



Client	Name:	HMIS ID:
		ELDER STATUS
within	the Southeastern Vi	cion, a collaboration of homeless, aging, and health care providers rginia Homeless Coalition (SVHC) works to meet the housing needs eless, medically complex older adults.
	•	dults, who meet Elder Status, will have increased priority during the for housing resources.
		n the presence of all four of the following criteria:
1.	AGE: Is the client 50	years of age or older?
	☐ Yes	□ No
2.	-	ing (ADL) Deficit: Does the client have a mobility limitation requiring valker, or wheelchair?
3.	Mental Health: Doe ☐ Yes	es the client have a diagnosable mental health condition? $\Box$ No
4.	-	es the client have one or more of the following medical diagnoses: acer, Coronary Artery Disease, Diabetes, and/or Renal Failure
	☐ Yes	□ No