



Name of Primary Household Member: _____

Date of Birth: _____

PROJECT HOMEKEY ELIGIBILITY WORKSHEET: Individuals and Couples without Children

This individual is:

- a veteran
- a senior (over age 60)
- at risk of Covid-19 (per CDC guidelines)
- enrolled in the Whole Person Care program
- enrolled in Adventist Health Compass Program
- fleeing domestic violence
- a client of Adult Protective Services
- other: _____

Individual must meet the criteria of at least one category listed below. (Please check off appropriate category.)

<input type="checkbox"/> Category A (Homeless)	<p>Lacks a fixed, regular and adequate nighttime residence, which means:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A primary nighttime residence that is not designed for or ordinarily used as a regular sleeping accommodation for humans, including a car, park, abandoned building, bus or train station, airport or camp ground; or <input type="checkbox"/> Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and motels paid for by charitable organizations or by federal, state or local government programs for low income individuals); or <input type="checkbox"/> Exiting an institution where they resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation before entering that institution
<input type="checkbox"/> Category B (Homeless)	<p>Will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance and no subsequent residence has been identified and lacks the resources or support networks to obtain other permanent housing
<input type="checkbox"/> Category C (Homeless)	<ul style="list-style-type: none"> <input type="checkbox"/> Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place with their primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence and has no other residence and lacks the resources or support networks to obtain other permanent housing

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<p><input type="checkbox"/> Category D (At risk of homelessness)</p>	<p>Has annual income below 30% of Area Median Income (one person \$1,225/month or two people \$1,436/month), as determined by HUD, and does not have sufficient resources or support network to prevent them from becoming homeless, and meets one of the following criteria:</p> <ul style="list-style-type: none"><input type="checkbox"/> Has moved because of economic reasons two or more times during the 60 days preceding the application; or<input type="checkbox"/> Is living in the home of another because of economic hardship; or<input type="checkbox"/> Has been notified in writing that their right to occupy their current living situation will be terminated within 21 days of the date of application for assistance; or<input type="checkbox"/> Lives in a motel and the costs of the stay is not paid by charitable organizations or by federal, state or local government programs for low income individuals; or<input type="checkbox"/> Lives in a single-room occupancy unit in which there resides more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room; or<input type="checkbox"/> Is exiting a publicly funded institution or system of care (such as health care facility, mental health facility, foster care or other youth facility, or correction program or institution)
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I certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and my signature indicating their current living situation.

Authorized Agency Representative Signature: _____ Date: _____