

April 16, 2019

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY WELFARE DIRECTOR LETTER

This letter informs County Welfare Departments participating in the Home Safe Adult Protective Services (HSAPS) Program of the HSAPS Program Monthly Status Report HSAPS 19 (7/19). The HSAPS 19 captures individual level data on each HSAPS client regarding housing status at entry, housing, and APS services provided while in HSAPS. This report is effective with the July 2019 report month.



KIM JOHNSON
DIRECTOR

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DEPARTMENT OF SOCIAL SERVICES
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GAVIN NEWSOM
GOVERNOR

April 16, 2020

ALL COUNTY WELFARE DIRECTOR LETTER

TO: ALL COUNTY WELFARE DIRECTORS

FROM: M. AKHTAR KHAN, Chief
Research Services Branch
Administrative Division

SUBJECT: IMPLEMENTATION OF HOME SAFE ADULT PROTECTIVE
SERVICES (HSAPS) PROGRAM INDIVIDUAL LEVEL DATA
MONTHLY STATUS REPORT HSAPS 19 (07/19)

REFERENCE: [ASSEMBLY BILL \(AB\) 1811, SECTION 35 OF CHAPTER 35,
STATUTES OF 2018; WELFARE AND INSTITUTIONS CODE
\(WIC\) SECTIONS 15770 AND 15771; WIC 8255; WIC 15610.13;
ALL COUNTY WELFARE DIRECTORS LETTER DATED
OCTOBER 22, 2018; COUNTY FISCAL LETTER \(CFL\)
NO. 18/19-47](#)

The purpose of this letter is to inform County Welfare Departments participating in the Home Safe Adult Protective Services (HSAPS) Program of the HSAPS 19 individual level data monthly status report. During 2019, the California Department of Social Services (CDSS) Housing and Homelessness Bureau (HHB) and Data Systems and Survey Design Section (DSSDS) have worked with HSAPS counties and the County Welfare Directors Association to create the HSAPS 19 report. The report is effective with the July 2019 report month.

Background

On June 27, 2018, Assembly Bill 1811 (Chapter 35, Statutes of 2018) established the HSAPS program. The HSAPS is a county administered program that is intended to support the safety and housing stability of individuals involved in Adult Protective Services (APS) by providing housing-related assistance using evidence-based practices for homeless assistance and prevention. The counties and tribal agencies

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operating Home Safe programs will be expected to implement a range of strategies to support housing stability for APS clients.

The HSAPS 19 report was created to fulfill the data requirements as outlined in the Welfare and Institutions Code (WIC) Sections 15770 and 15771. The report captures individual level data on each HSAPS client regarding housing status at entry, housing, and APS services provided while in HSAPS.

The HSAPS 19 data collection report form will be sent via email to individual counties.

Completion and Submission

All counties that are participating in HSAPS are required to use the HSAPS 19 report form beginning with the July 2019 report month. The report is due on or before the 20th calendar day of the month following the report month.

The HSAPS counties must enter each HSAPS client information and data into the HSAPS 19 report form. Counties are required to submit the report via Secure File Transfer (SFT) to DSSDS using the county's/agency's designated HSAPS 19 SFT file. The HSAPS 19 instructions are attached in PDF as reference material.

Contacts

If you have any questions regarding the completion of this report, please contact DSSDS at (916) 651-8269 or email the HSAPS 19 report inbox admHSAPS19@dss.ca.gov. Any program and/or policy related questions should be directed to HHB at (916) 651-5155 or via housing@dss.ca.gov.

Attachments

**HOME SAFE ADULT PROTECTIVE SERVICES PROGRAM
MONTHLY STATUS REPORT
HSAPS 19 (07/19)**

INSTRUCTIONS

CONTENT

The monthly HSAPS 19 report (07/19) provides Home Safe Adult Protective Services (HSAPS) Program data collected by local agencies (county welfare or social services departments) to the California Department of Social Services (CDSS). Personal identifiable information (PII) is collected on the following: HSAPS demographics; housing status at entry; housing; and Adult Protective Services (APS) services provided while in HSAPS.

PURPOSE

The Home Safe Program, created by [Assembly Bill 1811](#) (Chapter 35, Statutes of 2018), is intended to support the safety and housing stability of individuals involved in APS by providing housing-related assistance using evidence-based practices for homeless assistance and prevention.

Agencies operating the Home Safe Program will utilize a range of strategies to support housing stability for APS clients, including short-term financial assistance, legal services, eviction prevention, heavy cleaning, and landlord mediation, among other services.

COMPLETION AND SUBMISSION

The County Welfare Department (CWD) is responsible for ensuring that this report is fully and accurately completed. If portions of the report are completed by more than one entity within the CWD and/or outside organizations, the CWD contact person responsible for submitting the report to the state is required to review the report for completeness and accuracy prior to submittal.

Reports are to be submitted on or before the 20th calendar day of the month following the report month. If the report's due date is on a Saturday, Sunday or state holiday, the report is due on the next business day. The HSAPS 19 report will be submitted to CDSS by uploading the HSAPS 19 report to the CDSS Secure File Transfer (SFT) site. Do not send county reports, PII, or encrypted emails to the Housing inbox, the HSAPS 19 inbox, or the tech support inbox. Agencies will need to save a copy of each month's report that is uploaded to the SFT for the county's records. These copies will be used if a revision is needed.

Note: The first HSAPS 19 report that is submitted to CDSS should include all enrolled HSAPS participants to date and any participants that have exited prior to the first reporting month.

For technical assistance with the HSAPS 19 report form, upload the affected form to the SFT. Once the report is uploaded, email the tech support inbox at admdssdachts@dss.ca.gov with a detailed explanation of the problem.

For questions regarding the completion or submission of the HSAPS 19 report, contact the Data Systems and Survey Design Section (DSSDS) at (916) 651-8269 or email the HSAPS 19 report inbox at admHSAPS19@dss.ca.gov. Program and/or policy related questions should be directed to the Housing and Homelessness Bureau (HHB) at (916) 651-5155 or via housing@dss.ca.gov. **Do not send county report forms, PII, or encrypted emails to the Housing inbox, the HSAPS 19 inbox, or the tech support inbox.**

GENERAL INSTRUCTIONS

The data reported in the HSAPS19 report should include cases that are supported by state HSAPS funds and/or HSAPS match funds. Counties who receive HSAPS funding are required to match the state HSAPS funding on a dollar-for-dollar basis. Both state and match funding expended on housing assistance need to be recorded in the HSAPS19. For example, if the county was awarded \$500,000 in state HSAPS funds and committed \$500,000 in matching funds, then the county would have \$1,000,000 in HSAPS funds. The \$1,000,000 in HSAPS funds will be used to support the HSAPS program. The housing elements supported by any portion of the \$1,000,000 in HSAPS funds will need to be tracked in the HSAPS19 report. For questions about what to track, please contact HHB.

The HSAPS 19 report workbook consists of three sheets: Agency-Report Information, Case History, and Instructions. Reporting agencies must complete all elements on both the Agency-Report Information and Case History sheets.

- **Agency-Report Information:** Use the dropdown menu to select the reporting agency. Enter the date the report is submitted to CDSS, the report month, and report year. Enter the job title or classification, telephone, and extension of the person to contact if there are questions about the report. This person may or may not be the person who completed the report. Enter the job title or classification, telephone, and extension of the contact person's supervisor.
 - **Note:** The report month, year, and submission date will need to be updated for each report month.

- **Case History:** For every participant receiving Home Safe assistance, enter the data required for each cell. Unless otherwise instructed, each cell in Column A through Column EP should be completed for each client. Unless otherwise instructed, enter a "0" in expenditure cells if there is no value to be entered. Column FE through Column FH may be left blank if there is no information to be entered for those cells.
 - **Note:** The first HSAPS client must be entered in **Row 4** of the Case History sheet. No rows can be skipped between client entries. Blank rows between clients will require report revisions.
 - **Note:** A number of Home Safe clients will require more intensive housing interventions and will be referred to the local Continuum of Care (CoC) and the Coordinated Entry System (CES). It is required that data is collected on the number of clients falling into this category. Some of these clients will be referred to CES during the assessment phase (prior to receiving any Home Safe interventions), while some will be referred to CES after Home Safe caseworkers have already engaged with them and provided some services.
 - For this latter category of clients, counties should continue to track any interventions the county has provided. Cell 93 asks if the client has been referred to CES, and if so, where in the process the referral took place. For these clients, the remaining sections will be optional. If an intervention type is filled in, however, the corresponding date of intervention, amount of intervention, or mode of disbursement columns cannot be blank. Please review the "Validation Rules and Edits" section of the instructions for which cells are required.
 - **Note:** For every participant receiving referral services only, who requires a higher level of housing assistance, complete Cell 1 through Cell 95 **only**.

DEFINITIONS

Abandonment: The desertion or willful forsaking of an elder or a dependent adult by anyone having care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.

Abduction: Abduction as defined by the [Welfare and Institutions Code \(WIC\) Section 15610.06](#) meaning;

- (A) The removal from California and the restraint from returning to California; or
- (B) The restraint from returning to California, of any elder or dependent adult who does not have the capacity to consent to the removal from the California and the restraint from returning to California; or
- (C) The restraint from returning to California, as well as the removal from California or the restraint from returning to California, of any conservatee without the consent of the conservator or the court.

Abuse of an Elder and Dependent Adult: Abuse of an elder or dependent adult as defined by the [WIC section 15610.07](#) meaning;

- (A) Physical abuse, neglect, financial abuse, abandonment, isolation, abduction, or other treatment with resulting physical harm or pain or mental suffering; or

- (B) The deprivation by a care custodian of goods or services that is necessary to avoid physical harm or mental suffering.

