

DPSS-HFSS PARTICIPANT ELIGIBILITY REQUEST FORM

- New Request
 Re-Clearance

To be completed by FSC Staff

CalWORKs Case #: _____	Today's Date: _____
Participant Name: _____	Date of Birth: _____
First	Last
Participant SS #: _____	Participant Phone #: (____) _____
FSC Agency: _____	FSC Staff Name: _____
FSC Phone #: (____) _____	FSC Fax #: (____) _____
HFSS Program Release and Consent Agreement Completed <input type="checkbox"/> Yes	

For DPSS and LAHSA use only

Eligibility Questions	COMPLETED BY	YES	NO	INITIAL
1. Does the family have up to 120-days of shelter available? Family has previously used _____ ESS days and _____ HCFP days. Family is eligible to a total of _____ days If exhausted, last date the family used the 120 days: _____	LAHSA	<input type="checkbox"/>	<input type="checkbox"/>	
2. If the family have exhausted the 120 days of shelter (see Question #1), does the family <u>remain</u> homeless since exhausting the 120 days?	DPSS	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the family have exhausted the 120 days of shelter (see Question #1), did the family secure permanent housing since exhausting the 120 days?	DPSS	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the adult in the family receiving CalWORKs and enrolled and actively participating in GAIN Welfare-to-Work (WtW)?: a) is employed full-time (32 hours for one parent or 35 hours for a two-parent household); or b) is employed part-time and enrolled and actively participating in GAIN; or c) is unemployed and enrolled and actively participating in GAIN; or d) has reached the CalWORKs time limit and is enrolled and actively participating in Post Time-Limited Services. <input type="checkbox"/> Copy of GEARS Print-Out <input type="checkbox"/> Email verification from HCM <input type="checkbox"/> Email verification from BWS-LOD	DPSS	<input type="checkbox"/>	<input type="checkbox"/>	

For DPSS use only

ELIGIBILITY DETERMINATION:

- | | |
|---|---|
| <input type="checkbox"/> Family is ELIGIBLE for DPSS-HFSS funding
Family is eligible for _____ days | <input type="checkbox"/> Family is NOT ELIGIBLE for DPSS-HFSS funding
Reason: _____ |
|---|---|

APPROVED BY:

Homeless Case Manager Name (Print)	Signature	Date
BWS-LOD Staff Name (Print)	Signature	Date