

# HOUSING INTAKE PACKET



## PATIENT INFORMATION

Date of visit:

Location of visit:

Last Name/Suffix	First name	Middle Name	Date of Birth	Birth Sex
Address			City	ZIP Code
Phone Number:		Email:	OK to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EMERGENCY CONTACT

Name	Relationship	Phone Number
------	--------------	--------------

## ADDITIONAL INFORMATION

What are you looking for?  Rental Assistance  Long-Term Permanent Housing  Emergency Shelter

Insurance  No Insurance  Medi-Cal #: \_\_\_\_\_  Medicare #: \_\_\_\_\_

Does patient receive SSI or SSDI?  Yes; \_\_\_\_\_  No

How did you hear about us?	<input type="checkbox"/> Family/Friend	<input type="checkbox"/> Lender	<input type="checkbox"/> Realtor	<input type="checkbox"/> KCS Staff
	<input type="checkbox"/> Walk-In	<input type="checkbox"/> Other (Specify): _____		

Language  English  Korean  Spanish  Other: \_\_\_\_\_

## HOUSING COUNSELING AND NAVIGATION

Step 1: Client's counseling needs and financial goal(s):

- Emergency Housing
- Rental Counseling
  - Energy Assistance  Rental Assistance  Landlord-Tenant Issue  Other: \_\_\_\_\_
- Credit Counseling
  - Credit Dispute  Debt Settlement  Credit Building

Step 2: Document checklist

Does client have all the necessary documents? (Must have for pre-screening)

- Proof of income: Pay Stubs (1 month), Profit & Loss Statement (Qtr), or Social Security Income Statement
- Verification of Disability (if applicable)
- Verification of Chronic Homelessness (if applicable)
- Rental/Lease Agreement
- Personal Income Tax Returns – 1040 (Last 2 years)
- Bank Statement (2 months)
- Utility Bill- Electric, Gas, Water, Trash
- Other Bills- Credit Card(s)

**ADDITIONAL INFORMATION**

<b>Race</b>	<input type="checkbox"/> African American/Black	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Caucasian/White			
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian	<input type="checkbox"/> More than one race	<input type="checkbox"/> Declined		
<b>Ethnicity</b>	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino	<input type="checkbox"/> Other	<input type="checkbox"/> Unknown	<input type="checkbox"/> Declined	
<b>Gender Identity</b>	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender Female	<input type="checkbox"/> Transgender Male		
	<input type="checkbox"/> Gender Queer	<input type="checkbox"/> Other	<input type="checkbox"/> Declined			
<b>Sexual Orientation</b>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Heterosexual/Straight	<input type="checkbox"/> Homosexual/Lesbian, Gay			
	<input type="checkbox"/> Bisexual	<input type="checkbox"/> Other	<input type="checkbox"/> Declined			
<b>Preferred Pronoun</b>	<input type="checkbox"/> Unknown	<input type="checkbox"/> Declined	<input type="checkbox"/> She, Her, Hers	<input type="checkbox"/> He, His, Him	<input type="checkbox"/> They, Them, Theirs	<input type="checkbox"/> Other
<b>Marital Status</b>	<input type="checkbox"/> Divorced	<input type="checkbox"/> Single	<input type="checkbox"/> Widowed	<input type="checkbox"/> Married		
	<input type="checkbox"/> Domestic Partner	<input type="checkbox"/> Separated	<input type="checkbox"/> Unknown			