Additional Expense: An unplanned expense that led to housing instability for the client (e.g., car broke down and they could not go to work).

Adult Protective Services (APS): A county agency that assists elder adults (65 years and older) and dependent adults who are disabled (ages 18 to 64) when they are unable to meet their own needs, or are victims of abuse, neglect, or exploitation. County APS agencies investigate reports of abuse of elders and dependent adults who live in private homes, apartments, hotels, or hospitals.

Ambulatory Difficulties: Difficulty moving from place to place. This includes clients who use assistive devices such as walkers and wheelchairs.

Bisexual: An individual who has the capacity for attraction (sexually, romantically, emotionally, or otherwise) to people with the same, and to people with a different, gender and/or gender identity as themselves.

Board and Care Facility: A facility that offers non-medical services such as meals, laundry, housekeeping, etc. to individuals who are not able to live independently. This refers to Board and Care facilities that are **not** licensed through the state.

California Work Opportunity and Responsibility to Kids (CalWORKs): CalWORKs is California's version of the federal Temporary Assistance for Needy Families (TANF) program. CalWORKs provides temporary cash assistance to meet basic family needs. It also provides education, employment, and training programs to assist the family's move toward self-sufficiency.

CalFresh: Federally known as the Supplemental Nutrition Assistance Program (SNAP), the CalFresh Program issues monthly electronic benefits that can be used to buy most foods at many markets and food stores. The CalFresh Program helps to improve the health and well-being of qualified households and individuals by providing them a means to meet their nutritional needs.

Caregiver Services/Respite Care: Short-term caregiver services (for client) or respite services (for client's primary caregiver) provided on an acute or temporary basis, that directly help promote housing stability.

Case Start Date: The date the individual becomes an enrolled HSAPS client and starts receiving assistance from HSAPS (including case management, housing services, and referral services).

Case Closure Date: The date the client exited HSAPS. Reasons for exit may include the client achieving housing stability and is no longer in need of intervention, the client is in need of longer-term intervention beyond the scope of HSAPS and has entered another housing program; or the client was referred to Coordinated Entry and is no longer receiving Home Safe Referral Services.

Clergy: A priest, minister, rabbi, religious practitioner, or similar functionary of a church, synagogue, temple, mosque, or recognized religious denomination or organization.

Community Professional: Individuals not specifically working in a profession linked to elders and/or dependent adults.

Continuum of Care: A Continuum of Care (CoC) is regional or local planning body that coordinates housing and services funding for homeless families and individuals.

Coordinated Entry System: A Coordinated Entry System (CES) is a centralized or coordinated process designed to coordinate program participant intake assessment and provision of referrals through the county CoC.

County Code: The code associated with each county. For example, the code for Alameda is (01). The county codes can be found in the table below.

Code	County
01	Alameda
02	Alpine
03	Amador
04	Butte
05	Calaveras
06	Colusa
07	Contra Costa
08	Del Norte
09	El Dorado
10	Fresno
11	Glenn
12	Humboldt
13	Imperial
14	Inyo
15	Kern
16	Kings
17	Lake
18	Lassen
19	Los Angeles
20	Madera

Code	County
21	Marin
22	Mariposa
23	Mendocino
24	Merced
25	Modoc
26	Mono
27	Monterey
28	Napa
29	Nevada
30	Orange
31	Placer
32	Plumas
33	Riverside
34	Sacramento
35	San Benito
36	San Bernardino
37	San Diego
38	San Francisco
39	San Joaquin
40	San Luis Obispo

Code	County
41	San Mateo
42	Santa Barbara
43	Santa Clara
44	Santa Cruz
45	Shasta
46	Sierra
47	Siskiyou
48	Solano
49	Sonoma
50	Stanislaus
51	Sutter
52	Tehama
53	Trinity
54	Tulare
55	Tuolumne
56	Ventura
57	Yolo
58	Yuba

Current Monthly Income: The total income the HSAPS client receives each month prior to taxes or deductions. This includes both earned income (e.g., wages from a fulltime or part-time job) and unearned income (e.g., CalWORKs, SSI, CalFresh).

Deep Cleaning/Heavy Cleaning: Cleaning services beyond general house cleaning to assist individuals who are living in unsafe conditions due to hoarding or neglect.

Domestic Partner: A person who is unrelated or unmarried and is in a committed, intimate relationship. A domestic partnership may or may not be registered with the State of California.

Educator: Employees of a public or private educational institution or program. This includes teachers, teacher assistants, administrators, and others directly associated with the delivery of educational services.

Enhanced Case Management: Any activities that exceed routine case management activities, as determined by the Home Safe caseworker. This would also include housing navigation activities performed by APS/Home Safe caseworkers that they would not normally provide.

Emergency Shelter: Any public or private overnight accommodation that provides immediate and short-term shelter and which does not require occupants to sign leases or occupancy agreements.

Ethnicity: Ethnic origin can be viewed as the heritage, nationality group, lineage, or country of birth of a person or person's parents or ancestors. The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of the data on ethnicity by Federal agencies.

External Housing Navigation: Housing Navigation provided by housing subcontractors and/or contractors affiliated with the Home Safe program, paid for directly by Home Safe funds.

False Imprisonment: The unlawful violation of the personal liberty of another.

Family Member: Any person related by blood, marriage, or adoption. This includes a spouse, domestic partner, parent, foster parent, child, in-laws, etc.

Financial Abuse: For the purposes of the HSAPS 19 report, CDSS will use the same definition that is used by the [WIC Section 15610.30](#). Financial abuse is defined as;

(A) The financial abuse of an elder or dependent adult occurs when a person or entity does any of the following:

- 1) Takes, secretes, appropriates, obtains, or retains real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.
- 2) Assists in taking, secreting, appropriating, obtaining, or retaining real or personal property of an elder or dependent adult for a wrongful use or with intent to defraud, or both.

- 3) Takes, secretes, appropriates, obtains, or retains, or assists in taking, secreting, appropriating, obtaining, or retaining, real or personal property of an elder or dependent adult by undue influence.
- (B) A person or entity shall be deemed to have taken, secreted, appropriated, obtained, or retained property for a wrongful use if, among other things, the person or entity takes, secretes, appropriates, obtains, or retains the property and the person or entity knew or should have known that this conduct is likely to be harmful to the elder or dependent adult.
- (C) A person or entity takes, secretes, appropriates, obtains, or retains real or personal property when an elder or dependent adult is deprived of any property right including by means of an agreement, donative transfer, or testamentary bequest, regardless of whether the property is held directly or by a representative of an elder or dependent adult.

Financial Management: Programs or classes intended to increase an individual's financial literacy. Topics can include budgeting, savings, retirement, etc.

Financial Services Professional: A professional in charge of managing finances and assets or planning for future financial needs. This includes employees of financial institutions such as bank officials, financial advisors, financial planners, and professional fiduciaries.

Fraud: The wrongful or criminal deception intended to result in financial or personal gain.

Gay: A person who is emotionally, romantically, and/or physically attracted to people of the same gender.

Gender Identity: A person's deeply held core sense of being a girl/woman, boy/man, some of both, or neither. One's gender identity does not always correspond to biological sex.

Home Habitability Repair: Assistance to help cover home repair costs that are minor to bring the unit up to habitability standards. This includes structural repairs, repairs to the electrical system, repairs to the plumbing, and extermination of severe pest infestations.

Homeless: An individual or family is homeless or at risk of homelessness when;

- (A) A person lacks a fixed or regular nighttime residence and either of the following apply;
 - 1) The person has a primary nighttime residence that is a supervised publicly or privately-operated shelter, hotel, or motel, designed to provide temporary living accommodations.
 - 2) The person resides in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- (B) A person who is in receipt of a judgment for eviction, as ordered by the court.

- (C) A person who has received a pay rent or quit notice or who will otherwise imminently lose his or her primary nighttime residence if all of the following are true;
- 1) The right to occupy his or her current housing or living situation will be terminated within 21 days after the date of application for assistance, or there is credible evidence that he or she is at imminent risk of receiving a termination notice as document in his or her adult protective services plan.
 - 2) A subsequent residence has not been identified or secured including, but not limited to, an individual exiting a medical facility, long-term care facility, prison, or jail.
 - 3) The individual lacks the resources or support network, including but not limited to, family, friends, or faith-based or other social network, needed to obtain other permanent housing.
- (D) A person who has a primary nighttime residence or living situation directly associated with a substantiated report of abuse, neglect, or financial exploitation, that poses an imminent health and safety risk, and the person lacks the resources or support network needed to obtain other permanent housing.

Homeless – Sheltered: An individual who is staying at a publicly or privately-owned shelter that is for single adults or families or is staying in another temporary living arrangement (e.g., hotel or motel) paid for by charitable organizations or by federal, state, or local government programs.

Homeowner – Alone: An individual who owns their home and lives alone or lives with children for whom they are the primary caretaker.

Homeowner – Lives with Others Not Paying Rent: An individual who owns their home and allows others to live in the home without paying rent for a contiguous period of one month or longer. Excludes occupants who are minors or live-in care providers.

Homeowner – Lives with Others Paying Rent: An individual who owns and resides in their home and sublets or rents part of the home with or without a formal rental agreement. Tenants can be family members or unrelated persons.

Hotel with Tenancy Rights: An occupancy in a hotel, motel, or similar transient lodging establishment for 30 days or more in the same room.

Hotel without Tenancy Rights: An occupancy in a hotel, motel, or similar transient lodging establishment for 28 days or less in the same room.

