

HSP Data Collection Worksheet – HA HSS

Case Name:	Case #:
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HA HSS	Wk. Code:
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Instructions: *complete section(s) and forward to supervisor and FileNet the same day as the action. For aid codes, use the aid code for the CalWORKs issued the month of the action.*

Referral/Request.
HSP referral received from shelter or request for homeless services received from recipient.

Referral/Request Date _____

HSP Approvals
Approval means the HA HSS has determined the CW family is eligible to HSP and the family has accepted HSP services.

Approval date _____ **Aid Code** _____

Family composition at approval:

_____ Number of children age 0-23 months

_____ Number of children age 2 - 5 years

_____ Number of children age 6 – 17 years

_____ Number of adults age 18 and older

Residence information on Referral/Request date. *Select one from below*

Lacking a fixed and regular nighttime residence and having a primary nighttime residence that is a supervised shelter.

Lacking a fixed and regular nighttime residence and residing in a place not designed/used by human beings for sleeping.

In receipt of a judgment for eviction as ordered by a court.

HSP Denials – HA HSS

HSP ineligible date _____ **Reason** (select one)

No longer a CalWORKs recipient Family is not homeless

Did not meet DHA eligibility criteria HSP funding is not available

Other - including withdrawals (*explain*) _____

Housing Payments – Move In Expenses

Housing deposits include all HSP funds paid to the landlord.

Housing Deposits Amount _____ Date Paid _____ Aid Code _____

Utility Deposits Amount _____ Date Paid _____ Aid Code _____

Amount _____ Date Paid _____ Aid Code _____

Amount _____ Date Paid _____ Aid Code _____

Overdue Utilities Amount _____ Date Paid _____ Aid Code _____

Amount _____ Date Paid _____ Aid Code _____

Amount _____ Date Paid _____ Aid Code _____

Housing Payments – Rent Subsidies

Month 1 100% Amount _____ Date Paid _____ For Month _____ Aid Code _____

Month 2 100% Amount _____ Date Paid _____ For Month _____ Aid Code _____

Month 3 100% Amount _____ Date Paid _____ For Month _____ Aid Code _____

Month 4 100% Amount _____ Date Paid _____ For Month _____ Aid Code _____

Month 5 80% Amount _____ Date paid _____ For Month _____ Aid Code _____

Month 6 60% Amount _____ Date paid _____ For Month _____ Aid Code _____

Month 7 40% Amount _____ Date paid _____ For Month _____ Aid Code _____

Month 8 20% Amount _____ Date paid _____ For Month _____ Aid Code _____