

HSP Payment – Case Status Worksheet	
Case Name:	Case #:
HA HSS/Code	HSP SW/Code
Instructions: complete appropriate sections. Copies to HSP SW, HA HSS, HS Supervisor, and FileNet.	

HSP Social Worker to HA HSS: HSP Payment Information

Payments Authorized

Check all that apply	Payment Type	Payment Amount	Payee (name of vendor in CalWIN or recipient name)	Due Date	Date Paid- HA HSS
	HSP Rent Deposit				
	HSP Utility Deposit				
	HSP Utility Deposit				
	HSP Utility Deposit				
	HSP Overdue Utility				
	HSP Overdue Utility				
	HSP Overdue Utility				
	HSP Subsidy Mo. 1- 100%				
	HSP Subsidy Mo. 2 - 80%				
	HSP Subsidy Mo. 3 - 60%				
	HSP Subsidy Mo. 4 - 40%				
	HSP Subsidy Mo. 5 - 20%				
	Other				

Stop HSP Payments (check all that apply) **Date** _____

- Noncompliance with HSP rules Did not pay family portion of rent
 Moved out of HSP housing Other _____

Additional Information:

HA HSS to HSP Social Worker: CalWORKs Case Status Change

Change in household _____

Change in income

Who _____

What _____

When _____

Relationship _____

New maximum HSP rent amount _____

Other information _____

CalWORKs discontinued

Effective _____ Reason _____

CalWORKs can ____ cannot ____ be restored if (*e.g. SAR 7 submitted*) _____

Family has moved out of county.

Other _____
