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| Performance Measure Form *complete one form per household* | **Member Name:** | |
| **Service** **Site**: | |
| **Household Identifier or Code Name:** | **Services Start Date (August 1st, 2020 or after):** | |
| **Are you helping this household maintain their housing?**  YES NO | | **Are you helping this household transition into housing?**  YES NO |

**Household Eligibility Documentation**

**Choose 1 of the following**. Do not attach documentation, but the documentation needs to be on-file at the service site.

* Copy of Medicaid Eligibility or Benefits Letter
* Copy of SNAP Eligibility or Benefits Letter
* Copy of SSI or SSDI
* Copy of Medicaid Eligibility or Benefits Letter
* Copy of Section 8 Housing Assistance Eligibility or Benefits Letter
* Copy of Social Security Benefits
* Copy of TANF/KTAP or Benefits Letter
* Copy of disability determination
* Copy of past due bill (at least 60 days in arrears)
* Current credit report with credit score below 620
* Income tax return or paystub that proves the client is below 200% of the poverty line
* Section 8 eligibility
* Verification of Homelessness – Site Form
* Verification of Homelessness – Homes for All Form

**General Household Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Individual - Adult or Child** | **Age or Birthdate** | **Race** self-response | leave blank if individual declines to answer | **Ethnicity** self-response | leave blank if individual declines to answer |
| ***Ex: Adult #1*** | ***Ex: 11.5.1990*** | ***Ex: White*** | ***Ex: Non-Hispanic*** |
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**Additional Household Information**

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| --- | --- | --- |
| # of Veterans in Household | # of Active Military in Household | Monthly Household Income |
| Household Type(select best fit):1 ADULT 2 ADULTS 1 PARENT 2 PARENT OTHER (describe): | | |
| Is this client receiving services because of a disaster or pandemic? (i.e. COVID-19 outbreak, tornado, flood) YES NO | | |

**Services Provided**

Check all that apply:

* New home construction
* Major repair or renovation ($25,000+)
* Minor repairs or rehab ($0-$24,999)
* Weatherization
* Intake and assessment
* Case management (housing focused and/or general)
* Housing searches
* Rent or utility assistance
* Housing placement
* Financial literacy training
* Financial literacy counseling
* Credit counseling
* Debt management or budget counseling
* Homeownership or home repair loan counseling
* Homebuyer or homeownership education

**Proof of Housing**

Once the household acquires or transitions into housing, select one of the options below to demonstrate that the household is now housed:

* Lease or Mortgage
* Certificate of Occupancy
* Signed Beneficiary Self-Report
* Signed Verification from Service Site Form

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| **Services Completion Date:** |
| Add the date that the household secured, acquired, or entered into safe, affordable, permanent housing. If the household is not housed or leaves services, you will leave this date blank. |

**Assurance of Accurate Data**

I certify that the information on this form is accurate to the best of my knowledge and that the information was provided to me by the household and/or available at the site where services were provided.   
  
SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_