HSAPS Intervention: An HSAPS Intervention is a service performed by the grantee directly or by grant-funded subcontractors, and paid for by the Home Safe grant or match funds. It is distinct from a referral and from routine case management activities.

HSAPS Referral: An HSAPS Referral is when the client needs to be referred or linked to a service, organization, or provider that is not directly paid for by Home Safe grant or match funds. This may include services provided by other county agencies (Behavioral Health, Supplemental Nutrition Assistance Program, In-Home Supportive Services), non-profit organizations (such as legal aid organizations) or charities (e.g., food banks, churches).

In-Home Assistance: Assistance a client receives in the home, such as assistance from homemakers and home health aides; visiting and telephone reassurance (e.g., friendly visitors); chore maintenance; and personal care services.

Institutional Employee: Employees of a residential care community including those providing room and board of at least two meals per day and help with personal care. The facility may exclusively serve persons with disabilities.

Isolation: For the purposes of the HSAPS 19 report, CDSS will use the same definition that is used by the [WIC Section 15610.43](#). Isolation is defined as;

- (A) Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.
- (B) Telling a caller or prospective visitor that an elder or dependent adult is not present, or does not wish to talk with the caller, or does not wish to meet with the visitor where the statement is false, is contrary to the express wishes of the elder or the dependent adult, whether he or she is competent or not, and is made for the purpose of preventing the elder or dependent adult from having contact with family, friends, or concerned persons.
- (C) False imprisonment.
- (D) Physical restraint of an elder or dependent adult for the purpose of preventing the elder or dependent adult from meeting with visitors.

Lesbian: A woman who is emotionally, romantically, and/or physically attracted to other women.

Landlord: Individual or business that owns or manages rental or leased residential property.

Law Enforcement: Employees of a local, state, tribal, or federal justice agency. This includes police, courts, district attorney's office, probation or other community corrections agency, and correctional facilities. It can also include the postal inspector, immigration officials, and other enforcement personnel.

Legal Services (Intervention): Services provided by attorney or legal advocacy organization to assist with evictions, tenants' rights, and other housing-related issues paid for directly by Home Safe grant or match funds. External referrals to legal services should be captured in the Referrals section.

Lives with Others – Not Paying Rent/Doubled Up: An individual who lives with others (e.g., family members, friends, roommates, etc.) due to economic hardship, loss of housing, or other reason. This person does not pay rent and is not the primary leaseholder of the residence. This includes sharing a room or staying on a couch.

Lives with Others – Paying Rent: An individual who lives with others (e.g., family members, friends, roommates, etc.) due to economic hardship, loss of housing, or other reason. This person pays a portion of the rent and is not the primary leaseholder of the residence. They are not paying rent to a landlord or homeowner.

Longer-term assistance: Individuals that require a higher level of housing intervention and/or longer-term housing assistance such as permanent supportive housing, must be served by a longer-term referral to other local housing resources through the Coordinated Entry System.

Medi-Cal: Medi-Cal is California's Medicaid program. This is a public health insurance program which provides needed health care services for low-income individuals including families with children, seniors, persons with disabilities, foster care children, pregnant women, and low-income people with specific diseases such as tuberculosis, breast cancer or HIV/AIDS.

Medical Personnel: Employees of a medical facility or practice. This includes physicians, physician assistants, nurses, emergency medical technicians, dentists, chiropractors, coroners, home health care providers, and dental assistants and technicians. **Note**: Home care providers (such as In-Home Supportive Service caregivers) are counted as professional service providers, not medical personnel.

Medicare: A federal system of health insurance for elderly adults over 65 years of age and for individuals with disabilities.

Mental Health Professional: Persons who offer services for the purpose of improving an individual's mental health or to treat mental illness. This includes psychiatric nurses and clinical psychologists.

Mortgage Payment: A regular scheduled payment which includes principal and interest made from the property owner to the mortgage lender. This excludes property taxes and other costs associated with residential property.

Neglect: For the purposes of the HSAPS 19 report, CDSS will use the same definition that is used by the [WIC Section 15610.57](#). Neglect is defined;

- (A) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise.
- (B) The negligent failure of an elder or dependent adult to exercise that degree of self-care that a reasonable person in a like position would exercise.
- (C) Neglect includes but is not limited to;

- 1) Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter.
- 2) Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
- 3) Failure to protect from health and safety hazards.
- 4) Failure to prevent malnutrition or dehydration.
- 5) Failure of an elder or dependent adult to satisfy the needs specified in paragraphs (1) and (4), inclusive, for himself or herself as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health.

Non-Binary: Individuals who identify as neither man nor woman, both man and woman, or a combination of man or woman. It is an identity term which some use exclusively, while others may use it interchangeably with terms like genderqueer, gender creative, gender nonconforming, gender diverse, or gender expansive. Individuals who identify as non-binary may understand the identity as falling under the transgender umbrella and may thus identify as transgender.

On-Going Case Management Services: Services not limited to mental health case management, multipurpose senior services program case management, regional center services, and representative payee services from an agency. It does not include case management by APS.

Physical Abuse: For the purposes of the HSAPS 19 report, CDSS will use the same definition that is used by the [WIC Section 15610.63](#). Physical abuse is defined;

- (A) Assault, the unlawful attempt, coupled with a present ability, to commit a violent injury on the person of another.
- (B) Battery, any willful and unlawful use of force or violence upon the person of another.
- (C) Assault with a deadly weapon or force likely to produce great bodily injury.
- (D) Unreasonable physical constraint, or prolonged or continual deprivation of food or water.
- (E) Sexual assault/abuse, means of the following;
 - 1) Sexual battery
 - 2) Rape
 - 3) Rape in concert
 - 4) Spousal rape
 - 5) Incest
 - 6) Sodomy
 - 7) Oral copulation
 - 8) Sexual penetration
 - 9) Lewd or lascivious acts
- (F) Use of physical or chemical restraint or psychotropic medication under any of the following;

- 1) For punishment.
- 2) For a period beyond that for which the medication was ordered pursuant to the instructions of a physician and surgeon licensed in the State of California, who is providing medical care to the elder or dependent adult at the time the instructions are given.
- 3) For any purpose not authorized by the physician and surgeon.

Professional Service Provider: A provider who supports older adults and adults with disabilities to maintain independence. This includes home care providers such as In-Home Supportive Service caregivers.

Prevention/Re-Housing Vulnerability Index – Service Prioritization Decision Assistance Tool (PR-VI-SPDAT) or CDSS approved alternative assessment tool: A triage tool that, in conjunction with other information or tools, helps prioritize an individual or family for housing or homelessness assistance. The PR-VI-SPDAT is intended only to be used with individuals or families who are currently housed and feel they are at imminent risk of losing their housing.

Psychological/Mental Suffering: When an individual suffers from fear, agitation, confusion, severe depression, or other forms of serious emotional distress that is brought about by forms of intimidating behavior, threats, harassment, or by deceptive acts performed or false or misleading statements made with malicious intent to agitate, confuse, frighten, or cause severe depression or serious emotional distress of the elder or dependent adult.

Queer: A term used by some individuals to self-identify one's sexual orientation. The term queer can have varying meanings.

Questioning: A person who is unsure of or exploring their sexual orientation.

Race: The categories in this classification are social-political constructs and should not be interpreted as being scientific or anthropological in nature. The standards have been developed to provide a common language for uniformity and comparability in the collection and use of the data on race by Federal agencies.

Relocation Assistance: Any costs or activities associated with relocating clients, such as hiring movers or providing transportation for client.

Rent Back-Pay: Payments made for past due rental/mortgage payments that are preventing the HSAPS client from securing housing. This includes mortgage payments in arrears.

Rent Payment: A payment made to a residential landlord in the amount designated in the rental lease agreement.

Rent Representative: A person or entity that is;

- (A) A conservator, trustee, or other representative of the estate of an elder or dependent adult.
- (B) An attorney-in-fact of an elder or dependent adult who acts within the authority of the power of attorney.

Rental Housing – Lease Holder: An individual who rents residential property from a landlord or property management company and is the primary leaseholder of the property.

Representative Payee: An appointed person who manages the social security or social security income payments on behalf of a beneficiary.

Residential Care Facility: A facility that offers non-medical services (such as meals, laundry housekeeping, etc.) to individuals who are not able to live independently. Residential care facilities are licensed through the state. This includes Board and Care facilities that are licensed through the state.

Security Deposit: A sum of money imposed at the beginning of a residential tenancy used to reimburse or compensate the landlord in case of tenant's default in rental payment, repair of premise, or cleaning of premise. The security deposit is held in trust by the landlord for the tenant.

Self-Neglect: The negligent failure of an elder or dependent adult to exercise that degree of self-care that a responsible person in a like position would exercise ([W&IC Section 15610.57](#)).

Self-Neglect of Finances: The negligent failure of an elder or dependent adult to exercise that degree of self-care that a responsible person in a like position would exercise in regard to their finances.

Self-Neglect of Physical Care: The negligent failure of an elder or dependent adult to exercise that degree of self-care that a responsible person in a like position would exercise in regard to their physical person.

Self-Neglect of Residence: The negligent failure of an elder or dependent adult to exercise that degree of self-care that a responsible person in a like position would exercise in regard to their residence.

Sexual Abuse: For the purposes of the HSAPS 19 report, CDSS will use the same definition that is used by the [WIC Section 15610.63](#). Sexual abuse is defined as when the acts listed below are unwelcome;

- (A) Sexual battery
- (B) Rape
- (C) Rape in concert
- (D) Spousal rape

- (E) Incest
- (F) Sodomy
- (G) Oral copulation
- (H) Sexual penetration
- (I) Lewd or lascivious acts

Sexual Orientation: The client's sexual identity in relation to their emotional, romantic, or sexual feelings towards other people.

