



CAM: SPDAT PRESCREEN- FACE SHEET

Date: _____ **HMIS#:** _____

HOH Name: _____

Phone#: _____ **Alternate #:** _____

Current Address & Shelter: _____

Date of Birth: _____ **Last 4 of SSN#:** _____

Family Size: Total _____ {Adults _____ Children _____ Minors/Under 18}

Household's Gross Monthly Income? _____ **Source(s):** _____

County	Program	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Wayne	30%AMI	13600	15550	17500	19400	21000	22550	24100	25650

Over 30% AMI ___ Yes / ___ N

FAP ASSISTANCE: ___ Yes / ___ No

Approximate DTE Energy balance: Y / N \$ _____ (DTE Account Status Letter needed)

Military Veteran? Y / N **If Yes, Character of Discharge:** _____

Missing Documents

- Valid ID (Everyone 18+)
- Social Security Cards (Everyone)
- Verification of Birth (Children)
- VOD
- Proof of Food Assistance (Within 60 Days)
- Shelter Verification (CoC Approved)
- VI-SPDAT
- Proof of Income (Within 60 Days)

Full-SPDAT Score: _____ **RRH / PSH** (Check Outcome)

RRH- HCV Pre-Application: ___ Yes / ___ No

PSH- Follow-Up (Navigation): **Appointment Date:** _____ **Time:** _____

CAM STAFF- PRINT NAME: _____



Consumer Acknowledgement

I, _____, acknowledge the following:

- The CAM is **not** responsible for ending my homelessness.
- The CAM is responsible for administering the Full SPDAT Assessment & Intake, and then making a referral to the most appropriate resource that **may** be able to assist me. Assistance is not guaranteed.
- The CAM making a referral to a housing resource does **not** guarantee that I will receive this assistance because assistance is dependent on several factors including: **Waitlists status, due to the volume of households seeking assistance, availability of funding, my homeless status changing, and/or my ability to provide required eligibility documents.**
- If I exit shelter and I am no longer literally homeless, I may no longer be eligible for homeless housing assistance.
- I participated in completing a Housing Plan, and understand that I should begin addressing these goals in an effort to help myself end my homelessness. *(Consumer should write these goals on the Consumer Guidance form)*

Consumer Signature: _____ Date: _____

PSH SCORE ONLY

- I understand the outcome from the SPDAT assessment and the recommended referral.
- A checklist of eligibility documentation my household needs has been provided to me.
- I have been provided an appointment to meet with a PSH Housing Navigator.
- I understand that meeting with a PSH Navigator is a VERY IMPORTANT next step in ending my homelessness. **IF I CAN NOT MAKE MY APPOINTMENT I WILL RESCHEDULE.**

Consumer Signature: _____ Date: _____

RRH SCORE ONLY

- I understand the outcome from the SPDAT assessment and the recommended referral.
- I am eligible to complete a HCV application today, but I will need to be able to provide the information needed to complete the application.
HCV Completed Today: YES / NO
If Yes, HOH Initial here if HCV Client Information Sheet was provided: _____
- A checklist of eligibility documentation my household needs has been provided to me.
- I understand that if I have an income, I should be saving money for my housing need.

Consumer Signature (HOH): _____ Date: _____