



Intake Form

Agency Referring _____

Help Requested: Homeless Prevention

Person Referring _____

Rapid Re-House

Phone _____

Head of Household

Last Name _____ First _____ M.I. _____ Sex _____

Social Security # _____ Date of Birth _____ Age _____

Current Address/Location _____ Zip _____

Zip of Last Permanent Address: _____

Re-House Address/Location _____ Zip _____

If in Shelter / Program – List Name _____ City _____

Home Phone _____ Cell _____ Work _____ Contact # _____

Marital Status _____ Pregnant No Yes # of months _____ DV No Yes When _____

Education:

- 0-8 years
- 9-12 (non HS grad)
- HS Grad/GED
- 12+
- College graduate
- Junior College
- College (non grad)
- Voc/Tech (completed)
- Graduate Degree

Ethnicity:

- Hispanic/Latino Origin

Race:

- African American/Black
- Caucasian
- Native Hawaiian/Pacific Islander
- Asian
- American Indian/AK Native
- African American & White
- American Indian/AK/White
- Asian & White
- American Indian/AK/Black
- Other Multi Racial

Veteran No Yes Length of Active Duty _____ Months Has DD214 No Yes

Served in war zone No Yes Name of war zone _____

Branch of Military _____ Registered at County Veterans Office No Yes

CW5 Completed No Yes When _____

Notes:

CalWIN Case # _____

Case # _____

Health Issues:

✓ if Barrier

Do you have a history of any physical health issues?
If yes, what are they?

Yes No

Do you have any **physical health** concerns right now?
If yes, what are they?

Yes No

Are you currently on any medications?
If yes, please list:

Yes No

Do you have prescriptions you have not filled?
If yes, for what:

Yes No

Have you ever been diagnosed with a **mental health** condition?
If yes, explain diagnosis.

Yes No

Have you ever been hospitalized for a mental health related issue?
If yes, when and where?

Yes No

Have you ever used **drugs or alcohol**?
If yes, which ones?

Yes No

Estimated time since last use? _____

Have you ever been in treatment for drug or alcohol use? When? _____

Yes No

Have you ever been the victim of **domestic violence or family violence**?
If yes, please indicate types and dates:

Yes No

Is there anyone in your current household that would have answered "yes" to the above family violence questions?
If yes, please explain:

Yes No

Children: (To be completed for households with children only)

N/A

if Barrier

How many minor children live in your household? _____

Do you have school aged children not enrolled in school?

Yes No

School Name _____ City _____

Do you have children under 6 years old?

Yes No

Is affordable childcare a concern for you?

Yes No

Do any of your children have developmental or learning concerns?
If yes, please explain:

Yes No

Rental History:

Has your household been evicted in the last 5 years?

Yes No

When was the last time you rented a place in your own name? _____

Dates _____

Credit History:

Do you have an unpaid dept balance?
If so, what is it? \$ _____

Yes No

How would you rate your credit history?

Good Fair Poor Don't Know

Do you have unpaid rent or utility bills?
If yes, please describe:

Yes No

Arrest History:

Have you ever been arrested?
If yes, type of arrest and dates:

Yes No

What was the outcome of your case?

Are you currently on probation or parole?
If yes, please explain:

Yes No

Education / Employment:

Are you lacking a high school diploma or GED?

Highest grade completed? _____

Yes No

✓ if Barrier

Are you currently unemployed?

Yes No

Disabled

When was the last time you were employed?

Approximate date _____ Number of hours _____

Occupation _____

N/A

Do you need a valid drivers license?

Yes No

Do you need help with transportation?

What's needed? _____

Yes No

Total number of potential barriers

Other Notes:

Members in Household

Case Name _____

Head of Household

Has ID Paperwork

First Name		Birth Certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Last Name		Driver's License	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
DOB	Sex	State ID	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
SS#		Social Security card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Relationship to HH		Legal Perm. Resident Card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain

Others in Household

First Name		Birth Certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Last Name		Driver's License	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
DOB	Sex	State ID	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
SS#		Social Security card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Relationship to HH		Legal Perm. Resident Card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain

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Residence prior to Program Entry *(All adults and unaccompanied youth)*

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Owned by client, no housing subsidy
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Owned by client, with housing subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Hospital (non-psychiatric)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Staying or living in a family member's room, apartment or house	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Staying or living in a friend's room, apartment or house	<input type="checkbox"/> Jail, prison, or juvenile detention facility
<input type="checkbox"/> Rental by client, no housing subsidy	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy	<input type="checkbox"/> Other: (Describe)
<input type="checkbox"/> Rental by client, with VASH housing subsidy	<input type="checkbox"/> Client does not know
	<input type="checkbox"/> Client refused to provide

Length of stay in previous place *(All adults and unaccompanied youth)*

<input type="checkbox"/> 1 week or less	<input type="checkbox"/> Client does not know
<input type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> 1 to 3 months	
<input type="checkbox"/> More than 3 months but less than 1 year	
<input type="checkbox"/> 1 year or longer	

Zip code of LAST permanent address and type *(All adults and unaccompanied youth)*

Zip code <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						<input type="checkbox"/> Full or partial zip code reported
	<input type="checkbox"/> Client does not know					
<input type="checkbox"/> Client refused to provide						

Housing status *(All clients)*

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> Housed and at-risk of losing housing	
<input type="checkbox"/> Stably housed	

Non-Cash benefits *(All clients)*

Did you receive any non-cash benefits over the last 30 days?

<input type="checkbox"/> No	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused to provide

(If yes) Which of the following non-cash benefits have you received over the last 30 days?

