

HOUSING RESOURCE CENTER – BASIC ELIGIBILITY FORM

Basic Eligibility: To be completed by 211 or by HRC if client was not referred by 211

Fill out this form ONLY for HEAD OF HOUSEHOLD seeking services

Screening Date: ___ / ___ / _____ (Use for backdate mode)

Staff: _____

ServicePoint ID#: _____

 **HRC ONLY – Complete the ROI (Release of Information) Form**

What is your first name, middle, and last name, and suffix?

First: _____ Middle: _____ Last: _____ Suffix: _____

What is your social security number? _____ - _____ - _____
 Full SSN reported Partial SSN Reported Don't know or don't have SSN Refused

Data Entry Note:

Enter the answers in this form on the ***HPRP BASIC ELIGIBILITY*** assessment screen in ServicePoint. **BE SURE TO USE BACKDATE MODE** if you are not entering data the same day as the Screening Date.

HPRP – BASIC ELIGIBILITY Assessment

Referral Source: 211 Walk In

What is your date of birth? ___ / ___ / _____ (mm / dd / yyyy)

Full DOB reported Approximate or Partial DOB Reported Don't Know Refused

Current Address... (SUB-ASSESSMENT)

What is your current STREET Address: _____

APT #: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER (with Area Code): (____) _____ - _____

What is your gender?

Female Male Transgender Male to Female Transgender Female to Male
 Other Don't Know Refused

Are you Hispanic or Latino? (Ethnicity)

Non-Hispanic/Non-Latino Hispanic/Latino Don't Know Refused

What is your race?

American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander
 White Don't Know Refused

And your additional race (if applicable)?

American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander
 White Don't Know Refused

Have you ever served on active duty in the Armed Forces of the United States? (Military Veteran)

No Yes Don't Know Refused

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Do you have a physical, mental, emotional or developmental disability, HIV/AIDS, or a diagnosable substance abuse problem? (*Must also be of long duration and substantially limit your ability to work or live on your own.*)

- No Yes Don't Know Refused

Do you or anyone in your household receive MediCAL? No Yes

Do you or anyone in your household receive MediCAL-sponsored specialty mental health services in Alameda County?

- No Yes

What is the zip code of the apartment, room, or house of your last permanent address where you lived for 90 days or more? _____

- Full or partial zip code recorded Don't know Refused

What is the City and State of your last permanent housing where you lived for 90 days or more?

- | | | |
|----------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Newark | <input type="checkbox"/> Other Bay Area County: Contra Costa |
| <input type="checkbox"/> Albany | <input type="checkbox"/> Oakland | <input type="checkbox"/> Other Bay Area County: Marin |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Piedmont | <input type="checkbox"/> Other Bay Area County: San Francisco |
| <input type="checkbox"/> Castro Valley | <input type="checkbox"/> Pleasanton | <input type="checkbox"/> Other Bay Area County: San Mateo |
| <input type="checkbox"/> Dublin | <input type="checkbox"/> San Leandro | <input type="checkbox"/> Other Bay Area County: Santa Clara |
| <input type="checkbox"/> Emeryville | <input type="checkbox"/> San Lorenzo | <input type="checkbox"/> Other California County |
| <input type="checkbox"/> Fremont | <input type="checkbox"/> Sunol | <input type="checkbox"/> Other State |
| <input type="checkbox"/> Hayward | <input type="checkbox"/> Union City | <input type="checkbox"/> Other Country |
| <input type="checkbox"/> Livermore | <input type="checkbox"/> Other unincorporated Alameda County | |

Where did you stay last night?

- | | | | |
|----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Emergency shelter
<i>(including a hotel or motel paid for <u>with</u> emergency shelter voucher)</i> | <input type="checkbox"/> Place not meant for habitation
<i>(e.g., <u>the streets, a vehicle, an abandoned building, bus/train/ subway station/ airport or anywhere outside)</u></i> | <input type="checkbox"/> Transitional housing for homeless persons
<i>(including homeless youth)</i> | <input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher |
| <input type="checkbox"/> Staying or living in a <u>friend's</u> room, apartment, or house | <input type="checkbox"/> Staying or living in a <u>family member's</u> room, apartment, or house | <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Hospital (<i>non-psychiatric</i>) | <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> <u>RENTAL</u> by client, no ongoing housing subsidy | <input type="checkbox"/> Permanent housing for formerly homeless persons
<i>(such as SHP, S+C, or SRO Mod Rehab)</i> | <input type="checkbox"/> Rental by client, with VASH housing subsidy | <input type="checkbox"/> Rental by client, with other (NON-VASH) ongoing housing subsidy |
| <input type="checkbox"/> Owned by client WITH ongoing housing subsidy | <input type="checkbox"/> <u>OWNED</u> by client, no ongoing housing subsidy | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Other Specify: _____ | | | |

How long have you stayed at that place where you stayed at last night?

- | | | | |
|---------------------------------------------|----------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> One week or less | <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> One to three months | <input type="checkbox"/> More than three months, but less than one year |
| <input type="checkbox"/> One year or longer | <input type="checkbox"/> Don't Know | <input type="checkbox"/> Refused | |

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If where you stayed last night was in jail, substance abuse treatment, hospital, psychiatric facility, or a foster care setting, were you in a shelter or on the streets prior to going to one of these sites?

