

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: _____