CES for Families
HMIS Program Enrollment

Client Name/ID:_____

Program Entry *– All clients, all fields required unless otherwise noted*

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

Program Name: _____ **Case Manager:** _____

Home Safe Referral ID: _____

1. Program Start Date	_____/_____/_____
2. Relationship to Head of Household	☐ Self (head of household) ☐ Head of household's other relation member ☐ Head of household's child ☐ Other: non-relation member ☐ Head of household's spouse or partner
Members relationship to Head of Household:	
Name:	☐ Self (head of household) ☐ Head of household's other relation member ☐ Head of household's child ☐ Other: non-relation member ☐ Head of household's spouse or partner
Name:	☐ Self (head of household) ☐ Head of household's other relation member ☐ Head of household's child ☐ Other: non-relation member ☐ Head of household's spouse or partner
Name:	☐ Self (head of household) ☐ Head of household's other relation member ☐ Head of household's child ☐ Other: non-relation member ☐ Head of household's spouse or partner
Name:	☐ Self (head of household) ☐ Head of household's other relation member ☐ Head of household's child ☐ Other: non-relation member ☐ Head of household's spouse or partner
4. Client Location (CoC)	☐ CA-600 – Los Angeles ☐ CA-607 – Pasadena ☐ CA-614 – San Luis Obispo County ☐ CA-602 – Orange County ☐ CA-611 – Ventura County ☐ CA-606 – Long Beach ☐ CA-612 – Glendale

CES Placement *– Permanent Housing and Transitional Housing only*

5. Was the client placed into this housing program through CES?	☐ No ☐ CES for Single Adults ☐ CES for Families ☐ CES for Youth
Is the participant part of the Kids First Project?	☐ No ☐ Yes

Client Name/ID:_____

Housing Move-In *– Rapid Re-housing, Permanent Housing, and Street Outreach projects only, only required for Head of Household*	
6. Has the client been moved-in to permanent housing?	☐ No ☐ Yes**
If question 6 answered "Yes" (**), the following questions are **required**:	
6a. Housing Move-In Date	_____/_____/_____
6b. Permanent Home Address	
6c. Apartment/Unit #	
6d. City	
6e. State	
6f. Zip	
6g. Monthly rent for this household (inclusive of any rental subsidies)	$_____
Is this a shared housing destination?	☐ No ☐ Yes**
If the question above, "Is this a shared housing destination?" is answered "Yes" (**), the following question is **required**:	
Does the participant share the room they sleep in?	☐ No ☐ Yes

PATH – *For adults 18 and older and/or Head of Household, all fields required unless otherwise noted, required questions are shaded; Street Outreach and Supportive Services ONLY*	
7. Has the client been engaged? Engagement means an interactive client relationship results in a deliberate client assessment.	□ No □ Yes: Engagement Date: _____/_____/_____
8. PATH status determination completed?	□ No □ Yes** Date of Determination: _____/_____/_____
If question 8 answered "Yes" (**), the following questions are **required:**	
8a. Was the client determined to be eligible for PATH funded services and enrolled in PATH?	□ No* □ Yes
If the question above is answered "No" (*), the following question is **required**:	
8b. If not eligible to be enrolled, what is the reason?	□ Client was found ineligible for PATH □ Client was not enrolled for other reason(s) □ Unable to locate client

Client Name/ID:_____

COVID-19 Response *– Does the client fall into any of the below categories?*		
Individuals who test positive for COVID-19 that do not require hospitalization, but need isolation or quarantine (including those exiting from hospitals).	□ No □ Yes**	
Individuals who have been exposed to COVID-19 (as documented by a state or local public health official, or medical health professional) that do not require hospitalization, but need isolation or quarantine.	□ No □ Yes**	
Individuals who are asymptomatic, but are at "high-risk", such as people over 65 or who have certain underlying health conditions (respiratory, compromised immunities, chronic disease), and who require Emergency NCS as a social distancing measure.	□ No □ Yes**	
If any of the questions above are answered with a "Yes" (**), the following question is **required:**		
Which category does the client fall into? Check all that apply and collect/upload supporting documentation.	□ 65 years of age or older □ Has chronic lung disease or moderate to severe asthma □ People who have serious heart conditions □ People who are immunocompromised (including cancer treatment)	□ People of any age with severe obesity (body mass index [BMI] > 40) or certain underlying medical conditions, particularly if not well controlled, such as those with diabetes, renal failure, or liver disease might also be at risk □ People who are pregnant should be monitored since they are known to be at risk with severe viral illness, however, to date data on COVID-19 has not shown increased risk

Client Name/ID:_____

Living Situation *– For adults 18 and older and/or Head of Household, all fields required unless otherwise noted*

9. What was the situation you were living in immediately prior to project entry? *(Type of residence)*	**10. How long was the client staying in that place?** *(Length of stay in prior living situation)*	**10a/b Did the client stay less than…**

Literally Homeless Situations
- ☐ Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- ☐ Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- ☐ Safe Haven
- ☐ Interim Housing

Institutional Situations
- ☐ Foster care home or foster care group home
- ☐ Hospital or other residential non-psychiatric medical facility
- ☐ Jail, prison or juvenile detention facility
- ☐ Long-term care facility or nursing home
- ☐ Psychiatric hospital or other psychiatric facility
- ☐ Substance abuse treatment facility or detox center