Skilled Nursing Facility: A facility primarily used for short-term rehabilitative stays. Treatment is provided by licensed medical professionals. This may also be referred to as an Acute Rehabilitation Facility.

Social Worker: Employees of public or private social services, social welfare agencies, or other social workers or counselors who provide similar services including rehabilitative services.

Straight or Heterosexual: A person who is emotionally, romantically, and/or physically attracted to people of the opposite gender.

Substantiated: An APS investigation of an allegation of abuse that results in a confirmed finding.

Supplemental Security Income (SSI)/ Social Security Disability Insurance (SSDI): SSI is a federal income supplement program designed to help aged, blind, and disabled people, who have little or no income. It provides cash to meet basic needs for food, clothing, and shelter. SSDI pays benefits to those who are "insured," meaning they worked long enough and paid Social Security taxes.

Temporary Housing: Housing that is not intended or designed to be permanent (e.g., Motel, Hotel, or Board and Care, etc.).

Transgender: A person whose sense of personal identity and gender does not correspond with their birth sex.

Utilities: Assistance to help pay a household utility bill or utility deposit, including gas, water, or electric.

Veteran Status: Anyone who;

- (A) Has ever been on active duty in the armed forces of the United States, regardless of discharge status or length of service; or
- (B) Was disabled in the line of duty during a period of active duty training; or
- (C) Was disabled from an injury incurred in the line of duty or from acute myocardial infarction, a cardiac arrest, or a cerebrovascular accident during a period of inactive duty training.

Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT): A triage tool that, in conjunction with other information or tools, helps prioritize an individual or family for housing or homelessness assistance. The VI-SPDAT is intended only to be used with individuals or families who are currently experiencing homelessness.

Work for Pay: The wages received from fulltime or part-time employment.

CASE HISTORY TAB - CELL INSTRUCTIONS

PART A. CLIENT INFORMATION

Part A collects client information including demographics.

Note: For race and ethnicity questions, clients should self-identify in one or more of the racial and ethnicity categories (as outlined by the Office of Management and Budget publication “[Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity](#)”). Race and ethnicity questions are optional and should be self-reported by the participant. Clients may refuse to respond or may not know.

Reporting Agency: This cell is automatically populated and is for CDSS use only.
[Column A]

Reporting Period: This cell is automatically populated and is for CDSS use only.
[Column B]

1. Last Name: Enter the client’s last name. [Column C]
2. First Name: Enter the client’s first name. [Column D]
3. Last Four Digits of Social Security Number: If available, enter the last four digits of the client’s social security number. If the last four digits of the SSN are not known, leave this cell blank. [Column E]
4. Date of Birth: Enter the client’s date of birth (MM/DD/YYYY). [Column F]
5. Location of Participation: Enter the city of the client’s participation. [Column G]
6. Method of Assessment: Enter the method of assessment used to evaluate the client’s level of need. Select one of the following using the in-cell dropdown menu;
 - PR-VI-SPDAT
 - VI-SPDAT
 - Alternative Assessment[Column H]

7. Assessment Score: Enter the client's assessment score. Enter only whole numbers. *[Column I]*
8. Gender Identity: Enter the client's gender identity. This information should be self-reported by the client. Select one of the following using the in-cell dropdown menu;
- Female
 - Male
 - Transgender
 - Other or Non-Binary
 - Unknown/Not Provided
 - Data not collected
- [Column J]*
9. Race 1: Enter the client's race. Select one of the following using the in-cell dropdown menu;
- Black/African American
 - White
 - American Indian/Alaskan Native
 - Asian
 - Pacific Islander/Native Hawaiian
 - Other
 - Unknown/Not provided
 - Data not collected
- [Column K]*
10. Race 2: Enter the client's additional race. If "Unknown/Not provided" or "Data not collected" was selected for Cell 9, Cell 10 will automatically populate with the same answer. If Cell 9 does not have "Unknown/Not provided" or "Data not collected", select one of the following using the in-cell dropdown menu;
- Not applicable
 - Black/African American
 - White
 - American Indian/Alaskan Native
 - Asian
 - Pacific Islander/Native Hawaiian
 - Other
 - Unknown/Not provided
 - Data not collected
- [Column L]*

11. Ethnicity 1: Enter the client's ethnicity. Select one of the following using the in-cell dropdown menu;

Ethnicity 1 Dropdown Menu Choice	Description
Cuban	Cuban
Mexican/Chicano	Mexican/Mexican American/Chicano
Puerto Rican	Puerto Rican
Other Hispanic/Latino	Other Hispanic/Latino/Spanish Origin
Not Hispanic/Latino	Not of Hispanic/Latino/Spanish Origin
Unknown/Not provided	Client did not answer
Data not collected	This data was not collected by county

[Column M]

12. Ethnicity 2: Enter the client's additional ethnicity. If "Unknown/Not provided" or "Data not collected" was selected for Cell 11, Cell 12 will automatically populate with the same answer. If Cell 11 does not have "Unknown/Not provided" or "Data not collected", select one of the following using the in-cell dropdown menu;

Ethnicity 2 Dropdown Menu Choice	Description
Not applicable	Client does not identify with an additional ethnicity
Cuban	Cuban
Mexican/Chicano	Mexican/Mexican American/Chicano
Puerto Rican	Puerto Rican
Other Hispanic/Latino	Other Hispanic/Latino/Spanish Origin
Not Hispanic/Latino	Not of Hispanic/Latino/Spanish Origin
Unknown/Not provided	Client did not answer
Data not collected	This data was not collected by county

[Column N]

13. Current Marital Status: Enter the client's marital status. Select one of the following using the in-cell dropdown menu;

- Married
- Not Married/Living with partner
- Divorced
- Separated
- Widowed
- Never married
- Unknown/Not provided
- Data not collected

[Column O]

14. Number of Children: Enter the number of children the client claims by birth, marriage, or adoption. If the client has no children claimed by birth enter a "0". Enter "99" if the number of children is unknown. *[Column P]*
15. Sexual Orientation: Enter the client's sexual orientation. This information should be self-reported by the client. Select one of the following using the in-cell dropdown menu;
- Straight/Heterosexual
 - Gay/Lesbian
 - Bisexual
 - Questioning
 - Unknown/Not provided
 - Data not collected
- [Column Q]*
16. Preferred Language: Enter the client's preferred language. Select one of the following using the in-cell dropdown menu;
- English
 - Spanish
 - Mandarin/Cantonese
 - Vietnamese
 - Tagalog
 - Korean
 - Other
 - Data not collected
- [Column R]*
17. Veteran Status: Enter if the client is a veteran. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column S]*
18. Medi-Cal: Enter if the client is on Medi-Cal. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column T]*

19. Medicare: Enter if the client is on Medicare. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column U]*
20. Representative Payee or Conservator: Enter if the client has a representative payee or conservator. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column V]*
21. Living Situation Upon Entry to HSAPS: Enter the client's living situation upon entry into HSAPS. This cell should stay the same throughout the program. Select one of the following using the in-cell dropdown menu;

Living Situation Upon Entry Dropdown Menu Choice	Description
With others rent	Lives with others and is paying rent
With others no rent	Lives with others and does not pay rent/Doubled up
Homeless unsheltered	Homeless and does not have shelter
Homeless sheltered	Homeless and has some form of shelter
Hotel no rights	Living in a hotel and does not have tenancy rights
Hotel with rights	Living in a hotel and does have tenancy rights
Rent leaseholder	Has rental housing and is the lease holder
Owner lives alone	Is the homeowner and lives alone
Owner w/others rent	Is the homeowner and lives with others who pay rent
Owner w/others no rent	Is the homeowner and lives with others who do not pay rent
Skilled nursing facility	Lives in a skilled nursing facility
Residential care facility	Lives in a residential care facility

Living Situation Upon Entry Dropdown Menu Choice	Description
Board and care facility	Lives in a board and care facility
Data not collected	This data was not collected by the county

[Column W]

22. Monthly Rent/Mortgage Contribution: Enter the monthly rent contribution to the client's rent or mortgage. Round the amount to the nearest dollar. Enter "0" if the client does not receive income from rent or mortgage contribution. *[Column X]*

PART B. HOUSEHOLD INFORMATION

Part B collects information about the client's household.

23. Number of Adults in Household – Not Including Client: Enter the number of adults living in the household. Do not include the client in the count. Enter a "0" if the client lives alone. Enter "99" if this data was not collected. *[Column Y]*.
24. Number of Minor Children in Household: Enter the number of minor children living in the household. Enter a "0" if there are no minor children in the household. Enter "99" if this data was not collected. *[Column Z]*
25. Client Homeless Within the Last Three Years: Enter if the client was homeless in the last three years. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AA]*
26. Number of Times Homelessness Occurred in the Last Three Years: Enter the number of times the client was homeless in the last three years. Enter a "0" if the client was not homeless in the last three years. Enter "99" if unknown. *[Column AB]*
27. Total Duration of Homelessness: Enter the total length of time the client was homeless in the past three years. Select one of the following using the in-cell dropdown menu;
- Client was not homeless
 - One day to one month
 - Two to six months

- Seven months to one year
- More than a year
- Data not collected

[Column AC]

28. Last Period of Homelessness: Enter how long ago the client's last period of homelessness was. Select one of the following using the in-cell dropdown menu;

- Client was not homeless
- Currently homeless
- Within the last month
- Within the last year
- Within the last three years
- Three years or longer
- Data not collected

[Column AD]

29. Previous Evictions or Foreclosures: Enter if the client has had past evictions or foreclosures. Select one of the following using the in-cell dropdown menu;

- No
- Yes
- Unknown

[Column AE]

30. Number of Past Evictions or Foreclosures: Enter the number of past evictions or foreclosures the client has received. Enter a "0" if the client has not received an eviction or foreclosure. Enter "99" if the number of foreclosures is unknown.

