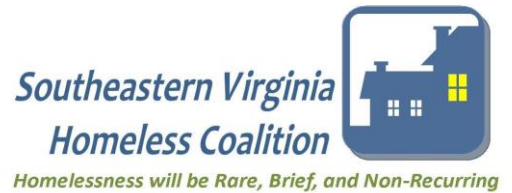


# Services Coordination Committee for Families (SCC-F) Prioritization Assessment



To ensure SVHC family providers are serving the most vulnerable homeless households first, you should be prepared to discuss the following criteria for any household you have referred for a housing intervention. ***If you are unable to provide the information in this assessment at SCC, your household may have to wait until the next agenda to be referred for an open vacancy.*** This assessment is intended to be a guide and assist in the decision-making process, but the discussion at the table and vote of the committee should always be taken into consideration.

**Client Name:** \_\_\_\_\_

**Homeless History:** Chronically Homeless? Yes or No

Please refer to the Chronic Homeless Assessment on the last page of the VI-F-SPDAT if unsure.

If not chronically homeless, number of times ***in a shelter or on the street*** in the last 3 years? Approximate length of homeless episodes?

**Housing Barriers Assessment Score:** \_\_\_\_\_

Are there any factors that would lead you to believe this score does not appropriately reflect the clients housing barriers? If yes, what are these factors (e.g. unclear if client was being truthful, circumstances that have changed since assessment, etc.)?

**VI-F-SPDAT Score:** \_\_\_\_\_

Are there any factors that would lead you to believe this score does not appropriately reflect the clients service needs or vulnerability? If yes, what are these factors (e.g. unclear if client was being truthful, circumstances that have changed since assessment, etc.)?

**Severity of Service Needs:** Are any of the following true (and verifiable through data-driven methods) for any household member. If so, provide known/verified details.

1. History of high utilization of crisis services (e.g. ER, jail, psychiatric facilities).

In the past 45 days,

- have you or anyone in the family been admitted overnight to the emergency room?
- have you or anyone in the family been arrested where you were required to spend time in a holding cell, jail or a prison?
- have you had to call a crisis hotline (e.g. Housing Crisis Hotline, DV/Coordinated Crisis Response Hotline, suicide prevention, etc.)?
- have you or anyone in the family been admitted to a psychiatric unit for a 72 hour hold?
- have you or anyone in the family been admitted for substance abuse treatment, such as detox or inpatient facilities?

2. Significant health or behavior challenges, substance use disorders, or functional impairments which require a significant level of support in order to maintain permanent housing.

- Is any family member in the household experiencing a medical issue that requires weekly appointments or will require a long recovery period?
- Does the adult in the household have a functional impairment that requires assistance with daily living and/or basic tasks like reading? If no formal diagnosis, have you observed the client cannot read, write or comprehend?
- Does the adult in the household have limited English proficiency (LEP) which impacts daily living and/or basic tasks?



**SVHC Service Coordination Committee for Families  
Barriers to Housing Stability Assessment**

**Head of Household Name:** \_\_\_\_\_ **Assessment Date:** \_\_\_\_\_

**HOMELESS HISTORY:** Circle One. Do not include this number in the final score.

Number of times the client has *slept on the street or in a shelter* in the last 3 years, including today?

1      2      3      4      5      6      7      8      9      10+

Total number of months a client has *slept on the street or in a shelter* in the last 3 years (any single day in a month counts for an entire month):

1      2      3      4      5      6      7      8      9      10      11      12      13+

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Select the score that best describes the family. If in between two numbers, pick the highest number.

**RENTAL HISTORY**

**Score** \_\_\_\_

- 0** No unlawful detainers (UDs) or evictions and/or positive rental history.
- 1** If we were to call previous landlord they would indicate lease violations or give bad rental reference (e.g. unauthorized occupants, repeated late rent, left the unit a mess, etc.)
- 2** One Eviction and/or Unlawful Detainer.
- 3** Multiple evictions and/or Unlawful Detainers over several years, an eviction within the last 12 months, recent record of property damage to rental housing.