Transitional & Permanent Housing Situations
- ☐ Hotel or motel paid for without emergency shelter voucher
- ☐ Owned by client, no ongoing housing subsidy
- ☐ Owned by client, with ongoing housing subsidy
- ☐ Permanent housing (other than RRH) for formerly homeless persons
- ☐ Rental by client, no ongoing housing subsidy
- ☐ Rental by client, with other ongoing housing subsidy
- ☐ Rental by client, with VASH subsidy
- ☐ Rental by client, with GPD TIP subsidy
- ☐ Rental by client, with RRH or equivalent subsidy
- ☐ Rental by client, with HCV voucher (tenant or project based)
- ☐ Rental by client, in a public housing unit
- ☐ Residential project or halfway house with no homeless criteria
- ☐ Staying or living in a family member's room, apartment or house
- ☐ Staying or living in a friend's room, apartment or house
- ☐ Transitional housing for homeless persons (including homeless youth)

Other
- ☐ Client doesn't know ☐ Client refused
- ☐ Data not collected

For literally homeless situations:
- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

→ **Not Applicable**
Go to question 11

For institutional situations:
- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

For transitional & permanent housing situations:
- ☐ One night or less
- ☐ Two to six nights
- ☐ One week or more, but less than one month
- ☐ One month or more, but less than 90 days
- ☐ 90 days or more, but less than one year
- ☐ One year or longer
- ☐ Client doesn't know
- ☐ Client refused
- ☐ Data not collected

10a: 90 days:
- ☐ Yes
  Go to question 10c
- ☐ No
  Go to question 20

10b: 7 nights:
- ☐ Yes
  Go to question 10c
- ☐ No
  Go to question 20

CES for Families
HMIS Program Enrollment

Client Name/ID:_____

If the client is coming from an institution after having stayed less than 90 days or if the client is coming from a transitional, permanent, or other situation after having stayed less than 7 nights, then the following question is required:

10c. On the night before your current housing situation, did you stay on the streets, in an emergency shelter, or at a safe haven?	☐ No ☐ Yes**

If the project being entered is an emergency shelter, safe haven, or transitional housing then the following question is required:

10d. Is this your first time homeless?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

If the project being entered is an emergency shelter, safe haven, place not meant for habitation, or interim housing, or client selected "Yes" on question #10c, then the following questions are required.

11. Approximately what date did you start living on the streets, emergency shelter, or safe haven? *(Approximate date homelessness started)*	_____/_____/_____		
12. In the past three years, how many times have you returned to the streets, an emergency shelter, or a safe haven after being housed? *(Number of times on the streets, in ES, or Safe Haven in the past three years including today)*	☐ One time ☐ Two times ☐ Three times ☐ Four or more times	☐ Client doesn't know ☐ Client refused ☐ Data not collected	
12a. IN THE PAST YEAR, including this time, how many separate times have you experienced homelessness, on the street, in a vehicle or in shelters?	☐ None ☐ One time ☐ 2 to 3 times	☐ 4 or more times ☐ Client doesn't know ☐ Client refused ☐ Data not collected	
13. In those three years, what is the total number of months spent homeless on the streets, in an emergency shelter, or in a safe haven? *(Total number of months homeless on the street, in ES, or SH in the past three years)*	☐ One month (this time is the first month) ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months	☐ 7 months ☐ 8 months ☐ 9 months ☐ 10 months ☐ 11 months ☐ 12 months ☐ More than 12 months	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Does this program fall into any of the following categories? (Choose all that apply)	☐ CES for Families ☐ CES Crisis and Bridge Housing	☐ LA: Rise Pilot ☐ None

Client Name/ID:_____

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CES for Families

14. DPSS eligibility status: *(CESF & CDC Programs)*	☐ CalWorks (Prevention) ☐ WtW ☐ WtW – Family Stabilization	☐ WtW – HSP Eligible ☐ Non - WtW ☐ Non – Calworks ☐ Non – Calworks Excess Income – HSP Eligible
Is the participant eligible for Motel Cost Sharing? *(CESF Crisis Housing Voucher Program)*	☐ No ☐ Yes (Specify eligible contribution amount): $_____	
16. How were you referred to us today? *(CESF & CDC Programs)*	☐ 211 LA County ☐ Partner agency ☐ School district ☐ Crisis housing provider ☐ Self – referral ☐ DPSS ☐ DPSS prevention only referral	☐ Dependency court (**required** – court order date: _____/_____/_____) ☐ Other (specify): _____ _____
18. Did you or someone in your household experience homelessness as a child? *(CESF & CDC Programs)*	☐ No ☐ Yes	
19. Are you currently enrolled in school? *(CESF & CDC Programs)*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #19 applies to other members, then the following are **required:**		
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Client Name/ID:_____

Crisis and Bridge Housing

20. Have you entered and been released from any of the following facilities in the past two months? (Choose all that apply)	☐ Foster care home or foster care group home* ☐ Hospital of other residential psychiatric medical facility * ☐ Jail, prison, or juvenile detention facility* ☐ Long-term care facility or nursing home*	☐ Psychiatric hospital or other psychiatric facility* ☐ Substance abuse treatment facility or detox center* ☐ No, has not exited any of these facilites in the past two months ☐ Client doesn't know ☐ Client refused
If question #20 was answered as anything with a (*), then the following questions are **required**:		
20a. Which one have you most recently been released from? (Choose one)	☐ Foster care home or foster care group home* ☐ Hospital of other residential psychiatric medical facility * ☐ Jail, prison, or juvenile detention facility* ☐ Long-term care facility or nursing home*	☐ Psychiatric hospital or other psychiatric facility* ☐ Substance abuse treatment facility or detox center* ☐ No, has not exited any of these facilites in the past two months ☐ Client doesn't know ☐ Client refused
20b. Date left	_____/_____/_____	