[Column AF]

31. Current Eviction or Foreclosure: Enter if the client is currently being evicted or in the process of foreclosure. Select one of the following using the in-cell dropdown menu;

- No
- Yes
- Unknown

[Column AG]

32. Discharge from Institution in the Last Six Months: Enter if the client was discharged from an institution in the past six months. Select one of the following using the in-cell dropdown menu;

- No
- Yes
- Unknown

[Column AH]

33. Household Trauma in the Last Six Months: Enter if the client has experienced a major household trauma in the past six months that affects ability to secure or maintain housing. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AI]*
34. Death of Household Member: Enter if the death of a household member created housing instability. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AJ]*
35. Death of a Partner: Enter if the death of the client's partner created housing instability. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AK]*
36. Breakup of Partnership: Enter if the client's breakup with their partner created housing instability. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AL]*
37. Job Loss – Client: Enter if the loss of the client's job created housing instability. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AM]*
38. Job Loss – Household Member: Enter if the loss of a household member's job created housing instability. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AN]*

39. Illness/Injury/Hospitalization – Client: Enter if an illness, injury, or hospitalization experienced by the client created housing instability. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AO]*
40. Illness/Injury/Hospitalization – Household Member: Enter if an illness, injury, or hospitalization experienced by a household member created housing instability. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AP]*
41. Natural Disaster: Enter if a natural disaster has disrupted the lives of anyone in the household or the physical property of the home within the last 24 months resulting in housing instability. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AQ]*
42. Incarceration – Household Member: Enter if a household member has been incarcerated within the last six months and as a result created housing instability. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AR]*
43. Additional Expense: Enter if an additional expense created housing instability for the client. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AS]*

44. Other Causes of Housing Instability: Enter if the client reason for housing instability other than those previously listed. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AT]*

PART C. MEDICAL INFORMATION

Part C collects medical information about the client.

45. Deaf: Enter if the client is deaf. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AU]*
46. Wheelchair: Enter if the client uses a wheelchair. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AV]*
47. Cane/Walker: Enter if the client uses a cane or walker. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AW]*
48. Other Ambulatory or Physical Difficulty: Enter if the client is experiencing other ambulatory or physical difficulties. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AX]*

49. Oxygen Therapy/Respirator: Enter if the client uses oxygen therapy or a respirator. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AY]*
50. Kidney Dialysis: Enter if the client receives kidney dialysis. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column AZ]*
51. Depression: Enter if the client has been diagnosed with depression. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BA]*
52. Anxiety: Enter if the client has been diagnosed with anxiety. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BB]*
53. Bipolar: Enter if the client has been diagnosed with bipolar disorder. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BC]*
54. Post-Traumatic Stress Disorder (PTSD): Enter if the client has been diagnosed with PTSD. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BD]*

55. Schizophrenia: Enter if the client has been diagnosed with schizophrenia disorder. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BE]
56. Dementia/Cognitive Disorder: Enter if the client has been diagnosed with dementia or another cognitive disorder. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BF]
57. Substance Abuse: Enter if the client has been diagnosed with a substance (e.g., prescription drugs, non-prescription drugs, alcohol) abuse disorder. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BG]
58. Intellectual Disability: Enter if the client has been diagnosed with an intellectual disability. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BH]
59. Other Behavioral/Mental Condition: Enter if the client has been diagnosed with a behavioral or mental condition not listed in Cells 42 through 55. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BI]

PART D. APS INFORMATION

Part D collects information about the client's Adult Protective Services (APS) incident.

60. APS Reported Incident Date: Enter the date of the client's APS incident.
- [Column BJ]

61. APS Reported Incident Location: Enter the name of the city where the client's APS incident occurred. *[Column BK]*
62. Previous APS Involvement: Enter if the client has had a previous involvement with APS. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BL]*
63. Self-Neglect – Physical Care: Enter if the APS incident of abuse was made for self-neglect of physical care. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BM]*
64. Self-Neglect – Financial: Enter if the APS incident of abuse was made for financial self-neglects. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BN]*
65. Self-Neglect – Residence: Enter if the APS incident of abuse was made for self-neglect of the residence. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BO]*
66. Physical Abuse: Enter if the APS incident included physical abuse of the client by others. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BP]*

67. Sexual Abuse: Enter if the APS incident included sexual abuse of the client by others. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BQ]*
68. Neglect: Enter if the APS incident included neglect of the client by others. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BR]*
69. Abandonment: Enter if the APS incident included abandonment of the client by others. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BS]*
70. Isolation: Enter if the APS incident included isolation of the client by others. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BT]*
71. Abduction: Enter if the APS incident included abduction of the client by others. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BU]*
72. Psychological/Mental Suffering: Enter if the APS incident included psychological or mental suffering of the client by others. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BV]*

73. Financial Abuse – Improper Use/Access: Enter if the APS incident included improper use or access of the of the client's finances by others. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BW]
74. Financial Abuse – Theft: Enter if the APS incident included theft of the client's finances by others. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BX]
75. Financial Abuse – Fraud: Enter if the APS incident included theft of the client's finances by means of fraud by others. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
- [Column BY]
76. Financial Abuse – Amount: Enter the value of funds stolen from the client. Round the amount to the nearest dollar. If the answers for Cell 73 through Cell 75 are all "No" or "Unknown," enter a "0". [Column BZ]
77. Alleged Abuser 1 – Identity: Enter how the alleged abuser is related to the client. Select one of the following using the in-cell dropdown menu;

Alleged Abuser 1 Dropdown Menu Choice	Description
Parent	Client was abused by their parent
Grandparent	Client was abused by their grandparent
Spouse	Client was abused by their spouse
Child	Client was abused by their child
Sibling	Client was abused by their sibling
Domestic partner	Client was abused by their domestic partner

Alleged Abuser 1 Dropdown Menu Choice	Description
Grandchild	Client was abused by their grandchild
Other relative	Client was abused by relative other than those previously listed
Conservator/Guardian	Client was abused by their conservator/guardian
Formal/Paid caregiver	Client was abused by their formal/paid caregiver
Informal/Unpaid caregiver	Client was abused by an informal/unpaid caregiver (i.e. family or friend)
Roommate	Client was abused by their roommate
Landlord	Client was abused by their landlord
Payee	Client was abused by their payee
Service provider	Client was abused by someone in which they have a professional/service provider relationship
Stranger	Client was abused by a stranger/someone in which they have no relationship
Unknown	Client was abused by an unknown person
Not applicable	Not applicable/Self-Neglect

[Column CA]

78. Alleged Abuser 1 – Living with Client: Enter if the alleged abuser was/is living with the client. If “Not applicable” was selected for Cell 77, Cell 78 must have the same answer. If Cell 77 is not “Not applicable”, select one of the following using the in-cell dropdown menu;

- No
- Yes
- Unknown
- Not applicable

[Column CB]

79. Alleged Abuser 2 – Identity: Enter how the alleged abuser is related to the client. If “Not applicable” was selected for Cell 77, Cell 79 must have the same answer. If Cell 77 is not “Not applicable”, select one of the following using the in-cell dropdown menu;

Alleged Abuser 2 Dropdown Menu Choice	Description
Parent	Client was abused by their parent
Grandparent	Client was abused by their grandparent
Spouse	Client was abused by their spouse
Child	Client was abused by their child
Sibling	Client was abused by their sibling
Domestic partner	Client was abused by their domestic partner
Grandchild	Client was abused by their grandchild
Other relative	Client was abused by relative other than those previously listed
Conservator/Guardian	Client was abused by their conservator/guardian
Formal/Paid caregiver	Client was abused by their formal/paid caregiver
Informal/Unpaid caregiver	Client was abused by an informal/unpaid caregiver (i.e. family or friend)
Roommate	Client was abused by their roommate
Landlord	Client was abused by their landlord
Payee	Client was abused by their payee
Service provider	Client was abused by someone in which they have a professional/service provider relationship
Stranger	Client was abused by a stranger/someone in which they have no relationship
Unknown	Client was abused by an unknown person
Not applicable	Not applicable/Self-Neglect/No second alleged abuser

[Column CC]

80. Alleged Abuser 2 – Living with Client: Enter if the alleged abuser was/is living with the client. If “Not applicable” was selected for Cell 79, Cell 80 must have the same answer. If Cell 79 is not “Not applicable”, select one of the following using the in-cell dropdown menu;

- No
- Yes
- Unknown
- Not applicable

[Column CD]

81. Alleged Abuser 3 – Identity: Enter how the alleged abuser is related to the client. If “Not applicable” was selected for Cell 79, Cell 81 must have the same answer. If Cell 79 is not “Not applicable”, select one of the following using the in-cell dropdown menu;

Alleged Abuser 3 Dropdown Menu Choice	Description
Parent	Client was abused by their parent
Grandparent	Client was abused by their grandparent
Spouse	Client was abused by their spouse
Child	Client was abused by their child
Sibling	Client was abused by their sibling
Domestic partner	Client was abused by their domestic partner
Grandchild	Client was abused by their grandchild
Other relative	Client was abused by relative other than those previously listed
Conservator/Guardian	Client was abused by their conservator/guardian
Formal/Paid caregiver	Client was abused by their formal/paid caregiver
Informal/Unpaid caregiver	Client was abused by an informal/unpaid caregiver (i.e. family or friend)
Roommate	Client was abused by their roommate
Landlord	Client was abused by their landlord
Payee	Client was abused by their payee

Alleged Abuser 3 Dropdown Menu Choice	Description
Service provider	Client was abused by someone in which they have a professional/service provider relationship
Stranger	Client was abused by a stranger/someone in which they have no relationship
Unknown	Client was abused by an unknown person
Not applicable	Not applicable/Self-Neglect/No third alleged abuser

[Column CE]

82. Alleged Abuser 3 – Living with Client: Enter if the alleged abuser was/is living with the client. If “Not applicable” was selected for Cell 81, Cell 82 must have the same answer. If Cell 81 is not “Not applicable”, select one of the following using the in-cell dropdown menu;

- No
- Yes
- Unknown
- Not applicable

[Column CF]

83. Reporting Source: Enter the reporting source of the APS incident. Select one of the following using the in-cell dropdown menu;

- Professional service provider
- Educator
- Financial service provider
- Law enforcement
- Medical personnel
- Mental health
- Institutional employee
- Social worker
- Community professional
- Clergy
- Self
- Family member
- No relationship
- Anonymous
- Unknown

[Column CG]

84. APS Incident Reported to Law Enforcement: Enter if the APS incident was reported to law enforcement. Select one of the following using the in-cell dropdown menu;
- No
 - Yes
 - Unknown
 - Not applicable
- [Column CH]*

PART E. INCOME

Part E collects information about the client's monthly income.