Receives non-cash benefit?

Pending/Referral

No	Yes	Date Applied	Date Referred	Notes
<input type="checkbox"/>	<input type="checkbox"/> Food stamps or money for food on a benefits card			
<input type="checkbox"/>	<input type="checkbox"/> MEDI-CAL health insurance program			
<input type="checkbox"/>	<input type="checkbox"/> MEDICARE health insurance program			
<input type="checkbox"/>	<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)			
<input type="checkbox"/>	<input type="checkbox"/> WIC (Nutrition for Women, Infants, and Children)			
<input type="checkbox"/>	<input type="checkbox"/> Veteran's Administration (VA) Medical Services			
<input type="checkbox"/>	<input type="checkbox"/> TANF child care services			
<input type="checkbox"/>	<input type="checkbox"/> TANF transportation services			
<input type="checkbox"/>	<input type="checkbox"/> Other TANF-Funded Services			
<input type="checkbox"/>	<input type="checkbox"/> Section 8, Public Housing, or other rental assistance			
<input type="checkbox"/>	<input type="checkbox"/> Other source:			

Employment

Are you currently employed? Yes No *(If yes, ask the following questions):*

How many hours did you work last week? _____ hours

Was this Permanent Part-time Temporary Seasonal ?

Current employer Name _____ Position _____

Address _____

How long have you worked there? _____ Approximate Start Date _____

Previous employment (type and duration) _____

If client reports that he/she is not working, ask the following):

Are you currently looking for work? Yes No

Are you currently unable to work? Yes No

Why? _____

Notes:

Income

List income from any source over the last 30 days.

Source of Income (Monthly Amounts)	Head of Household Amount
<input type="checkbox"/> Earned Income	\$
<input type="checkbox"/> Unemployment Insurance Benefits (UIB)	\$
What round? _____ Balance in pool? \$ _____ Weekly amount? \$ _____	
<input type="checkbox"/> Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> State Disability Insurance (SDI)	\$
<input type="checkbox"/> Social Security Retirement	\$
<input type="checkbox"/> Food Stamps (CalFresh) < \$ >	
<input type="checkbox"/> Worker's Compensation	\$
<input type="checkbox"/> CalWORKs / TANF	\$
<input type="checkbox"/> General Relief (GR)	\$
<input type="checkbox"/> Veteran's Pension	\$
<input type="checkbox"/> Veteran's Disability Payment	\$
<input type="checkbox"/> Pension from a former job	\$
<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> Alimony or other Spousal Support	\$
<input type="checkbox"/> Other source – what?	\$
<input type="checkbox"/> No financial resources	
Gross Monthly Income	\$
Gross Annual Income	\$
Net Monthly Income \$	

Notes:

Monthly Expenses

Expense	Amount	Notes
Rent	\$	
Gas Company	\$	
Electric	\$	
Water / Trasn	\$	
Food	\$	
Phone	\$	
Cable / Internet	\$	
Child Support	\$	
Child Care	\$	
Car Payments	\$	
Car Insurance	\$	
Gas / Bus pass	\$	
Fees / Fines	\$	
Credit Cards	\$	
Storage	\$	
Laundry / Diapers	\$	
Medicine	\$	
Incidentals, Sports, Entertainment	\$	
Other	\$	
Total Monthly Expenses	\$	

Credit

What type of credit history do you have?

Good Fair Bad No Credit History Don't Know

Credit Score: _____

Date last Checked: _____

Balance per Credit Report:

\$

Unpaid Debts:

Assets (\$3,000 limit)

Do you have a bank account? Yes No

Checking \$ _____ (Approx. balance this date) Savings \$ _____ (Approx. balance this date) Other \$ _____ (Approx. balance this date)

Do you have any assets (car, property, CD, IRA)? Yes No

Details: _____

Notes:

Combined Household Monthly Income \$ _____
Combined Household Monthly Expenses \$ _____
Balance \$ _____

Annual Income \$ _____

Total Persons in Household

Special Circumstances

Need for Funds & Housing Stability Plan

Why does household need this help? _____

How will they maintain housing stability? _____

Request for Payment

Head of household _____

City of residency _____ City of employment _____

Number in household _____

Charge to: Co. HPRP ESG County ESG Oxnard

Annual Income \$ _____

Type: HP RRH

AMI for Household size: 30% \$ _____ 50% \$ _____

Funds Requested:

Rental arrears \$ _____
Move-in deposit \$ _____
1st month rent \$ _____
2nd month rent \$ _____
Past due utility \$ _____
Utility deposit \$ _____
Storage / moving \$ _____
Total funds needed \$ _____
Client portion \$ _____

Amount requested \$ _____

<input type="checkbox"/> Not Approved
<input type="checkbox"/> Approved for \$ _____
By _____ Signature
Date _____
Special Request
<input type="checkbox"/> Not Approved
<input type="checkbox"/> Approved for \$ _____
By _____ Signature
Date _____

Check payable to _____ Amount \$ _____

Address _____ City _____ Zip _____

Tax ID or SS # of business / landlord _____ Phone _____

Account number _____

Check payable to _____ Amount \$ _____

Address _____ City _____ Zip _____

Tax ID or SS # of business / landlord _____ Phone _____

Account number _____

Check payable to _____ Amount \$ _____

Address _____ City _____ Zip _____

Tax ID or SS # of business / landlord _____ Phone _____

Account number _____

By signing below, I certify that the applicant meets all program eligibility criteria.

Case Manager Signature _____

Date _____