LA: Rise

Is this client participating in the LA: Rise pilot?	☐ No	☐ Yes

DPSS Crisis Housing Order Form

☐ TAY ☐ Disabled

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Disabling Conditions and Barriers *– For adults 18 and older and/or Head of Household, all fields required unless otherwise noted*

21. Do you have a physical disability?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #21 and #21a applies to other members as "Yes" (**), then the following are **required:**		
21a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Client Name/ID:_____

Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

22. Have you ever been told you have a learning disability or developmental disability?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

If question #22 applies to other members as "Yes" (**), then the following are **required:**

Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

23. Do you have a chronic health condition? *A Chronic Health Condition is defined as a diagnosed condition that is more than 3 months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to:* ***heart disease*** *(including coronary heart disease, angina, heart attack and any other kind of heart condition or disease);* ***severe asthma****; diabetes;* ***arthritis-related conditions*** *(including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia);* ***adult onset cognitive impairments*** *(including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions);* ***severe headache/migraine****;* ***cancer****;* ***chronic bronchitis****;* ***liver condition; stroke****; or* ***emphysema****.*	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client refused ☐ Data not collected

If question #23 applies to other members as "Yes" (**), then the following questions are **required**:

23a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused

Client Name/ID:_____

		☐ Data not collected
	Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
24. Have you been diagnosed with AIDS or have you tested positive for HIV?		☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
If question #24 applies to other members as "Yes" (**), then the following are **required:**		
	Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
	Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
	Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
	Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
25. Do you feel you currently have a mental health disorder?		☐ No ☐ Client doesn't know ☐ Yes** ☐ Client refused ☐ Data not collected
If question #25 and #25a applies to other members as "Yes" (**), then the following are **required:**		
	25a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
	Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
	Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
	Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
	Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused ☐ Data not collected
26. Do you *currently* have a drug or alcohol use disorder?		☐ No ☐ Client doesn't know ☐ Alcohol* ☐ Client refused ☐ Drug* ☐ Data not collected ☐ Both*
If question #26 was answered as "Alcohol", "Drug", or "Both" (**), then the following questions are **required**. If #26 and #26a applies to other members, then it is required for all applicable members as well.		

Client Name/ID:_____

26a. Do you expect this condition to be of long–continued and indefinite duration AND substantially impair your ability to live independently?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Disability Summary

Physical disability *(Please summarize condition to the right)*	
Developmental disability *(Please summarize condition to the right*	
Chronic health condition *(Please summarize condition to the right*	
HIV/AIDS *(Please summarize condition to the right*	
Mental health condition *(Please summarize condition to the right*	
Substance abuse *(Please summarize condition to the right*	
Number of disabilities *(Please summarize condition to the right*	

Client Name/ID:_____

27. Have you been a victim of domestic violence or a victim of intimate partner violence?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If #27 was answered "Yes" (**) and #27a Is applicable to other members, the following are **required** for all applicable members**:**		
27a. If you experienced domestic or intimate partner violence, how long ago did you have this experience?	☐ Within the past three months ☐ Three to six months ago (excluding six months exactly) ☐ From six to one year ago (excluding one year exactly) ☐ One year ago or more ☐ Client doesn't know ☐ Client refused ☐ Data not collected	
Name: Write in name of household members and answer based off the answer choices above (within the past three months, 1 year ago or more, etc.)	_____	
Name: Write in name of household members and answer based off the answer choices above (within the past three months, 1 year ago or more, etc.)	_____	
27b. Are you currently fleeing?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If #27b Is applicable to other members, the following are **required** for all applicable members**:**		
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
27c. Are you experiencing homelessness because you are currently fleeing domestic violence, dating violence, sexual assault, or stalking? *(ES, SH, TH Program also)*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If #27c Is applicable to other members, the following are **required** for all applicable members**:**		
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
28. Have you ever worked or done an illegal act and someone else took some or all the money? *(ES, SH, TH Program also)*	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Client Name/ID:_____

If question #28 and #28a applies to other members as "Yes" (**), then the following are **required:**		
28a. What type of work/illegal act did you have to do?	☐ Agricultural work ☐ Panhandling ☐ Door-to-door sales ☐ Restaurant/catering work ☐ Household/childcare work ☐ Illegal goods sales (drugs, guns, etc.)	☐ Sex work ☐ Other ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name: Write in name of household members and answer based off the answer choices above (agricultural work, other, etc.)		
Name:		

Tuberculosis *– Emergency Shelters only, all fields required unless otherwise noted. All applicable members required to answer.*

29. Do you have a cough that has lasted longer than 3 weeks?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
30. Have you recently lost weight without explanation during the past month?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
31. Have you had frequent night sweats during the past month, soaking your sheets or clothing?	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused
Name:	☐ No	☐ Client doesn't know

Client Name/ID:_____

	☐ Yes ☐ Client refused
32. Have you coughed up blood in the past month?	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
33. Have you been feeling much more tired than usual over the past month?	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
34. Have you had fevers almost daily for more than one week?	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused
Name:	☐ No ☐ Client doesn't know ☐ Yes ☐ Client refused

Employment *- For adults 18 and older and/or Head of Household, all fields required unless otherwise noted*

35. Are you currently employed?	☐ No* ☐ Client doesn't know ☐ Yes** ☐ Client refused ☐ Data not collected
If question #35 was answered "No" (*) and #35a applies to other members, then the following are **required:**	
35a. Are you…. (*read options to the right)*	☐ Looking for work ☐ Not looking for work ☐ Unable to work
Name:	☐ Looking for work ☐ Not looking for work ☐ Unable to work

Name:	☐ Looking for work ☐ Unable to work	☐ Not looking for work

If question #35 was answered "Yes" (**) and #35b applies to other members, then the following are **required:**