85. Disability Income: Enter the monthly income from SSDI. Round the amount to the nearest dollar. Enter "0" if the client does not receive disability income.
[Column CI]
86. Social Security Income: Enter the monthly income from Social Security. Round the amount to the nearest dollar. Enter "0" if the client does not receive Social Security income. *[Column CJ]*
87. Pension or Other Retirement: Enter the monthly income from a pension or another type of retirement account. Round the amount to the nearest dollar. Enter "0" if the client does not receive income from a pension or retirement. *[Column CK]*
88. Private Health Insurance: Enter the monthly income from private health insurance. Round the amount to the nearest dollar. Enter "0" if the client does not receive income from insurance. *[Column CL]*
89. CalFresh: Enter the monthly income from CalFresh. Round the amount to the nearest dollar. Enter "0" if the client does not receive CalFresh income.
[Column CM]
90. Work for Pay: Enter the monthly income from a fulltime or part-time job. Round the amount to the nearest dollar. Enter "0" if the client does not receive income from employment. *[Column CN]*
91. Other Income: Enter any other monthly income the client receives. Round the amount to the nearest dollar. Enter "0" if the client does not receive any other income. *[Column CO]*

PART F. HOME SAFE ASSISTANCE INFORMATION

Part F collects information about the client's Home Safe assistance and intervention(s).

Note: When entering the "Intervention Type" (Cells 96, 102, 108, 114, 120, and 126), use "No intervention" if the client has not yet received Home Safe interventions (use in HSAPS Intervention 1 through 6). Please do not include referrals to outside services as HSAPS Interventions. Referrals to outside services should be recorded in Cell 132 through Cell 139.

Note: When entering "Intervention Date" (Cells 98, 104, 110, 116, 122, and 128), please enter the date the reporting agency started providing the service if it is an ongoing service (such as enhanced case management).

Note: When entering an HSAPS "Intervention Amount" (Cells 99, 105, 111, 117, 123, and 129), the information should include match funds. If the intervention was paid for through match funds, please enter the closest dollar estimate.

92. Case Start Date: Enter the date the client was approved for HSAPS.
[Column CP]

93. Client Referred to CES: Enter if the client was referred to CES. Select one of the following using the in-cell dropdown menu;

Client Referred to CES Dropdown Menu Choice	Description
No	Client has not been referred to CES
Yes – Before Home Safe	Client was referred to CES before being officially enrolled in Home Safe
Yes – After Home Safe	Client was referred to CES after enrollment into Home safe and is receiving Home Safe interventions

[Column CQ]

94. Referral to Longer-Term Assistance – Date: If "Yes" was entered in Cell 93, enter the date the referral to Coordinated Entry was sent. If "No" was entered in Cell 93, leave Cell 94 blank. [Column CR]

95. Referral to Longer-Term Assistance – Amount: If "Yes" was entered in Cell 93, enter the amount issued for emergency financial assistance to support the client during the referral process. Round the amount to the nearest dollar. Enter "0" if there has been no amount issued. Leave blank if "No" was entered in Cell 93.
[Column CS]

96. HSAPS Intervention 1 – Type: Enter the type of HSAPS-funded intervention that the client received. Select one of the following using the in-cell dropdown menu;
- No intervention
 - Rent payment
 - Rent back-pay
 - Temporary housing
 - Utilities
 - Mortgage payment
 - Deep cleaning
 - Security deposit
 - Emergency shelter
 - Legal services
 - Home repair
 - Enhanced case management
 - External housing navigation
 - Caregiver services/Respite care
 - Relocation assistance
 - Other
- [Column CT]*
97. HSAPS Intervention 1 – “Other” Explanation: If “Other” was entered in Cell 96, enter the other type of HSAPS intervention the client received. *[Column CU]*
98. HSAPS Intervention 1 – Date: Enter the date that the HSAPS intervention was issued to the client. Leave blank if Cell 96 is “No intervention”. *[Column CV]*
99. HSAPS Intervention 1 – Amount: Enter the amount issued for the HSAPS intervention. Round the amount to the nearest dollar. Enter “0” if there has been no amount issued. Leave blank if Cell 96 is “No intervention”. *[Column CW]*
100. HSAPS Intervention 1 – Mode of Disbursement: Enter how the assistance for the HSAPS intervention was issued. If “No intervention” was selected for Cell 96, Cell 100 must have the same answer. If Cell 96 is not “No intervention”, select one of the following using the in-cell dropdown menu;

HSAPS Intervention 1 – Mode of Disbursement Dropdown Menu Choice	Description
No intervention	Client has not received a Home Safe intervention
To client	Disbursement was given to the client directly
To payee/conservator	Disbursement was given to a payee/conservator

HSAPS Intervention 1 – Mode of Disbursement Dropdown Menu Choice	Description
To third party	Disbursement was given to a third party
To landlord	Disbursement was given to a landlord
To vendor	Disbursement was given to a vendor
Other	Disbursement was given to a person other than those previously listed
Not yet disbursed	Client received an intervention, but money has not been disbursed

[Column CX]

101. HSAPS Intervention 1 – Mode of Disbursement Explanation: If “To vendor” or “Other” was entered in Cell 100, enter a description of the mode of disbursement of HSAPS Intervention 1. *[Column CY]*

102. HSAPS Intervention 2 – Type: Enter the type of HSAPS funded intervention that the client received. If “No intervention” was selected for Cell 96, Cell 102 must have the same answer. If Cell 96 is not “No intervention”, select one of the following using the in-cell dropdown menu;

- No intervention
- Rent payment
- Rent back-pay
- Temporary housing
- Utilities
- Mortgage payment
- Deep cleaning
- Security deposit
- Emergency shelter
- Legal services
- Home repair
- Enhanced case management
- External housing navigation
- Caregiver services/Respite care
- Relocation assistance
- Other

[Column CZ]

103. HSAPS Intervention 2 – “Other” Explanation: If “Other” was entered in Cell 102, enter the other type of HSAPS Intervention the client received. *[Column DA]*

104. HSAPS Intervention 2 – Date: Enter the date that the HSAPS intervention was issued to the client. Leave blank if Cell 102 is "No intervention". *[Column DB]*

105. HSAPS Intervention 2 – Amount: Enter the amount issued for the HSAPS intervention. Round the amount to the nearest dollar. Enter "0" if no amount has been issued. Leave blank if Cell 102 is "No intervention". *[Column DC]*

106. HSAPS Intervention 2 – Mode of Disbursement: Enter how the assistance for the HSAPS intervention was issued. If "No intervention" was selected for Cell 102, Cell 106 must have the same answer. If Cell 102 is not "No intervention", select one of the following using the in-cell dropdown menu;

HSAPS Intervention 2 – Mode of Disbursement Dropdown Menu Choice	Description
No intervention	Client has not received a second Home Safe intervention
To client	Disbursement was given to the client directly
To payee/conservator	Disbursement was given to a payee/conservator
To third party	Disbursement was given to a third party
To landlord	Disbursement was given to a landlord
To vendor	Disbursement was given to a vendor
Other	Disbursement was given to a person other than those previously listed
Not yet disbursed	Client received an intervention, but money has not been disbursed

[Column DD]

107. HSAPS Intervention 2 – Mode of Disbursement Explanation: If "To vendor" or "Other" was entered in Cell 106, enter a description of the mode of disbursement of HSAPS Intervention 2. *[Column DE]*

108. HSAPS Intervention 3 – Type: Enter the type of HSAPS funded intervention that the client received. If "No intervention" was selected for Cell 102, Cell 108 must have the same answer. If Cell 102 is not "No intervention", select one of the following using the in-cell dropdown menu;

- No intervention
- Rent payment
- Rent back-pay
- Temporary housing
- Utilities

- Mortgage payment
- Deep cleaning
- Security deposit
- Emergency shelter
- Legal services
- Home repair
- Enhanced case management
- External housing navigation
- Caregiver services/Respite care
- Relocation assistance
- Other

[Column DF]

109. HSAPS Intervention 3 – “Other” Explanation: If “Other” was entered in Cell 108, enter the other type of HSAPS Intervention the client received. [Column DG]

110. HSAPS Intervention 3 – Date: Enter the date that the HSAPS intervention was issued to the client. Leave blank if Cell 108 is "No intervention". [Column DH]

