

**HPRP HOMELESS PREVENTION ASSESSMENT WORKSHEET
Lancaster County, PA**

Participant Information			
Name		Marital Status	
SS#		Children	
SSN Data Quality		Household size	
Date of Birth		Disability of Long Duration	
Gender M/F		Highest Level of Education	
Veteran Y/N			
Employment Status			
Citizen/Green Card			
Ethnicity			
Primary Race			

HPRP Score	
	0.00
	Did Not Qualify

Median Family Income	
Household size	0
Monthly Income	\$0
Annual Income	\$0

Street	City	State, Zip

Contact info	Alternate Phone #

	Answer Y/N	Comments
Are you or anyone in the household an ex-offender?		

Both items must be checked to proceed

- I agree to meet with a case manager on a regular basis
- I agree to home visits and/or home inspections.

What is your recent traumatic life event that has lead to this crisis?
COMMENTS:

Please use table for additional household members					
First Name	Last Name	DOB	SS#	Gender	Relationship to caller

Do you have any of the following disabling condition(s) that are expected to be long-term or indefinite duration and substantially impedes your ability to live independently? Answer "Y" for applicable condition(s).

Disabling Condition	Y/N	Comments
Mental Illness		
Developmental/Retardation		
Physical/Mobility Limits		
Diagnosable Substance Abuse		
HIV/AIDS		
Other (Explain)		

In addition to the overall minimum requirements, prevention program participants must meet at least two risk factors in order to qualify for prevention assistance through the HPRP

1- Cash-Income Type - Household	Enter income from each source	Comments
What is your source of income?		
No Income		
SSI		
SSDI		
Social security retirement		
GA		
Private disability insurance		
TANF		
Veteran's disability payments		
Veteran's pension		
Pension from employment		
Alimony, child or spousal support		
Workers compensation		
Employment 1		
Employment 2		
Unemployment		
Other sources		
	\$0.00	

Max score 5		2- Cash-Income & MFI Eligibility			
Household size	The individual or household must be at or below the following percents of Median Family Income (MFI)				
Person	Household Income	15% MFI Eligibility Test <=	30% MFI Eligibility Test <=	Score	Comments
1		\$7,000.00	\$14,000.00		
2		\$8,000.00	\$16,000.00		
3		\$9,000.00	\$18,000.00		
4		\$10,000.00	\$20,000.00		
5		\$10,800.00	\$21,600.00		
6		\$11,600.00	\$23,200.00		
7		\$12,400.00	\$24,800.00		
8		\$13,200.00	\$26,400.00		
		8	6		

3- Current Living Status and Risk Level		Answer "Y" to all applicable	Score	Comments	
Max score 22	Risk Factors			<i>The level of assistance provided must be based on HPRP program overall minimum requirements.</i>	
2	Has experienced two or more moves in the past year				
2	Households with a young child (age 2 or under)				
2	Head of household is under age 24 and was in foster care at some point				
2	Current or prior eviction from public or subsidized housing (including Section 8)				
2	Experienced domestic violence in the past 30 days				
2	Single parent with at least two children and doubled up				
See Above	Median Family Income				
1	Physical or mental health disabilities, temporary or permanent, that limits you ability to earn income				
1	Severe housing cost burden (greater than 50 percent of income towards rent)			Rent \$	
1	High overcrowding				
1	Past institutional care (prison, treatment facility, hospital) within the past year				
22			0.00		Did Not Qualify

4- Non-Cash Benefits	Amount	Comments
Do you receive any other benefits?		
Food Stamps		
Child care subsidies		
TANF transportation		
TANF other funded service		
WIC		
Medicaid		
Medicare		
Veterans Medical		
SCHIP		
No Benefits	0	

5- Documents Verification	Answer Y/N	Comments	
Can you show a proof of date of birth, social security number and proof of income for all household members including yourself?			
Can you show a proof of bank statements?			
Can you show written proof of eviction notice			
Name of your bank and account balance		Bank Name	
		Account Balance \$	

6- Other Agencies	Answer Y/N	Comments
Do you receive any help from other agencies? What kind?		

I authorize the assigned case management Agency (tell client which Agency) to contact my landlord to determine eviction status and to advocate on my behalf for help with my current housing situation.

Name of Landlord: [Redacted]

Phone # of Landlord: [Redacted]

I authorize United Way LINC and/or its representatives to share basic information about my family and me. I understand that this information is for the purpose of assessing our needs for housing assistance and/or other services. The data shared may include personal identifying information (such as name, birth date, gender, race, social security number, etc., for you or other members of your household) and financial information (such as income, employment, public assistance, etc).

I understand that:

The participating agencies agree to treat my information in a professional and confidential manner.

The information will be shared electronically and I give my verbal consent for that transmission.

Completion of this assessment does not guarantee financial assistance.

Client Name: [Redacted]

Date: [Redacted]

Agency Personnel Name: [Redacted]

Date: [Redacted]