35b. What type of employment do you have?	☐ Full-time ☐ Part-time	☐ Seasonal / sporadic (including day labor)
Name:	☐ Full-time ☐ Part-time	☐ Seasonal / sporadic (including day labor)
Name:	☐ Full-time ☐ Part-time	☐ Seasonal / sporadic (including day labor)

Cash Income for Individual *- For adults 18 and older and/or Head of Household, all fields required unless otherwise noted*

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36. Do you receive any cash income?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client refused	☐ Data not collected

If question #36 was answered as "Yes" (**) and is applicable to other members of household, then the following questions are **required** for HoH and all applicable members:

Income Source and Monthly Income: *What sources of income do you have, and how much do you get on a monthly basis?*			
☐ Earned Income (employment wages / cash)	$	☐ Temporary Assistance for Needy Families (CalWorks)	$
☐ Unemployment Insurance	$	☐ General Assistance (GA) / General Relief (GR)	$
☐ Supplemental Security Income (SSI)	$	☐ Retirement Income from Social Security	$
☐ Social Security Disability Insurance (SSDI)	$	☐ Pension or retirement income from a former job	$
☐ VA Service-Connected Disability Compensation	$	☐ Child Support	$
☐ VA Non-Service-Connected Disability Pension	$	☐ Alimony and other spousal support	$
☐ Private Disability Insurance	$	☐ Other Source (Specify:_____)	$
☐ Worker's Compensation	$		
Total Monthly Cash Income for Individual	$		

Name:	List Income Sources and how much member receives on monthly basis: 1. $_____ 2. $_____ 3. $_____
Total Monthly Cash Income	$
Name:	List Income Sources and how much member receives on monthly basis: 1. $_____

Client Name/ID:_____

	2. $_____ 3. $_____		
Total Monthly Cash Income	$		
36a. Cash Income Documentation *Do you have documents that verify income?*	☐ GR Form ☐ Pay Stub ☐ Utility Allowance ☐ Child Support Forms ☐ Social Security Forms ☐ SSI Forms	☐ CalWORKs Form ☐ Unemployment Insurance Forms ☐ W-2 Forms ☐ SSDI Form ☐ Workmans Comp ☐ Self Employment Docs	☐ Pension Letter/Stub ☐ Unemployment Forms ☐ Self Declaration ☐ Employer Printout/Letter ☐ VA Documentation ☐ Other (Specify:_____)
Name:	☐ GR Form ☐ Pay Stub ☐ Utility Allowance ☐ Child Support Forms ☐ Social Security Forms ☐ SSI Forms	☐ CalWORKs Form ☐ Unemployment Insurance Forms ☐ W-2 Forms ☐ SSDI Form ☐ Workmans Comp ☐ Self Employment Docs	☐ Pension Letter/Stub ☐ Unemployment Forms ☐ Self Declaration ☐ Employer Printout/Letter ☐ VA Documentation ☐ Other (Specify:_____)
Name:	☐ GR Form ☐ Pay Stub ☐ Utility Allowance ☐ Child Support Forms ☐ Social Security Forms ☐ SSI Forms	☐ CalWORKs Form ☐ Unemployment Insurance Forms ☐ W-2 Forms ☐ SSDI Form ☐ Workmans Comp ☐ Self Employment Docs	☐ Pension Letter/Stub ☐ Unemployment Forms ☐ Self Declaration ☐ Employer Printout/Letter ☐ VA Documentation ☐ Other (Specify:_____)

Non-Cash Benefits *- For adults 18 and older and/or Head of Household, all fields required unless otherwise noted*

37. Do you receive any non-cash benefits?	☐ No ☐ Client doesn't know ☐ Data not collected ☐ Yes** ☐ Client refused

If question #37 was answered as "Yes" (**) and applies to other members of the household, then the following question is **required** for HoH and applicable members:

Non-Cash Benefits *What non-cash benefits do you receive? (Check all that apply)*	☐ Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP) ☐ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) ☐ CalWorks child care services ☐ CalWorks transportation services ☐ Other CalWorks-funded services ☐ Other source (Specify): _____

Client Name/ID:______________________

Name:	☐ Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP) ☐ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) ☐ CalWorks child care services ☐ CalWorks transportation services ☐ Other CalWorks-funded services ☐ Other source (Specify): ________________________________
Name:	☐ Food Stamps/CalFresh (Supplemental Nutrition Assistance Program, SNAP) ☐ WIC (Special Supplemental Nutrition Program for Women, Infants, and Children) ☐ CalWorks child care services ☐ CalWorks transportation services ☐ Other CalWorks-funded services ☐ Other source (Specify): ________________________________

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.

Health Insurance *- All clients, all fields required unless otherwise noted*

38. Are you covered by any type of health insurance?	☐ No* ☐ Yes**	☐ Client doesn't know ☐ Client refused	☐ Data not collected

If question #38 was answered as "No" (*) and applies to other members of the household, then the following question is **required** for HoH and applicable members:

Reason	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Client Name/ID:_____

If question #38 was answered as "Yes" (**) and applies to other members of the household, then the following question is **required** for HoH and applicable members:

38a. Health Insurance *(Check all that apply):*	☐ Medi-Cal (MEDICAID) ☐ MEDICARE ☐ State Children's Health Insurance Program (SCHIP) ☐ VA medical services ☐ Employer-provided health insurance ☐ COBRA	☐ Private pay health insurance ☐ State Health Insurance for Adults ☐ Indian Health Services Program ☐ Other health insurance (Specify:_____)
Name: Write in answer based off answer choices above (MEDICARE, etc.)		
Name:		
Name:		
Name:		
38b. Health Insurance Provider	☐ Health Net ☐ Molina ☐ My Health LA (DHS) ☐ Anthem Blue Cross ☐ Kaiser Permanente ☐ VA	☐ L.A. Care ☐ Care 1st Health Plan ☐ SCAN Health Plan ☐ Other ☐ Unknown
Name: Write in answer for member based off answer choices above (Health Net, unknown, etc.)		
Name:		
Name:		
Name:		

Youth/TAY *– For Youth TAY or TAY/RHY Program. All members of household are required to answer if applicable and required.*

Please note: All questions shaded in dark gray are REQUIRED. All questions in light gray are SOFT REQUIRED. All questions not shaded at all (white) are not required. All questions answered with a * or ** that are followed by a follow-up questions are REQUIRED as well. Please read all parts of the document fully and thoroughly and follow the instructions. Follow this rule throughout the entire survey.'