111. HSAPS Intervention 3 – Amount: Enter the amount issued for the HSAPS intervention. Round the amount to the nearest dollar. Enter "0" if there has been no amount issued. Leave blank if Cell 108 is "No intervention". [Column DI]

112. HSAPS Intervention 3 – Mode of Disbursement: Enter how the assistance for the HSAPS intervention was issued. If “No intervention” was selected for Cell 108, Cell 112 must have the same answer. If Cell 108 is not “No intervention”, select one of the following using the in-cell dropdown menu;

HSAPS Intervention 3 – Mode of Disbursement Dropdown Menu Choice	Description
No intervention	Client has not received a third Home Safe intervention
To client	Disbursement was given to the client directly
To payee/conservator	Disbursement was given to a payee/conservator
To third party	Disbursement was given to a third party
To landlord	Disbursement was given to a landlord
To vendor	Disbursement was given to a vendor
Other	Disbursement was given to a person other than those previously listed

HSAPS Intervention 3 – Mode of Disbursement Dropdown Menu Choice	Description
Not yet disbursed	Client received an intervention, but money has not been disbursed

[Column DJ]

113. HSAPS Intervention 3 – Mode of Disbursement Explanation: If “To vendor” or “Other” was entered in Cell 113, enter a description of the mode of disbursement of HSAPS Intervention 3. *[Column DK]*

114. HSAPS Intervention 4 – Type: Enter the type of HSAPS funded intervention that the client received. If “No intervention” was selected for Cell 108, Cell 114 must have the same answer. If Cell 108 is not “No intervention”, select one of the following using the in-cell dropdown menu;

- No intervention
- Rent payment
- Rent back-pay
- Temporary housing
- Utilities
- Mortgage payment
- Deep cleaning
- Security deposit
- Emergency shelter
- Legal services
- Home repair
- Enhanced case management
- External housing navigation
- Caregiver services/Respite care
- Relocation assistance
- Other

[Column DL]

115. HSAPS Intervention 4 – “Other” Explanation: If “Other” was entered in Cell 114, enter the other type of HSAPS Intervention the client received. *[Column DM]*

116. HSAPS Intervention 4 – Date: Enter the date that the HSAPS intervention was issued to the client. Leave blank if Cell 114 is "No intervention". *[Column DN]*

117. HSAPS Intervention 4 – Amount: Enter the amount issued for the HSAPS intervention. Round the amount to the nearest dollar. Enter "0" if there has been no amount issued. Leave blank if Cell 114 is "No intervention". *[Column DO]*

118. HSAPS Intervention 4 – Mode of Disbursement: Enter how the assistance for the HSAPS intervention was issued. If “No intervention” was selected for Cell 114, Cell 118 must have the same answer. If Cell 114 is not “No intervention”, select one of the following using the in-cell dropdown menu;

HSAPS Intervention 4 – Mode of Disbursement Dropdown Menu Choice	Description
No intervention	Client has not received a fourth Home Safe intervention
To client	Disbursement was given to the client directly
To payee/conservator	Disbursement was given to a payee/conservator
To third party	Disbursement was given to a third party
To landlord	Disbursement was given to a landlord
To vendor	Disbursement was given to a vendor
Other	Disbursement was given to a person other than those previously listed
Not yet disbursed	Client received an intervention, but money has not been disbursed

[Column DP]

119. HSAPS Intervention 4 – Mode of Disbursement Explanation: If “To vendor” or “Other” was entered in Cell 118, enter a description of the mode of disbursement of HSAPS Intervention 4. *[Column DQ]*

120. HSAPS Intervention 5 – Type: Enter the type of HSAPS funded intervention that the client received. If “No intervention” was selected for Cell 114, Cell 120 must have the same answer. If Cell 114 is not “No intervention”, select one of the following using the in-cell dropdown menu;

- No intervention
- Rent payment
- Rent back-pay
- Temporary housing
- Utilities
- Mortgage payment
- Deep cleaning
- Security deposit
- Emergency shelter
- Legal services
- Home repair

- Enhanced case management
- External housing navigation
- Caregiver services/Respite care
- Relocation assistance
- Other

[Column DR]

121. HSAPS Intervention 5 – “Other” Explanation: If “Other” was entered in Cell 120, enter the other type of HSAPS Intervention the client received. *[Column DS]*

122. HSAPS Intervention 5 – Date: Enter the date that the HSAPS intervention was issued to the client. Leave blank if Cell 120 is "No intervention". *[Column DT]*

123. HSAPS Intervention 5 – Amount: Enter the amount issued for the HSAPS intervention. Round the amount to the nearest dollar. Enter "0" if there has been no amount issued. Leave blank if Cell 120 is "No intervention". *[Column DU]*

124. HSAPS Intervention 5 – Mode of Disbursement: Enter how the assistance for the HSAPS intervention was issued. If “No intervention” was selected for Cell 120, Cell 124 must have the same answer. If Cell 120 is not “No intervention”, select one of the following using the in-cell dropdown menu;

HSAPS Intervention 5 – Mode of Disbursement Dropdown Menu Choice	Description
No intervention	Client has not received a fifth Home Safe intervention
To client	Disbursement was given to the client directly
To payee/conservator	Disbursement was given to a payee/conservator
To third party	Disbursement was given to a third party
To landlord	Disbursement was given to a landlord
To vendor	Disbursement was given to a vendor
Other	Disbursement was given to a person other than those previously listed
Not yet disbursed	Client received an intervention, but money has not been disbursed

[Column DV]

125. HSAPS Intervention 5 – Mode of Disbursement Explanation: If “To vendor” or “Other” was entered in Cell 124, enter a description of the mode of disbursement of HSAPS Intervention 5. *[Column DW]*

126. HSAPS Intervention 6 – Type: Enter the type of HSAPS funded intervention that the client received. If “No intervention” was selected for Cell 120, Cell 126 must have the same answer. If Cell 120 is “No intervention”, select one of the following using the in-cell dropdown menu;

- No intervention
- Rent payment
- Rent back-pay
- Temporary housing
- Utilities
- Mortgage payment
- Deep cleaning
- Security deposit
- Emergency shelter
- Legal services
- Home repair
- Enhanced case management
- External housing navigation
- Caregiver services/Respite care
- Relocation assistance
- Other

[Column DX]

127. HSAPS Intervention 6 – “Other” Explanation: If “Other” was entered in Cell 126, enter the other type of HSAPS Intervention the client received. *[Column DY]*

128. HSAPS Intervention 6 – Date: Enter the date that the HSAPS intervention was issued to the client. Leave blank if Cell 126 is "No intervention". *[Column DZ]*

129. HSAPS Intervention 6 – Amount: Enter the amount issued for the HSAPS intervention. Round the amount to the nearest dollar. Enter "0" if there has been no amount issued. Leave blank if Cell 126 is "No intervention". *[Column EA]*

130. HSAPS Intervention 6 – Mode of Disbursement: Enter how the assistance for the HSAPS intervention was issued. If “No intervention” was selected for Cell 126, Cell 130 must have the same answer. If Cell 126 is not “No intervention”, select one of the following using the in-cell dropdown menu;

HSAPS Intervention 6 – Mode of Disbursement Dropdown Menu Choice	Description
No intervention	Client has not received a sixth Home Safe intervention
To client	Disbursement was given to the client directly

HSAPS Intervention 6 – Mode of Disbursement Dropdown Menu Choice	Description
To payee/conservator	Disbursement was given to a payee/conservator
To third party	Disbursement was given to a third party
To landlord	Disbursement was given to a landlord
To vendor	Disbursement was given to a vendor
Other	Disbursement was given to a person other than those previously listed
Not yet disbursed	Client received an intervention, but money has not been disbursed

[Column EB]

131. HSAPS Intervention 6 – Mode of Disbursement Explanation: If “To vendor” or “Other” was entered in Cell 130, enter a description of the mode of disbursement of HSAPS Intervention 6. *[Column EC]*

132. Legal Services: Enter if the client received legal services. Select one of the following using the in-cell dropdown menu;

- No
- Yes

[Column ED]

133. In-Home Assistance: Enter if the client received in-home assistance. Select one of the following using the in-cell dropdown menu;

- No
- Yes

[Column EE]

134. Case Management: Enter if the client received case management. Select one of the following using the in-cell dropdown menu;

- No
- Yes

[Column EF]

135. Assistance with Benefits: Enter if the client received assistance with benefits (e.g., disability advocacy, signing up for medical benefits, CalFresh application, etc.). Select one of the following using the in-cell dropdown menu;

- No
- Yes

[Column EG]

136. Payee Services: Enter if the client received Payee Services (e.g., if a client was connected to payee representative, individual, agency, etc.). Select one of the following using the in-cell dropdown menu;

- No
- Yes

[Column EH]

137. Financial Management: Enter if the client received financial management. Select one of the following using the in-cell dropdown menu;

- No
- Yes

[Column EI]

138. Other Services: Enter if the client received other assistance or services (e.g., behavioral health, independent living skills classes, support groups, etc.). Select one of the following using the in-cell dropdown menu;

- No
- Yes

[Column EJ]

139. Other Services – Explanation: If “Yes” was entered in Cell 138, enter a description of the service(s) provided. [Column EK]

PART G. EXITS

Part G collects information about the client’s exit from HSAPS.