**BUDGET WORKSHEET**

Category	Description	Current	Adjusted	Amount Saved
<b>Income</b>				
Household-Gross	Employment Income 1	\$		
	Social Security/Disability	\$		
	Pension/Retirement	\$		
	Child Support	\$		
	Benefit or Others	\$		
	<b>Total Gross Income</b>	\$		
	<b>Total Net Income</b>	\$		
<b>Expenses</b>				
Housing	Mortgage or Rent	\$		
	Property Tax and Insurance, if not included	\$		
	Maintenance (average)	\$		
	Association Dues	\$		
	<b>Sub-total:</b>	\$		
Transportation	Vehicle Payment	\$		
	Gas/Fuel	\$		
	Auto Insurance	\$		
	Auto Maintenance/Repairs	\$		
	<b>Sub-total:</b>	\$		
Utilities	Electric	\$		
	Natural Gas	\$		
	Water	\$		
	Trash	\$		
	Internet/Cable	\$		
	Mobile/Home Phone	\$		
	<b>Sub-total:</b>	\$		
Food	Groceries	\$		
	Dining Out	\$		
	Lunch	\$		
	<b>Sub-total:</b>	\$		
Loans	Credit Card Payments	\$		
	Student Loans	\$		
	Personal/Travel Loans	\$		
	<b>Sub-total:</b>	\$		
Personal	Clothing	\$		
	Children's Clothing	\$		
	Hair Cut	\$		
	Health/Gym	\$		
	Dry Cleaning	\$		
	<b>Sub-total:</b>	\$		
Children	Childcare	\$		
	Extracurricular Activities	\$		
	Tuition	\$		

	School Supplies	\$		
	<b>Sub-total:</b>	\$		
Miscellaneous	Child Support	\$		
	Donation/Tithe	\$		
	Gifts	\$		
	Entertainment (movies, music, etc.)	\$		
	Insurance (life, medical, etc.)	\$		
	<b>Sub-total:</b>	\$		
	<b>Total Monthly Expense:</b>	\$		
	<b>Total Net Income- Total Expense:</b>	\$		

**KCS USE ONLY**

CalAIM (check one from below)

- Housing Transition Navigation  
 Housing Deposits  
 Housing Tenancy and Sustaining Services

Please complete budget sheet next

Counselor Name:

Prior Authorization Date:

# FORM 1A: TENANT SCREENING TOOL

<b>Check all that apply</b>	<input type="checkbox"/> Disabled	<input type="checkbox"/> Single Head of Household	<input type="checkbox"/> First Time Home Buyer	<input type="checkbox"/> Senior
	<input type="checkbox"/> U.S. Veteran	<input type="checkbox"/> Owned Home in the Last 3 Years	<input type="checkbox"/> Homeless	
	<input type="checkbox"/> Pregnant (how many months) _____			
	<input type="checkbox"/> Chronic Health Condition	<input type="checkbox"/> Substance Use Disorder	<input type="checkbox"/> Mental Illness	

## HOUSEHOLD INFORMATION

# of Persons in household (include Head of Household): \_\_\_\_\_

Name	Relation	Date of Birth
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Are there any individuals with disabilities or special needs in the household?  Yes  No

If yes, please provide details:

Do you or any household members have any health conditions or disabilities that require special accommodations?

Yes  No

If yes, please provide details:

Are you or any household members receiving any ongoing medical treatment or services?  Yes  No

If yes, please provide details:

## HOUSEHOLD INCOME

**Type of Employment** Client:  Self Employed  W-2 Wage Earner  Unemployed

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

Are you currently looking for work?  No  Yes

Are you currently unable to work?  No  Yes

**Frequency & Pay**

Weekly \$ \_\_\_\_\_

Bi-Weekly \$ \_\_\_\_\_

Semi-monthly (15<sup>th</sup> & 30<sup>th</sup>) \$ \_\_\_\_\_  Monthly \$ \_\_\_\_\_

Monthly Gross Income \$ \_\_\_\_\_

Monthly Net Income \$ \_\_\_\_\_

**Type of Employment of Spouse or Household member:**

Self Employed  W-2 Wage Earner  Unemployed

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

Are you currently looking for work?  No  Yes

Are you currently unable to work?  No  Yes

**Frequency & Pay**

Weekly \$ \_\_\_\_\_

Bi-Weekly \$ \_\_\_\_\_

Semi-monthly (15<sup>th</sup> & 30<sup>th</sup>) \$ \_\_\_\_\_  Monthly \$ \_\_\_\_\_

Monthly Gross Income \$ \_\_\_\_\_

Monthly Net Income \$ \_\_\_\_\_

Monthly Household Income Gross: \$ \_\_\_\_\_

Monthly Household Net Income \$ \_\_\_\_\_

**RENTAL HISTORY**


---

 Current Landlord/Property Manager Name
 

---

Current Rent Amount	Reason For Leaving (if applicable)
---------------------	------------------------------------