No Yes * Don't Know Refused

Are you escaping a domestic violence situation?

No Yes * Don't Know Refused

Which of the following best describes your living situation? (*pick one*)

- | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> I am in a shelter, transitional housing, or in a place not meant for habitation (outside, vehicle, streets, etc) * | <input type="checkbox"/> I am being discharged from a hospital or other institution (jail, psychiatric facility, substance abuse treatment center, foster care home or group home) | <input type="checkbox"/> I am in a serious conflict situation with the people I live with that impacts my ability to remain housed |
| <input type="checkbox"/> I am being evicted from a private dwelling unit (including housing provided by family or friends) | <input type="checkbox"/> I am living in housing that has been condemned by housing officials and is no longer considered meant for human habitation | <input type="checkbox"/> I have a severe cost burden in housing I am renting (my household spends more than 50% of income for housing costs) |
| <input type="checkbox"/> I am living in rental housing that is in foreclosure | <input type="checkbox"/> I am living in a hotel or motel using my own resources to stay there | <input type="checkbox"/> I am living in a stable housing situation and not at risk of losing this housing at this time |
| <input type="checkbox"/> There are other conditions negatively impacting my ability to remain housed | | |

Specify: _____

Are you being evicted, discharged or otherwise notified that you are imminently losing this housing?

No Yes

*** If any * response was marked above, Housing Status is Literally Homeless.**

Have you identified other appropriate housing options (affordable to you and available as needed)?

No Yes Don't Know Refused

Does your household have the financial resources and support networks needed to retain permanent housing or to obtain temporary or permanent housing?

No Yes Don't Know Refused

Answers to both questions above must be "No" to be eligible for referral. If the answer to "living situation" is that the person is "living in stable housing situation..." or yes to either of the two questions above, s/he is ineligible for referral to an HRC; go to Page 4.

Are you living doubled up with relatives or friends?

No Yes Don't Know Refused

Are you being evicted from public or assisted housing (such as Section 8, Shelter + Care, subsidized housing, etc.)?

No Yes Don't Know Refused

Do any of these factors (*listed below*) apply to your household?

None One identified Two identified Refused

Note: Read aloud each item only until two personal/household factors have been identified

- Extremely low income (less than 15% AMI)
- Sudden and significant loss of income (*lost employment or benefits within past 90 days*)
- Young head of household (*under 25 with children or pregnant*)
- Recent traumatic life event, such as death of a spouse or primary care provider or recent health crisis that prevented the household from meeting its financial responsibilities
- Significant amount of medical debt (*more than \$5000*)
- Credit problems that preclude obtaining housing (*denied housing in past 2 yrs due to credit*)
- Homeless in last 12 months
- Current or past involvement with child welfare (*including involvement with Child Protective Services or adult household member previously in foster care*)
- Past institutional care (*more than 30 days in prison, treatment facility, hospital*)
- Physical disabilities and other chronic health issues, including HIV/AIDS
- Mental health and/or substance abuse issues (*that significantly impact your ability to work or live on your own*)

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How many people are in the household that you are here seeking housing services for? _____

(Ask gross household income) Calculate and mark this household's income eligibility.

No income 1-15% AMI 16-30% AMI 31-50% AMI 51% or more AMI

STAFF USE ONLY: Based on previous questions, mark the appropriate responses.

What is this person's current housing status?

Literally homeless Imminently losing their housing Unstably housed and at risk of losing their housing
 Stably housed Don't Know Refused

In order to qualify for services, a household must be at or below 50% of the Area Median Income (AMI), must NOT have a "Stably housed" Housing Status, AND meet one of the following five program target requirements.

PROGRAM TARGET REQUIREMENTS (from Housing Status and questions on Page 3)

- Literally Homeless, or
- Being evicted from public or assisted housing AND Imminently Losing Housing, or
- Living doubled up with relatives or friends AND Imminently Losing Housing or Unstably Housed and At Risk of Losing Housing, or
- Imminently Losing Housing and has one identified personal/household risk factors, or
- Unstably Housed and At Risk of Losing Housing and has two identified personal/household risk factors

NOTE: This program can NOT assist homeowners to pay the mortgage for their home.

Disposition of this person?

Ineligible – didn't meet income requirement Ineligible – "Stably Housed" Housing Status Ineligible – didn't meet program target requirements
 Eligible and Referred Eligible but appropriate HRC not taking clients
 Eligible but not referred for other reasons (Specify): _____
 Other (Specify): _____



If not eligible and not referred to an HRC, STOP here and fill in program name below.

Not eligible for Referral - Program Name: HRC _____ Walk-in Screening

If "eligible" FOR REFERRAL, proceed to the HRC Site Assignment. Remind applicant to bring documentation of income and housing situation to the meeting at the HRC for verification.

If eligible for referral, which HRC was client referred to?

Berkeley / N. County Mid County South County East County
 Oakland-Downtown Oakland - Eastmont Oakland – Transition BHCS Age Youth

Proceed with Housing Situation and Financial Assistance Assessment at HRC.