referral | | | | | | |
| **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 [↑](#footnote-ref-1)
2. Disability includes: a physical, developmental, mental, or emotional impairment, including impairment caused by alcohol/drug abuse, post-traumatic stress disorder, or brain injury. A person with HIV/AIDS is considered disabled. [↑](#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. [↑](#footnote-ref-3)