---

 Previous Landlord/Property Manager Name
 

---

Previous Rent Amount	Reason For Leaving (if applicable)
----------------------	------------------------------------

---

**HOMELESSNESS HISTORY**


---

 Have you experienced homelessness in the past?  Yes  No
 

---

 If yes, please provide details, including the duration of homelessness and any programs or services you accessed during that time:
 

---

**RENTAL ASSISTANCE**


---

 Do you have a rental assistance voucher?  Yes  No
 

---

 Are you seeking rental assistance?  Yes  No
 

---

 If yes, please provide details on the type of assistance you are looking for and any specific requirements or programs you are aware of:
 

---



---

 Have you ever been evicted from a rental property?  Yes  No
 

---

 If yes, please provide details:
 

---



---

 Have you ever been convicted of a crime?  Yes  No
 

---

 If yes, please provide details:
 

---

**SUPPORTING DOCUMENTATION**


---

 Photo ID (Driver's License, Passport, etc.):
 

---

 Proof of Income (Pay Stubs, Benefits Letter, etc.):
 

---

 Any additional documents or notes relevant to the application:
 

---

# FORM 1B: HOUSING ASSESSMENT TOOL

Last PCP Visit Date \_\_\_\_\_

Are you able to live independently?  Yes  No Do you have a housing voucher?  Yes  No

What kind of voucher do you have?  Section 8  Project-Based

## HOUSING STATUS

<input type="checkbox"/> Living with family, friend or host family	<input type="checkbox"/> Foster Home	<input type="checkbox"/> Jail, prison, or juvenile detention facility
<input type="checkbox"/> Room, house, apartment you rent	<input type="checkbox"/> Apartment or House you own	<input type="checkbox"/> Independently living alone
<input type="checkbox"/> Subsidized housing	<input type="checkbox"/> Hotel or motel paid for without emergency shelter	
<input type="checkbox"/> Homeless shelter, if yes list the number of homeless shelters client has lived in the last six months and list the names		
<input type="checkbox"/> Human trafficking shelter	<input type="checkbox"/> Domestic violence shelter	
<input type="checkbox"/> Street/not meant for human habitation	<input type="checkbox"/> Other:	

## I NEED ASSISTANCE WITH

<input type="checkbox"/> Taking bath/shower	<input type="checkbox"/> Going up/down stairs	<input type="checkbox"/> Eating	<input type="checkbox"/> Transportation
<input type="checkbox"/> Brushing teeth	<input type="checkbox"/> Making/cooking meals	<input type="checkbox"/> Getting out of bed/chair	
<input type="checkbox"/> Walking	<input type="checkbox"/> Washing dishes/clothes	<input type="checkbox"/> Other	

## DEBT INFORMATION

What type of credit history do you have?  Good  Bad  No Credit History  Don't Know

Assets: Do you have a bank account?  No  Yes

Checking \$ \_\_\_\_\_  Savings \$ \_\_\_\_\_  Other \$ \_\_\_\_\_

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

Details:

## ORGIN OF DEBT

<input type="checkbox"/> Landlord \$ _____	<input type="checkbox"/> Gas Company \$ _____	<input type="checkbox"/> Electric \$ _____
<input type="checkbox"/> Telephone \$ _____	<input type="checkbox"/> Child Support \$ _____	<input type="checkbox"/> IRS \$ _____
<input type="checkbox"/> Car (Loan/Ticket) \$ _____	<input type="checkbox"/> Student Loans \$ _____	<input type="checkbox"/> Credit Cards \$ _____
<input type="checkbox"/> Storage \$ _____	<input type="checkbox"/> Other \$ _____	
<b>Total \$ _____</b>		

## I CURRENTLY POSSESS

**Social Security Card**  No  Yes  Needs to be Obtained

**Birth Certificate**  No  Yes  Needs to be Obtained

**State ID**  No  Yes  Needs to be Obtained

**Green Card/Work Permit**  No  Yes  Needs to be Obtained

**KCS USE ONLY****Please check all that apply:**

- Member requires assistance in obtaining required documentation to secure housing, including benefits advocacy.
- Member requires assistance in searching for housing and securing housing, including completion of applications, and required documentation as well as resources to cover moving costs.
- Member would benefit from landlord education, engagement, and communication on Members behalf.
- Member needs assistance with requests for reasonable and necessary accommodations for accessibility.
- Member would benefit from assistance in securing available resources to assist with subsidizing rent resources.

