

# CalWORKs Housing Support Program (HSP) Monthly Status Report HSP 14

CASE MANAGER	
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CASE NAME	CASE NUMBER	REPORT MONTH	REPORT YEAR
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When completing the report each month, complete Items 1 and 11 first, using last month's report as the source. Skip any section that does not apply.  
 \* The first page asks about when the referral was received, when it was approved or denied or if it is still pending.  
 \* The second page asks about active cases (including those that become discontinued) and Yolo specific data about employment while in HSP.  
 \* The third page asks about the services that were provided (both financial and non-financial) and space to provide explanations for certain items.

<b>PART A. REFERRALS FOR HSP SERVICES</b>	<b>Case Count (yes/no)</b>
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<b>HSP Referrals <u>Received/Pending</u></b>
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1. Was this HSP referral <u>already</u> pending on the last day of the month <u>prior to</u> the report month ('yes' to Q #10 on last month's report)?...	1
3. Was this HSP referral <u>already</u> pending on the first day of the report month?.....	3
4. Was this HSP referral <u>initially</u> received during the report month?.....	4

<b>HSP Referrals <u>Denied</u></b>
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6. Was this HSP referral denied <u>during</u> the report month?..... If yes, in Items 6a through 6e, select the <u>primary</u> reason for the denial.	6
a. Family does not have a CalWORKs recipient.....	7
b. Family is not homeless or not in imminent danger of becoming homeless.....	8
c. Family does not meet additional county eligibility criteria.....	9
d. HSP funding is not available.....	10
e. Other denial reasons including withdrawals and cancellations (Explain in Item 6e Explanation box).....	11

<b>HSP Referrals <u>Approved</u></b> (Approved is defined as making the decision that family is eligible and will move forward with HSP. It does not mean that financial assistance has been issued).
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7. Was this HSP referral <u>initially</u> approved during the report month to move forward in HSP. Family may not be placed in housing yet.....	12
8. If yes, total persons in the family (Sum of Items 8a through 8d)..... In Items 8a -8d, include all persons in the family's referral, including those not in the CalWORKs Assistance Unit (excluded/ineligible).	
a. Age 0 - 23 months.....	14
b. Age 2 - 5 years.....	15
c. Age 6 to 17 years .....	16
d. Age 18 years and older.....	17
9. If yes, what was the family's residence status at time of referral? .....	
a. Family lacking fixed and regular nighttime residence <b>AND</b> .....	
1) Family having a primary nighttime residence that is a supervised publically or privately operated shelter designed to provide temporary living accommodations.....	20
2) Family residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.....	21
b. Family in receipt of a judgment for eviction, as ordered by the court.....	22

10. Was this HSP referral still pending (not yet determined eligible nor approved to move forward) at the end of the report month? .....	23
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<b>PART B. CASELOAD MOVEMENT</b>			
<b>HSP <u>Active</u> Cases (Already Approved)</b>			
11. Was this an active HSP case in the month <u>prior to</u> the report month ('yes' to Q #19 on last month's report)?.....			24
13. Was this case <u>already</u> active in HSP on the first day of the report month? .....			26
14. Was this HSP case <u>initially</u> approved during the report month (counted in item 7 as a referral approved in the report month)?.....			27
<b>HSP Cases <u>Discontinued</u> (Family Exits) and Status at Time of Exit (Do Not Include Denials)</b>	<b>In Permanent Housing</b>	<b>Not in Permanent Housing</b>	<b>Case Count (yes/no)</b>
16. Was this case initially discontinued (family exited HSP) <u>during</u> the report month? If yes, in Items 16a through 16g, select the primary reason for exiting.	29	30	
a. Family completed the HSP program (HSP services were provided, but are no longer needed).....	32	33	
b. Family no longer has a CalWORKs recipient.....	35	36	
c. Family is non-compliant with HSP requirements.....	38	39	
d. Family is no longer eligible per county specific requirements (includes cases in which family reached the county's funding maximum).....	41	42	
e. Family moved out of the county.....			44
f. Family whereabouts are unknown.....			45
g. Family has other reason for exiting (Explain in Item 16g Explanation box).....	46	47	
17. If family exited HSP in report month, what was the family's housing situation at the time of HSP exit?			
a. Family is in permanent housing and is <u>not</u> receiving a different subsidy (e.g. Section 8). <u>Don't</u> count HSP	52		
b. Family is in permanent housing and <u>is</u> receiving a different subsidy (e.g. Section 8). <u>Don't</u> count HSP	53		
c. Of those reported in Item 9b, family retained permanent housing after receipt of judgment for eviction, as ordered by the court.....	54		
d. Family is sharing housing with relatives/friends.....	55	56	
e. Family is in a shelter or nighttime residence that is a supervised publically or privately operated shelter.....		58	
f. Family is residing in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.....		59	
g. Family has unknown housing situation.....			60
h. Family has other housing situation (Explain in Item 17h Explanation box).....	61	62	
18. If family exited HSP in report month, select total # of months in HSP with first month being start of placement in permanent housing and last month being the report month:			
a. One calendar month or less (includes families receiving only deposit and/or 1st month's rent).....	65		
b. Two - three months.....	66		
c. Four - five months.....	67		
d. Six months or more.....	68		
<b>HSP Case <u>Status</u> at the <u>End</u> of the Month</b>			<b>Case Count (yes/no)</b>
19. Was this case still <u>active</u> (already approved) in HSP on the last day of the <u>report</u> month?			69
20. If yes, what was the housing status of the family on the last day of the report month?			
a. Family is not yet in permanent housing.....			71
b. Family was initially placed/moved into permanent housing <u>during</u> the report month (Item 20b is to be completed <u>ONLY</u> in the month the family obtains permanent housing)..... The calendar days between <u>initial referral date</u> and <u>placement in permanent housing</u> :			
1) 13 days or less.....			73
2) 14 - 29 days.....			74
3) 30 - 45 days.....			75
4) 46 days or more.....			76
c. Family was already in permanent housing on the first day of the report month and is still in ongoing permanent housing.....			77
<b>Yolo Specific Data-Employment</b>			
33. Number of adult(s) in the HSP family employed at the time of referral to HSP if referral occurred in the report month: .....			136
34. Number of adults in the HSP family who become employed during the report month, after entry into HSP:.....			137
35. Number of adults in the HSP family still employed at the end of the report month:.....			138.
36. Total number of months adult has been consecutively employed while in HSP: .....		Adult 1 _____	Adult 2 _____