39. Did you run away from home or a foster care home? *(TAY)*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No	☐ Client doesn't know

Client Name/ID:_____

	☐ Yes	☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

For ES/SH/TH Program or Youth TAY or TAY/RHY Program		
40. Have you ever been involved in any of the following systems? - *(For ES, SH, TH Program, TAY Youth and RHY)*		
Foster Care	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Number of years in foster care:	☐ Less than one year ☐ 1 to 2 years	☐ 3 to 5 or more years
Number of months in foster care:	☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months	☐ 7 months ☐ 8 months ☐ 9 months ☐ 10 months ☐ 11 months
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Amount of time sent in foster care:	Number of years: _____ Number of months: _____	
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Amount of time sent in foster care:	Number of years: _____ Number of months: _____	
Juvenile Justice System	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Number of years in juvenile justice system:	☐ Less than one year ☐ 1 to 2 years	☐ 3 to 5 or more years

Client Name/ID:_____

Number of months in juvenile justice system:	☐ 1 month ☐ 2 months ☐ 3 months ☐ 4 months ☐ 5 months ☐ 6 months	☐ 7 months ☐ 8 months ☐ 9 months ☐ 10 months ☐ 11 months
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Amount of time sent in juvenile justice system:	Number of years: _____ Number of months: _____	
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Amount of time sent in juvenile justice system:	Number of years: _____ Number of months: _____	
Mandated stay in inpatient or outpatient mental health treatment facility	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Jail	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Prison	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Adult Probation	☐ No	☐ Client doesn't know

	☐ Yes	☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Parole	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected

43. Which of the following best represents how you think about yourself? *(For ES, SH, TH Program, TAY Youth and RHY)*	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Questioning/Unsure ☐ Other sexual orientation (specify:__________________)	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Questioning/Unsure ☐ Other sexual orientation (specify:__________________)	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Questioning/Unsure ☐ Other sexual orientation (specify:__________________)	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Questioning/Unsure ☐ Other sexual orientation (specify:__________________)	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Heterosexual ☐ Gay ☐ Lesbian ☐ Bisexual	☐ Questioning/Unsure ☐ Other sexual orientation (specify:__________________)	☐ Client doesn't know ☐ Client refused ☐ Data not collected

Health and Education *– All clients aged 16 and older; all fields required unless otherwise noted. Required for all household members*

44. Are you pregnant?	☐ No ☐ Yes**	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #44 was answered as "Yes" (**) and applies to other members of the household, then the following question is **required** for all applicable members (16 and older):		
44a. What is your due date (HoH)?	________/________/________	

Client Name/ID:_____

Name (Member):	_____/_____/_____
Name (Member):	_____/_____/_____

45. General Health *(RHY or VASH Program or HoH/Adult aged 18 or older)*	☐ Excellent ☐ Very good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name: Write in name and general health condition based off answer choices above (excellent, fair, etc.)		
Name:		
Name:		
Name:		
72. Dental Health Status *(RHY or VASH Program or HoH/Adult aged 18 or older)*	☐ Excellent ☐ Very good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name: Write in name and dental health status based off answer choices above (excellent, fair, etc.)		
Name:		
Name:		
Name:		
73. Mental Health Status *(RHY or HoH/Adult aged 18 or older)*	☐ Excellent ☐ Very good ☐ Good ☐ Fair	☐ Poor ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name: Write in name and mental health status based off answer choices above (excellent, fair, etc.)		
Name:		
Name:		
Name:		
46. What is the highest education level that you have completed? *(RHY, SSVF, ILP or VASH Program or HoH/Adult aged 18 or older)*	☐ Less than grade 5 ☐ Grades 5-6 ☐ Grades 7-8 ☐ Grades 9-11 ☐ Grade 12 ☐ School program does not have grade levels ☐ GED	☐ Associates degree ☐ Bachelor's degree ☐ Graduate degree ☐ Vocational certification ☐ Client doesn't know ☐ Client refused ☐ Data not collected

Client Name/ID:_____

	☐ Some college	
Name: Write in highest education level completed for the members based off answer choices above (grades 5-6, some college, etc.)		
Name:		
Name:		
Name:		
74. What is your current school status? *(RHY or ILP Program or HoH/Adult aged 18 or older)*	☐ Attending school regularly ☐ Attending school irregularly ☐ Graduated from high school ☐ Dropped out ☐ Suspended	☐ Expelled ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name: Write in current school status for household members based off answer choices above (attending school regularly, suspended, etc.)		
Name:		
Name:		
Name:		
74a. What is your current educational program type?	☐ Highschool/GED ☐ Vocational program ☐ Certificate/license program ☐ Community college	☐ 4- year college/university ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name: Write in current educational program type for household members based off answer choices above (highschool, etc.)		
Name:		
Name:		
Name:		