**Barriers to Housing****Review the list of barriers with the client and use this information to guide the rest of the discussion.**

- No rental history
- Eviction(s) \_\_\_
- Large family (3+ children)
- Single parent household
- Head of household under 18
- Sporadic employment history
- No high school diploma/GED
- Insufficient/no income
- Insufficient savings
- No or poor credit history
- Debts
- Repeated or chronic homelessness
- Recent history of substance abuse or actively using drugs or alcohol
- Recent criminal history
- Adult or child with mild to severe behavioral problems
- History of abuse and/or battery but abuser not in the unit
- Recent or current abuse and/or battering (client fleeing abuser)

**Next Steps: Develop a housing support crisis plan using the information collected during this assessment that includes prevention and early intervention services when housing is jeopardized.**



**FORM 1C: INDIVIDUALIZED HOUSING SUPPORT PLAN**

Client Name		Date of Service (must have 3 encounters within 30 days)	
Case Manager	Client Date of Birth	Date of Plan Creation	
Approved Authorization Number		Medi-Cal # CIN (9 digits/letter)	
Phone Number		Preferred Language	

**SELECT ONE**

<input type="checkbox"/> Housing Navigation	<input type="checkbox"/> Housing Tenancy
<input type="checkbox"/> Housing Deposits Remaining Balance (if applicable) \$_____	

**HOUSING ASSESSMENT**

<b>Reasons for housing instability (check appropriate box)</b>	<input type="checkbox"/> Job loss, reduced income, expense shock	<input type="checkbox"/> Rent affordability	<input type="checkbox"/> Eviction
	<input type="checkbox"/> Repair needs/maintenance	<input type="checkbox"/> Landlord harassment/discrimination	
	<input type="checkbox"/> Reasonable accommodation	<input type="checkbox"/> Illegal lockout	
	<input type="checkbox"/> Rental/increase/rental overcharge	<input type="checkbox"/> Relocation/moving out	

Goals	Strategies/Steps to achieve goals	Target Date	Dated Achieved	Person Responsible (Client/ Staff)

**FINANCIAL ASSESSMENT**

Total monthly income \$_____	Sources of income (list all) _____
Has a budget plan been created? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, then date: _____ If no, then develop a budget plan.
When was credit last checked? _____	
<ul style="list-style-type: none"> <li>Request and review credit report. Work with case manager to contact creditors and develop payment plans for delinquent bills. (Obtain letters from creditors varying payment plans.)</li> <li>Annualcreditreport.com -&gt; official site to get free annual credit report every 12 months from each credit reporting company. This is a right guaranteed by federal law. Please be careful of lookalike websites.</li> </ul>	

**FOLLOW UP ITEMS NEEDED** (Examples could be lease/mortgage award letters, bills, payments):**REFERRALS SUCH AS:**

- Food Assistance
- Clothing Assistance
- Debt management/budget counseling
- Rental assistance
- Utility/energy assistance
- Maintenance or repairs
- Legal Assistance
- Other

# HIPAA AUTHORIZATION/RELEASE FORM

It is my understanding that Congress passed a law entitled the Health Insurance Portability and Accountability Act ("HIPAA") that limits disclosure of my protected medical information. This authorization is being signed because it is crucial that my medical providers readily give my protected medical information to the persons designated in this authorization in order to allow me the advantage of being able to discuss and obtain advice from my family and/or friends. Therefore, pursuant to 45 CFR 164.501(a)(1)(iv) a covered entity (being a health care provider as defined by HIPAA) is permitted to disclose protected health information pursuant to and in compliance with this valid authorization under 45 CFR Sec. 164.508.