PART C. FINANCIAL ASSISTANCE		Expenditures	Case Count (yes/no)
21. a. Was this case <u>issued</u> financial assistance during the report month (Enter yes/no in cell 83)? .....		78	79
b. Sum of <u>all</u> HSP expenditures <u>issued</u> to the family in the report month (Put total amount in cell 82). In Items 22 through 30, enter the amount of each service that was <u>issued</u> to the family in the report month, and is included in Cell 82 above. Cases cannot be entered in Item 22a AND 22b.			
22. Rental assistance (regular monthly rent only) issued to the family during the report month:.....			
a. <u>Full</u> monthly rental assistance issued (HSP paid <u>full</u> cost of monthly rent):.....			
1) Less than \$501.....		84	85
2) \$501 - \$750.....		86	87
3) \$751 - \$1,000.....		88	89
4) \$1,001 - \$1,300.....		90	91
5) \$1,301 - \$1,800.....		92	93
6) More than \$1,800.....		94	95
b. <u>Partial</u> rental assistance issued: (HSP paid part of the monthly rent and the family paid some <u>portion</u> of the monthly rent).....			
1) Less than \$501.....		99	100
2) \$501 - \$750.....		101	102
3) \$751 - \$1,000.....		103	104
4) \$1,001 - \$1,300.....		105	106
5) \$1,301 - \$1,800.....		107	108
6) More than \$1,800.....		109	110
23. Amount of security deposits issued during the report month.....		112	113
24. Amount of utility deposits issued during the report month.....		114	115
25. Amount of utility payments issued during the report month.....		116	117
26. Amount of moving costs (e.g. moving truck) issued during the report month.....		118	119
27. Amount of payment for motel or hotel stay issued during the report month.....		120	121
28. Amount of payment for a shelter stay issued during the report month.....		122	123
29. Amount of making home habitable costs (e.g. basic furniture/appliances) issued during the report month.....		124	125
30. Amount of other financial assistance (other than listed above-including "last months" rent if required in addition to security deposit) issued during the report month-Explain in Item 30 Explanation below. ....		126	127
PART D. HOUSING AND RELOCATION SERVICES (can include financial and non-financial assistance)			Case Count (yes/no)
31. Were housing and relocation services provided during the report month (listed in 32a through 32f)?			128
32. If yes, which services were provided during the report month (listed below)?..... In Items 32a through 32f, select all services that apply. Enter yes or no only. Do not enter dollar amount of assistance provided.			
a. Case management.....			130
b. Landlord engagement.....			131
c. Housing search and placement (e.g. credit check and application fees).....			132
d. Legal services.....			133
e. Credit repair.....			134
f. Other (Explain in Item 32f Explanation box (i.e. Employment, WEX, Subsidized Employment or other services not listed above)..			135
COMMENTS/EXPLANATIONS			
General Comments			
Item 6e Explanation			
Item 16g Explanation			
Item 17h Explanation			
Item 30 Explanation			
Item 32f Explanation			
COMPLETED BY		WORKER ID	EXTENSION
JOB TITLE/CLASSIFICATION		DATE SUBMITTED	