SOAR Connection

75. Is the client connected with SOAR? *(PATH, SSVF, or HoH/Adult aged 18 or older)*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ No	☐ Client doesn't know

Client Name/ID:_____

	☐ Yes	☐ Client refused ☐ Data not collected

Living in or out of Los Angeles County **-** *SSVF, VASH, or HoH/Adult aged 18 or older*

47. Last permanent address		
Street Address		
City		
State		
Zip		
Address Quality	☐ Full address reported ☐ Incomplete or estimated address reported	☐ Client doesn't know ☐ Client refused ☐ Data not collected
47a. Have you ever live outside of LA County? *(ES, SH, or TH Program)*	☐ No ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
47b. How long has it been since you moved or moved back to LA County?	Day(s): _____ Week(s): _____ Month(s): _____ Year(s): _____	
47c. Before the last time you lost your housing, where were you living?	☐ Los Angeles County ☐ Other county in Southern California (Kern, Imperial, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, or Ventura) ☐ Other county in California ☐ Out of state ☐ Outside of the United States ☐ Client doesn't know ☐ Client refused ☐ Data not collected	

RHY *– All RHY projects only EXCEPT for Street Outreach, all fields required unless otherwise noted*

76. Referral Source	☐ Self-Referral ☐ Individual: Parent/Guardian/Relative/Friend/Foster Parent/Other Individual ☐ Outreach Project* ☐ Temporary Shelter ☐ Residential Project ☐ Hotline ☐ Child Welfare/CPS ☐ Juvenile Justice	☐ Law Enforcement/Police ☐ Mental Hospital ☐ School ☐ Other Organization ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #76 was answered as "Outreach Project" (*), then the following question is **required**:		

76a. Number of times approached by outreach prior to entering the project	_____

Family Critical Issues

77. Which of these critical issues affects one of your family members?	☐ Unemployment ☐ Mental Health Disorder ☐ Physical Disability	☐ Alcohol or Substance Use Disorder ☐ Insufficient Income to Support Youth ☐ Incarcerated Parent of Youth

RHY BCP *– RHY Basic Center Projects only, all fields required unless otherwise noted*

78. Has the youth's BCP status been determined?	☐ No ☐ Yes** **78a.** Date of Determination: _____/_____/_____
If question #78 was answered as "Yes" (**), then the following question is **required**:	
78b. Is the youth eligible for RHY services?	☐ No* ☐ Yes**
If question #78b was answered as "No" (*), then the following question is **required**:	
78c. Reason why services are not funded by BCP grant	☐ Out of age range ☐ Ward of the state – immediate reunification ☐ Ward of the criminal justice system – immediate reunification ☐ Other
If question #78b was answered as "Yes" (**), then the following question is **required**:	
78d. Is the youth a runaway?	☐ No ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

HOPWA *– Medical Assistance; required if answered "yes" to #24*

84. Receiving public HIV/AIDS medical assistance?	☐ No* ☐ Yes	☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #84 was answered as "No" (*), then the following question is **required** for all applicable household members:		
84a. Reason	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client	☐ Client doesn't know ☐ Client refused ☐ Data not collected
85. Receiving AIDS Drug Assistance Program (ADAP)?	☐ No* ☐ Yes	☐ Client doesn't know ☐ Client refused

	☐ Data not collected
If question #85 and was answered as "No" (*), then the following question is **required** for all applicable household members:	
85a. Reason	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused ☐ Data not collected
Name:	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused ☐ Data not collected
86. Has the participant been prescribed anti-retroviral drugs?	☐ No* ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected

87. Receiving Ryan White-funded Medical or Dental Assistance?	☐ No* ☐ Yes ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #87 was answered as "No" (*), then the following question is **required** for all applicable household members:	
87a. Reason	☐ Applied; decision pending ☐ Applied; client not eligible ☐ Client did not apply ☐ Insurance type N/A for this client ☐ Client doesn't know ☐ Client refused ☐ Data not collected

HOPWA *– T-cell (CD4) and Viral load; required if answered "yes" to #24*

86. T-cell (CD4) count available?	☐ No ☐ Yes** ☐ Client doesn't know ☐ Client refused ☐ Data not collected
If question #86 was answered as "Yes" (**), then the following question is **required** for all applicable household members:	
86a. T-cell count	
Name:	
Name:	
86b. How was the data obtained?	☐ Medical report ☐ Client report ☐ Other
Name:	☐ Medical report ☐ Client report ☐ Other
Name:	☐ Medical report ☐ Client report ☐ Other
87. Viral load available?	☐ Not available ☐ Client doesn't know

Client Name/ID:_____

	☐ Available**	☐ Client refused
	☐ Undetectable**	☐ Data not collected
If question #87 was answered as "Available" or "Undetectable" (**), then the following question is **required** for all household members:		
87a. Viral load		
Name:		
Name:		
87b. How was the data obtained?	☐ Not available	☐ Client doesn't know
	☐ Available**	☐ Client refused
	☐ Undetectable**	☐ Data not collected
Name:	☐ Not available	☐ Client doesn't know
	☐ Available**	☐ Client refused
	☐ Undetectable**	☐ Data not collected
Name:	☐ Not available	☐ Client doesn't know
	☐ Available**	☐ Client refused
	☐ Undetectable**	☐ Data not collected

CES for Families
HMIS Program Enrollment

Client Name/ID:_____

Department of Veterans Affairs

REQUEST FOR AND AUTHORIZATION TO RELEASE HEALTH INFORMATION

PRIVACY ACT INFORMATION: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if the information including the last four of your Social Security Number (SSN) and Date of Birth (used to locate records for release) is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition treatment, payment, enrollment or eligibility on signing the authorization. VA may disclose the information that you put on the form as permitted by law. VHA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10P2 "Patient Medical Record – VA" and in accordance with the VHA Notice of Privacy Practices. VA may also use this information to identify Veterans and persons claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS *(Name and Address of VA Health Care Facility)*