I, \_\_\_\_\_ (**your name**), hereby authorize all covered entities as defined in HIPAA, including but not limited to a doctor, (i.e. physician, podiatrist, chiropractor, or osteopath,) psychiatrist, psychologist, dentist, therapist, nurse, hospitals, clinics, pharmacy, laboratory, ambulance service, assisted living facility, residential care facility, bed and board facility, nursing home, medical insurance company or any other health care provider or affiliate, to disclose the following information:

All health care information, reports and/or records concerning my medical history, condition, diagnosis, testing, prognosis, treatment, billing information and identity of health care providers, whether past, present or future and any other information which is in any way related to my healthcare. Additionally, this disclosure shall include the ability to ask questions and discuss this protected medical information with the person or entity who has possession of the protected medical information even if I am fully competent to ask questions and discuss this matter at the time. It is my intention to give a full authorization to ANY protected medical information to the persons named in this authorization.

- I authorize the release of information including the diagnosis, records, examination rendered to me and claims information. This information may be released to:

Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship
Name	Relationship

- Information is not to be released to anyone.

**COMPLETE THE FOLLOWING BY INDICATING THOSE ITEMS THAT YOU WANT DISCLOSED.**

- ALL HEALTH INFORMATION     Patient Allergies     Diagnostic Test Reports     Other
- History/Physical Exam     Operation Reports     EKG/Cardiology Reports     Mental Health Records
- Past/Present Medications     Consultation Reports     Pathology Reports     Substance Abuse Records
- Lab Results     Progress Notes     Billing Information     Radiology Reports& Images
- Physician's orders     Discharge Summary     HIV/AIDS Test Results/Treatment

This authorization shall terminate on the first to occur of: (1) two years following my death or (2) upon my written revocation received by the covered entity. A copy or facsimile of this original authorization shall be accepted as though it were an original document. I hereby release any covered entity that acts in reliance on this authorization from any liability that may accrue from releasing my protected medical information and for any actions taken by my authorized persons.

**Patient Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# KCS AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize and direct any federal, state, or local agency, organization, business, or individual to release to Korean Community Services, Inc. (DBA: KCS) any information or materials needed to complete and verify my application for housing assistance and/or to maintain my continued occupancy of housing furnished by or through KCS' Housing Navigation Program.

I understand and agree that this authorization or the information obtained with its use may be given to and used by KCS in administering and enforcing program rules and policies.

I understand that, depending on program policies and requirements, previous or current information regarding me or my household may be requested, this includes but is not limited to:

- |                             |                                |                              |
|-----------------------------|--------------------------------|------------------------------|
| Identity and Marital Status | Residences and Rental Activity | Income                       |
| Medical Allowances          | Child Care Allowances          | Credit and Criminal Activity |

I understand that this authorization cannot be used to obtain any information about me that is not pertinent to my eligibility and continued participation in a housing assistance program.

The groups or individuals that may be asked to release the above information (depending on program requirements) include but are not limited to:

- |                               |                                |                                |
|-------------------------------|--------------------------------|--------------------------------|
| Previous Landlords            | Veterans Administration        | Social Security Administration |
| Retirement/Pension            | FSSA                           | Department of Child Services   |
| Utility Companies             | Public Housing Agencies        | Law Enforcement Agencies       |
| Schools and Colleges          | Credit Bureaus and Providers   | Employers                      |
| Support and Alimony Providers | Financial Institutions (Banks) | Medical Providers              |
| Child Care Providers          | Courts                         | CA EDD                         |

I understand and agree that KCS may conduct computer matching programs to verify the information supplies for my application or recertification.

If a computer match is done, I understand that I have a right to exchange such information with other federal, state, or local agencies, including but not limited to State Employment Security agencies; Department of Defense; Office of Personnel Management; U.S. Postal Service; Social Security Administration; State Welfare agencies; Food Stamp (SNAP) agencies; Family and Social Services Administration (FSSA); and Department of Child Services.

I agree that a photocopy of this authorization may be used for the purposes listed above. This authorization will stay in effect for as long as I remain an applicant/participant/resident in any housing program administered by KCS.

I understand refusal to sign this or any required consent form may result in the denial of assistance or the termination of assisted housing benefits. I acknowledge, agree and understand that by typing my name in any section constitutes and will be treated as my signature.

	NAME:	SIGNATURES:	DATE:
Head of Household:	_____	_____	_____
Adult Member:	_____	_____	_____
Adult Member:	_____	_____	_____
Adult Member:	_____	_____	_____