Notes:

**CREDIT HISTORY**

**Score** \_\_\_\_

- 0** Credit history and/or public record indicates no credit and/or a positive credit history.
- 1** Credit history and/or public record indicates multiple outstanding debts and/or only medical or student loan debt.
- 2** Credit history and/or public record indicates unpaid utility bills, debts to landlord(s), money owed to public housing.
- 3** Credit history and/or public record indicates bankruptcy, active garnishments and/or multiple debts to multiple landlords or housing agencies

Notes:

**CRIMINAL HISTORY**

**Score** \_\_\_\_

- 0** No criminal history.
- 1** Criminal history indicates traffic violations or misdemeanors.
- 2** Criminal history indicates non-drug related, non-violent, non-sexual related crime(s) within the past 5 years, including criminal activity or behavioral issues of the children in the home.
- 3** Criminal history indicates violent, drug-related, or sex-related crime(s) within the past 5 years, including criminal activity or behavioral issues of the children in the home.

Notes:

**INCOME**

**Score** \_\_\_\_

- 0** Income would allow household to pay market rent and utilities.
- 1** No income or low income (e.g. TANF, Child Support, PT employment), but has the ability to increase income in order to maintain rent and utilities once housed.
- 2** Limited ability to increase income to a level that can sustain market rent and utilities (e.g. large unit needed but low earning potential) and/or household is on a fixed income (e.g. SSI or SSDI) with limited ability to increase income to sustain market rent and utilities.
- 3** No income and ability increase income or obtain mainstream benefits or employment is minimal (e.g. including undocumented clients with no Social Security Number).

**OTHER FACTORS** (Increase score by 1 point each for any of the following that apply)

- 1 Serious mental illness and/or cognitive impairment which impacts day to day functioning
- 1 Physical Disability which impacts day to day functioning
- 1 Active substance abuse which impacts day to day functioning
- 1 Family or intimate partner violence that threatens safety and can only be alleviated by an immediate housing plan and/or impacts day to day functioning

**Other Factors Subtotal:** \_\_\_\_\_

**TOTAL ASSESSMENT SCORE:** \_\_\_\_\_

**SUMMARY OF HOUSING BARRIERS AND RECOMMENDED HOUSING INTERVENTION:**

**10 or higher: Severe Barriers to Housing – Long-Term Rapid Rehousing with Progressive Engagement to Determine if Client needs Permanent Supportive Housing or Other Subsidized Housing Program**

Household has significant barriers both in obtaining and maintaining housing due to criminal history and/or disability. Prospective landlords would deny this household but for the services provided by an agency for case management and significant financial assistance. The household likely has no income and no ability to increase income within the next 6 months such that they could maintain housing costs. If available and eligible, Permanent Supportive Housing may be appropriate or the highest available (18-24 month) rapid re-housing subsidy may be needed to gain housing stability.

**6-9: Moderate/High Barriers to Housing – Medium to Long-Term Rapid Rehousing or Transitional Housing**

Household has several barriers that would make securing housing without services and financial assistance incredibly difficult. Household likely has criminal history, bad credit and low-income and would need housing location services, landlord negotiation assistance, move-in costs and 6-12 months of financial assistance.

**3-6: Minimal/Moderate Barriers to Housing – Short to Medium-Term Rapid Rehousing or Transitional Housing**

Household has minor barriers that could require staff assistance with housing location services, could have slightly unfavorable history for a prospective landlord and likely needs the assistance of additional funds to get approved for housing (e.g. double deposit and 3-6 months of financial assistance)

**0-3: No/Low barriers to housing - Move In Funds or Short-Term Rapid Rehousing**

Household should be able to independently search for and be approved for housing with little to no staff assistance, but move in costs and/or utility barrier debt may be needed. Once housed, household has little to no service needs and can manage tenancy without intervention.

**Recommended Housing Intervention:** \_\_\_\_\_

City/Region in which the household should be housed (only select one):

Norfolk      Chesapeake      Western Tidewater      Portsmouth      Virginia Beach      Peninsula

\_\_\_\_\_  
**COMPLETED BY (Name and Agency)**

\_\_\_\_\_  
**DATE**