VA Greater Los Angeles Healthcare System
11301 Wilshire Blvd. Los Angeles CA 90073
VA Long Beach Healthcare System
5901 East 7th Street Long Beach, CA 90822

LAST NAME- FIRST NAME- MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

VETERAN'S REQUEST

I request and authorize Department of Veterans Affairs to release the information specified below to the organization, or individual named on this request. I understand that the information to be released includes information regarding the following condition(s):

DRUG ABUSE — SICKLE CELL ANEMIA

ALCOHOLISM OR ALCOHOL ABUSE — HUMAN IMMUNODEFICIENCY VIRUS *(HIV)*

DESCRIPTION OF INFORMATION REQUESTED

Check applicable box(es) and state the extent or nature of information to be provided:

- ☐ HEALTH SUMMARY *(Prior 2 Years)*
- ☐ INPATIENT DISCHARGE SUMMARY *(Dates)*: _____
- ☐ PROGRESS NOTES:
  - ☐ SPECIFIC CLINICS *(Name & Date Range)*: _____
  - ☐ SPECIFIC PROVIDERS *(Name & Date Range)*: _____
  - ☐ DATE RANGE: _____
- ☐ OPERATIVE/CLINICAL PROCEDURES *(Name & Date)*: _____
- ☐ LAB RESULTS:
  - ☐ SPECIFIC TESTS *(Name & Date)*: _____
  - ☐ DATE RANGE: _____
- ☐ RADIOLOGY REPORTS *(Name & Date)*: _____
- ☐ LIST OF ACTIVE MEDICATIONS _____
- ☒ OTHER *(Describe)*: Homelessness history, VA Healthcare eligibility, other required information needed to assist Veteran with finding housing

PURPOSE(S) OR NEED

Information is to be used by the individual for:

☐ TREATMENT ☐ BENEFITS ☐ LEGAL ☒ OTHER *(Specify below)*

Homeless services and housing care coordination

VA FORM DEC 2017 **10-5345**

Client Name/ID:_____

LAST NAME- FIRST NAME- MIDDLE INITIAL	LAST 4 SSN	DATE OF BIRTH

AUTHORIZATION

I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.

I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.

EXPIRATION

Without my express revocation, the authorization will automatically expire.

UPON SATISFACTION OF THE NEED FOR DISCLOSURE

ON _____ *(enter a future date other than date signed by patient)*

UNDER THE FOLLOWING CONDITION(S):

PATIENT SIGNATURE *(Sign in ink)*	DATE *(mm/dd/yyyy)*
LEGAL REPRESENTATIVE SIGNATURE (*if applicable) (Sign in ink*)	DATE *(mm/dd/yyyy)*

PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT

FOR VA USE ONLY

TYPE AND EXTENT OF MATERIAL RELEASED

DATE RELEASED	RELEASED BY:

VA FORM 10-5345, DEC 2017

Client Name/ID:_____

Veteran Information (SSVF/VASH) *– SSVF, VASH, or HoH/Adult aged 18 or older*

48. What is the AMI percentage for the Household's Income?		
☐ Less than 30%	☐ 30% to 50%	☐ Greater than 50%

49. VAMC Station Number			
☐ (402) Togus, ME	☐ (544) Columbia, SC	☐ (612) N. California, CA	☐ (664) San Diego, CA
☐ (405) White River Junction, VT	☐ (546) Miami, FL	☐ (613) Martinsburg, WV	☐ (666) Sheridan, WY
☐ (436) Montana HCS	☐ (548) West Palm Beach, FL	☐ (614) Memphis, TN	☐ (667) Shreveport, LA
☐ (437) Fargo, ND	☐ (549) Dallas, TX	☐ (618) Minneapolis, MN	☐ (668) Spokane, WA
☐ (438) Sioux Falls, SD	☐ (550) Danville, IL	☐ (619) Central Alabama Veterans HCS, AL	☐ (671) San Antonio,TX
☐ (442) Cheyenne, WY	☐ (552) Dayton, OH	☐ (620) VA Hudson Vally HCS, NY	☐ (672) San Juan, PR
☐ (459) Honolulu, HI	☐ (553) Detroit, MI	☐ (621) Mountain Home, TNN	☐ (673) Tampa, FL
☐ (460) Wilmington, DE	☐ (554) Denver, CO	☐ (623) Muskogee, OK	☐ (674) Temple, TX
☐ (463) Anchorage, AK	☐ (556) Captain James A Lovell FHCC	☐ (626) Middle Tennessee HCS, TN	☐ (675) Orlando, FL
☐ (501) New Mexico HCS	☐ (557) Dublin, GA	☐ (629) New Orleans, LA	☐ (676) Tomah, WI
☐ (502) Alexandria, LA	☐ (558) Durham, NC	☐ (630) New York Harbor HCS, NY	☐ (678) Southern Arizona HCS
☐ (503) Altoona, PA	☐ (561) New Jersey HCS, NJ	☐ (631) VA Central Western Massachusetts HCS	☐ (679) Tuscaloosa, AL
☐ (504) Amarillo, TX	☐ (562) Erie, PA	☐ (632) Northport, NY	☐ (687) Walla Walla, Wa
☐ (506) Ann Arbor, MI	☐ (564) Fayetteville, AR	☐ (635) Oklahoma City, OK	☐ (688) Washington, DC
☐ (508) Atlanta, GA	☐ (565) Fayetteville, NC	☐ (636) Nebraska-W Iowa, NE	☐ (689) VA Conneticut HCS, CT
☐ (509) Augusta, GA	☐ (568) Black Hills HCS, SD	☐ (637) Asheville, NC	☐ (691) Greater Los Angeles HCS
☐ (512) Baltimore HCS, MD	☐ (570) Fresno, CA	☐ (640) Palo Alto, CA	☐ (692) White City, OR
☐ (515) Battle Creek, MI	☐ (573) Gainesville, FL	☐ (642) Philadelphia, PA	☐ (693) Wilkes-Barre, PA
☐ (516) Bay Pines, FL	☐ (575) Grand Junction, CO	☐ (644) Phoenix, AZ	☐ (695) Milwaukee, WI
☐ (517) Beckley, WV	☐ (578) Hines, IL	☐ (646) Pittsburgh, PA	☐ (740) VA Texas Vally Coastal Bend HCS
☐ (518) Bedford, MA	☐ (580) Houston, TX	☐ (648) Portland, OR	☐ (756) El Paso, TX
☐ (519) Big Spring, TX	☐ (581) Huntington, WV	☐ (649) Northern Arizona HCS	☐ (757) Columbus, OH
☐ (520) Gulf Coast HCS, MS	☐ (583) Indianapolis, IN	☐ (650) Providence, RI	☐ (459GE) Guam
☐ (521) Birmingham, AL	☐ (585) Iron Mountain, MI	☐ (652) Richmond, VA	☐ (528A5) Canadaigua, NY
☐ (523) VA Boston HCS, MA	☐ (586) Jackson, MS	☐ (653) Roseburgg, OR	☐ (528A6) Bath, NY
☐ (526) Bronx, NY	☐ (589) Kansas City, MO	☐ (654) Reno, NV	☐ (528A7) Syracuse, NY
☐ (528) Western New York, NY	☐ (590) Hampton, VA	☐ (655) Saginaw, MI	☐ (528A8) Albany, NY
☐ (529) Butler, PA	☐ (593) Las Vegas, NV	☐ (656) St. Cloud, MN	☐ (589A4) Comlumbia, MO
☐ (531) Boise, ID	☐ (585) Lebanon, PA	☐ (657) St. Louis, MO	☐ (589A5) Kansas City, MO
☐ (534) Charleston, SC	☐ (596) Lexington, KY	☐ (658) Salem, VA	☐ (589A6) Eastern KS HCS, KS
☐ (537) Jesse Brown VAMC (Chicago), IL	☐ (598) Little Rock, AR	☐ (659) Salisbury, NC	☐ (589A7) Wichita, KS
☐ (538) Chillicothe, OH	☐ (600) Long Beach, CA	☐ (660) Salt Lake City, UT	☐ (636A6) Central Iowa, IA
☐ (539) Cincinnati, OH	☐ (603) Louisville, KY	☐ (662) San Francisco, CA	☐ (636A8) Iowa City, IA
☐ (540) Clarksburg, WV	☐ (605) Loma Linda, CA	☐ (663) VA Puget Sound, Wa	☐ (657A4) Poplar Bluff, MO
☐ (541) Cleveland, OH	☐ (607) Madison, WA		☐ (657A5) Marion, IL
☐ (542) Coatesville, PA	☐ (608) Manchester, NH		
	☐ (610) Northern Indiana HCS, IN		

Client Name/ID:_____

SSVF HP Targeting Criteria *– SSVF Homelessness Prevention projects only, required for Head of Household*

54. Current housing loss expected within:

☐ 0-6 days ☐ 14-21 days
☐ 7-13 days ☐ More than 21 days (0 points)

60. Currently at risk of losing a tenant-based housing subsidy or housing in a subsidized building or unit

☐ No (0 points) ☐ Yes

62. Head of household with disabling condition (physical health, mental health, substance use) that directly affects ability to secure/maintain housing

☐ No (0 points) ☐ Yes

63. Criminal record for arson, drug dealing or manufacture, or felony offense against persons or property

☐ No (0 points) ☐ Yes

Is Homelessness Prevention targeting screeners required?

☐ No ☐ Yes

Client is a current leaseholder?

☐ No ☐ Yes

Has head of household (HoH) ever been a leaseholder?

☐ No ☐ Yes

Incarcerated as adult (adults in household)

☐ Not incarcerated ☐ Incarcerated once ☐ Incarcerated two or more times

Discharged from jail or prison within last six months after incarceration of 90 days or more (adults)?

☐ No ☐ Yes

Currently pregnant? (any household member)

☐ No ☐ Yes

Single parent household with minor child(ren)?

☐ No ☐ Yes

Household includes one or more young children (age six or under) or a child who requires significant care?

☐ No ☐ Youngest child is under 1 year old
☐ Youngest child is 1 to 6 years old and/or one or more children (any age) require significant care.

Current/recent resident in area prioritized by the CoC?

☐ No ☐ Yes

Client Name/ID:_____

Current household income?
☐ $0 (i.e., not employed, not receiving cash benefits, no other current income)
☐ 1-14% of Area Median Income (AMI) for household size
☐ 15-30% of AMI for household size
☐ More than 30% of AMI for household size

History of Literal Homelessness (Street/Shelter/Transitional Housing)	
☐ Most recent episode occurred within the last year	☐ Most recent episode occurred more than one year ago
☐ None	

Rental Evictions within the past 7 years?		
☐ No prior rental evictions	☐ prior rental evictions	☐ 2 or more prior rental evictions

Registered sex offender (all household members)	
☐ No	☐ Yes

70. HP applicant total points	**71.** Grantee targeting threshold score