VA Homelessness Screening Clinical Reminder

Screen not performed:

- Already receiving homelessness services or assistance
- Long-term resident of Nursing Home/Long-Term Care Facility
- Declines screening at this time
- Veteran/Caregiver unable to answer

1. In the past 2 months, have you been living in stable housing that you own, rent, or stay in as part of a household?
   - Yes, living in stable housing → Proceed to question 2
   - No, not living in stable housing → Proceed to question 3 POSITIVE FOR HOMELESSNESS

2. Are you worried or concerned that in the next 2 months you may NOT have stable housing that you own, rent, or stay in as part of a household?
   - Yes, worried about housing in the near future → Proceed to question 3 POSITIVE FOR RISK
   - No, not worried about housing in the near future → Reminder completed NEGATIVE

3. Where have you lived for MOST of the past 2 months?
   - Apartment/House/Room – no government subsidy
   - Apartment/House/Room – with government subsidy
   - With Friend/Family
   - Motel/Hotel
   - Hospital, Rehabilitation Center, Drug Treatment Center
   - Homeless Shelter
   - Anywhere outside (e.g., street, vehicle, abandoned building)
   - Other * __________________________________________

4. Would you like to be referred to talk more about your housing situation?
   - Patient agrees to referral
   - Patient declines referral at this time – given information for future reference

What's the best way to reach you?
How to reach: ____________________________________________