

# MOVE IN PACKET DHHS SUBSIDY PROGRAMS

**Instructions:** Please administer these questions to **each household member** during the initial move-in meeting.

1. Household Member Name: \_\_\_\_\_

2. Move In date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

3. Grant Name: \_\_\_\_\_

4. Are you the head of household?  Yes  No

4a. If No, Name of Head of Household: \_\_\_\_\_

4b. Relationship to HOH: \_\_\_\_\_

5. Gender:  M  F

6. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Month/Day/Year)

7. Are you a Veteran?  Yes  No  NA (Adults only)

8. Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. Are you Hispanic or Latino?  Yes  No

10. Race (check all that apply):

- American Indian or Alaskan Native
- Black or African-American
- White or Caucasian

- Asian
- Native Hawaiian or Pacific Islander
- Other

11. Income & Other Assistance Sources at Move In:

<u>Income Sources:</u>	<u>Monthly Amount:</u>	<u>Other Assistance Sources:</u>
<input type="checkbox"/> No financial resources	\$ _____	<input type="checkbox"/> None
<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> Supplemental Security Disability Income (SSDI)	\$ _____	<input type="checkbox"/> Medicare
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> MaineCare
<input type="checkbox"/> Permanent <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary Employment income	\$ _____	<input type="checkbox"/> Veterans Health Care
<input type="checkbox"/> General Public Assistance (GA)	\$ _____	<input type="checkbox"/> WIC
<input type="checkbox"/> Unemployment benefits	\$ _____	<input type="checkbox"/> Other, Specify:
<input type="checkbox"/> Temporary Aid Needy Families (TANF)	\$ _____	
<input type="checkbox"/> State Supplement	\$ _____	
<input type="checkbox"/> Other, Specify: _____	\$ _____	

12. If employed, how many hours are you working per week? \_\_\_\_\_ Hours

13. Where were you living before being housed with this subsidy? (CHOOSE ONLY ONE)	How many days?
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	
<input type="checkbox"/> Foster care home or foster care group home	
<input type="checkbox"/> Hospital (non-psychiatric)	
<input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher	
<input type="checkbox"/> Jail, prison or juvenile detention facility	
<input type="checkbox"/> Owned by client, no ongoing housing subsidy	
<input type="checkbox"/> Owned by client, with ongoing housing subsidy	
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	
<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	
<input type="checkbox"/> Rental by client, no ongoing housing subsidy	
<input type="checkbox"/> Rental by client, with VASH housing subsidy	
<input type="checkbox"/> Rental by client, with other (non-VASH) ongoing housing subsidy	
<input type="checkbox"/> Safe Haven	
<input type="checkbox"/> Staying or living in a family member's room, apartment or house	
<input type="checkbox"/> Staying or living in a friend's room, apartment or house	
<input type="checkbox"/> Substance abuse treatment facility or detox center	
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	
<input type="checkbox"/> Other; Specify:	

14. What was your housing status prior to program entry? (CHOOSE ONLY ONE)
<input type="checkbox"/> <b>Literally homeless</b> Examples: <ul style="list-style-type: none"> <li>• Place not meant for habitation (e.g., a vehicle, abandoned building, bus/train/ station/airport or anywhere outside)</li> <li>• Emergency shelter, including hotel or motel paid for with emergency shelter voucher</li> <li>• A hospital or other institution, if the person was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry into the hospital or institution;</li> <li>• Fleeing a domestic violence situation.</li> </ul>
<input type="checkbox"/> <b>Imminently losing housing:</b> Are currently housed and not literally homeless, per above definition; Are imminently losing their housing, whether permanent or temporary; Have no subsequent housing options identified; and Lack the resources or support networks needed to retain current housing or obtain temporary or permanent housing. Examples: <ul style="list-style-type: none"> <li>• Being evicted from a private dwelling unit (including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations);</li> <li>• Being discharged from a hospital or other institution;</li> <li>• Living in housing that has been condemned by housing officials and is no longer considered meant for human habitation;</li> </ul>
<input type="checkbox"/> <b>Unstably housed and at-risk of losing housing:</b> Are currently housed and not literally homeless or imminently losing their housing, per above definitions; Are experiencing housing instability, but may have one or more other temporary housing options; and Lack the resources or support networks to retain or obtain permanent housing. Examples: <ul style="list-style-type: none"> <li>• Frequent moves because of economic reasons;</li> <li>• Living in the home of another because of economic hardship;</li> <li>• Being evicted from a private dwelling unit (including housing they own, rent, or live in without paying rent, are sharing with others, and rooms in hotels or motels not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations);</li> <li>• Living in a hotel or motel not paid for by Federal, State, or local government programs for low-income individuals or by charitable organizations;</li> <li>• Living in severely overcrowded housing;</li> <li>• Being discharged from a hospital or other institution; or</li> <li>• Otherwise living in housing that has characteristics associated with instability and an increased risk of homelessness.</li> </ul>
<input type="checkbox"/> <b>Stably housed:</b> In a stable housing situation and not at risk of losing this housing

**15. Where was the last apartment, room, or house you lived in for 90 days or more?**

Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**16. Have you experienced domestic or intimate partner violence?**  Yes  No

**16a. If yes, when:**

<input type="checkbox"/> Within the past three months ago	<input type="checkbox"/> Three to five months ago
<input type="checkbox"/> From six to twelve months ago	<input type="checkbox"/> More than twelve months ago
<input type="checkbox"/> Don't know	<input type="checkbox"/> Refuse to answer

**17. Are you presently attending school? (For children ages 5-17 only)**  Yes  No

**17a. If yes, Name of School/District where student is Enrolled/Seeking enrollment:**

\_\_\_\_\_

**17b. If no, Date last enrolled in school** \_\_\_\_\_  
**Month/Day/Year**

**17c. Do you have a McKinney-Vento Homeless Assistance Liaison?**  Yes  No

**Tenant's Certification:** By signing below, I certify that the information contained in this form is true and complete to the best of my knowledge and belief. Failure to furnish true, accurate, and complete information, now or in the future, will result in one or more of the following: termination from program, eviction, formal investigation, legal action. Intentionally submitting false or incomplete information, including but not limited to submitting false household income and/or composition, is a crime.

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TENANT or HOUSEHOLD MEMBER or GUARDIAN SIGNATURE

DATE

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SUBSIDY REPRESENTATIVE SIGNATURE

DATE