140. Case Closure Date: Enter the date the client exited HSAPS. Leave blank until the client exits HSAPS. [Column EL]

141. Living Situation at Exit: Enter the client’s living situation at exit. Select one of the following using the in-cell dropdown menu;

Living Situation at Exit Dropdown Menu Choice	Description
Not exited	Client has not exited Home Safe
W/others rent	Lives with others and is paying rent
W/others no rent	Lives with others and does not pay rent/Doubled up
Homeless unsheltered	Homeless and does not have shelter
Homeless sheltered	Homeless and has some form of shelter

Living Situation at Exit Dropdown Menu Choice	Description
Hotel no rights	Living in a hotel and does not have tenancy rights
Hotel with rights	Living in a hotel and does have tenancy rights
Rent leaseholder	Has rental housing and is the lease holder
Owner lives alone	Is the homeowner and lives alone
Owner w/others rent	Is the homeowner and lives with others who pay rent
Owner w/others no rent	Is the homeowner and lives with others who do not pay rent
Skilled nursing facility	Lives in a skilled nursing facility
Residential care facility	Lives in a residential care facility
Board and care facility	Lives in a board and care facility
Deceased	Client is deceased
Unknown	Client's living situation is unknown

[Column EM]

PART H. FOLLOW-UP

Part H collects information about the client outcomes following program exit.

Note: Methods of acceptable verification include, but are not limited to, verbal or written communication from the client, social worker or other county employee, professional service provider, community professional, medical professional, or community professional who is currently in regular contact with the client. Living situation may also be verified through a data match in Homeless Management Information System (HMIS) or another case management system.

Note: Non-APS or Home Safe professionals include, but are not limited to, professional service provider, educator, financial professional, law enforcement, medical personnel, mental health professional, institutional employee, social worker, community professional, or clergy, who is in regular contact with the client

142. Six Month Follow-Up – Living Situation Verified Date: Enter the date the client's living situation, six months after program exit, was verified. This date should be no less than five months and three weeks after to the date in Cell 140 and no more

than eight months after the date in Cell 140. Leave this cell blank if the living situation was not verified. *[Column EN]*

143. Six Month Follow-Up – Method: Enter the method by which the client's living situation was verified. Select one of the following using the in-cell dropdown menu;

Six Month Follow-Up Method Dropdown Menu Choice	Description
Unable to verify	Attempt to verify the client's living situation was unsuccessful
HMIS	Living situation was verified through the HMIS
APS system	Living situation was verified through the APS case management system
Verified – Program staff	Home visit, phone call, or in-person appointment/interview conducted by APS or Home Safe case manager/staff
Verified – External staff	Home visit, phone call, or in-person appointment/interview conducted by non-APS or Home Safe case manager/staff

[Column EO]

144. Six Month Follow-Up – Living Situation: Enter the client's living situation six months after the program exit date. Select one of the following using the in-cell dropdown menu;

Six Month Follow-Up Living Situation Dropdown Menu Choice	Description
With others rent	Lives with others and is paying rent
With others no rent	Lives with others and does not pay rent/Doubled up
Homeless unsheltered	Homeless and does not have shelter
Homeless sheltered	Homeless and has some form of shelter
Hotel no rights	Living in a hotel and does not have tenancy rights
Hotel with rights	Living in a hotel and does have tenancy rights

Six Month Follow-Up Living Situation Dropdown Menu Choice	Description
Rent leaseholder	Has rental housing and is the lease holder
Owner lives alone	Is the homeowner and lives alone
Owner with others rent	Is the homeowner and lives with others who pay rent
Owner with others no rent	Is the homeowner and lives with others who do not pay rent
Skilled nursing facility	Lives in a skilled nursing facility
Residential care facility	Lives in a residential care facility
Board and care facility	Lives in a board and care facility
Deceased	Client is deceased
Unknown	Client's living situation is unknown

[Column EP]

145. Six Month Follow-Up – Homelessness: Enter whether or not the client has been homeless at any time in the six-month period after being exited from the program. Select one of the following using the in-cell dropdown menu;

Six Month Follow-Up Homelessness Dropdown Menu Choice	Description
Yes	Client was homeless within the last six months
No	Client was not homeless within the last six months
Client does not know	Client does not know if they were homeless in the last six months
Not applicable	Attempt to reach client was unsuccessful

[Column EQ]

146. Six Month Follow-Up – Number of Substantiated APS Reports: Excluding the APS case associated with the Home Safe intervention, enter the number of reports on the client, that have been closed and substantiated, on or before the date in Cell 142, Column DR. Enter “0” if no reports on the client have been closed and substantiated. *[Column ER]*

147. Twelve Month Follow-Up – Living Situation Verified Date: Enter the date the client’s living situation, twelve months after program exit, was verified. This date should be no less than 11 months and 3 weeks after the date in Cell 140 and no more than 14 months after the date in Cell 140. Leave this cell blank if the living situation was not verified. *[Column ES]*

148. Twelve Month Follow-Up – Method: Enter the method by which the client’s living situation was verified. Select one of the following using the in-cell dropdown menu;

Twelve Month Follow-Up Method Dropdown Menu Choice	Description
Unable to verify	Attempt to verify the client’s living situation was unsuccessful
HMIS	Living situation was verified through the HMIS
APS system	Living situation was verified through the APS case management system
Verified – Program staff	Home visit, phone call, or in-person appointment/interview conducted by APS or Home Safe case manager/staff
Verified – External staff	Home visit, phone call, or in-person appointment/interview conducted by non-APS or Home Safe case manager/staff

[Column ET]

149. Twelve Month Follow-Up – Living Situation: Enter the client’s living situation twelve months after the program exit date. Select one of the following using the in-cell dropdown menu;

Twelve Month Follow-Up Living Situation Dropdown Menu Choice	Description
With others rent	Lives with others and is paying rent
With others no rent	Lives with others and does not pay rent/Doubled up

Twelve Month Follow-Up Living Situation Dropdown Menu Choice	Description
Homeless unsheltered	Homeless and does not have shelter
Homeless sheltered	Homeless and has some form of shelter
Hotel no rights	Living in a hotel and does not have tenancy rights
Hotel with rights	Living in a hotel and does have tenancy rights
Rent leaseholder	Has rental housing and is the lease holder
Owner lives alone	Is the homeowner and lives alone
Owner with others rent	Is the homeowner and lives with others who pay rent
Owner with others no rent	Is the homeowner and lives with others who do not pay rent
Skilled nursing facility	Lives in a skilled nursing facility
Residential care facility	Lives in a residential care facility
Board and care facility	Lives in a board and care facility
Deceased	Client is deceased
Unknown	Client's living situation is unknown

[Column EU]

150. Twelve Month Follow-Up – Homelessness: Enter whether or not the client has been homeless at any time in the twelve-month period after being exited from the program. Select one of the following using the in-cell dropdown menu;

Twelve Month Follow-Up Homelessness Dropdown Menu Choice	Description
Yes	Client was homeless within the last 12 months
No	Client was not homeless within the last 12 months
Client does not know	Client does not know if they were homeless in the last 12 months

Twelve Month Follow-Up Homelessness Dropdown Menu Choice	Description
Not applicable	Attempt to reach client was unsuccessful

[Column EV]

151. Twelve Month Follow-Up – Number of Substantiated APS Reports: Excluding the APS case associated with the Home Safe intervention, enter the number of reports on the client, that have been closed and substantiated, on or before the date in Cell 147. Enter “0” if no reports on the client have been closed and substantiated.

[Column EW]

PART I. COMMENTS

Part I is not mandatory. Agencies can use this section to add case specific comments.

152. Comments: Enter any comments or case notes that will be helpful for CDSS or for the county’s internal tracking. This could include case comments, changes to the case record, etc. *[Column EX]*

**HOME SAFE ADULT PROTECTIVE SERVICES PROGRAM
MONTHLY STATUS REPORT
HSAPS 19 (07/19)**

VALIDATION RULES AND EDITS

PART A. CLIENT INFORMATION

If Cell 1 is completed

Cell 2 must be completed
Cell 4 through Cell 93 must be completed
Cell 96 must be completed
Cell 100 must be completed
Cell 102 must be completed
Cell 106 must be completed
Cell 108 must be completed
Cell 112 must be completed
Cell 114 must be completed
Cell 118 must be completed
Cell 120 must be completed
Cell 124 must be completed
Cell 126 must be completed
Cell 130 must be completed
Cell 132 through Cell 138 must be completed

PART B. HOUSEHOLD INFORMATION

If Cell 25 has "No" selected

Cell 26 must be equal to "0"
Cell 27 must be "Client was not homeless"

If Cell 25 has "Yes" selected

Cell 26 must be greater than "0"

If Cell 25 has "Unknown" selected

Cell 26 must be equal to "99"

If Cell 29 has "No" selected

Cell 30 must be equal to "0"

If Cell 29 has "Yes" selected

Cell 30 must be greater than "0"

If Cell 29 has “Unknown” selected

Cell 30 must be equal to “99”

PART D. APS INFORMATION

If Cell 73, Cell 74, and Cell 75 all have “No” or “Unknown” selected

Cell 76 must be equal to “\$0”

If Cell 73, Cell 74, or Cell 75 have “Yes” selected

Cell 76 must be greater than “\$0”

If Cell 77 has “Not applicable” selected

Cell 78 through Cell 82 must have “Not applicable” selected

If Cell 79 has “Not applicable” selected

Cell 80 through Cell 82 must have “Not applicable” selected

If Cell 81 has “Not applicable” selected

Cell 82 must have “Not applicable” selected

PART F. HOME SAFE ASSISTANCE INFORMATION

If Cell 92 has a date entered

The date entered in Cell 92 must be after the date entered in Cell 60

The date entered in Cell 92 must be before the date entered in Cell 98

The date entered in Cell 92 must be before the date entered in Cell 104

The date entered in Cell 92 must be before the date entered in Cell 110

The date entered in Cell 92 must be before the date entered in Cell 116

The date entered in Cell 92 must be before the date entered in Cell 122

The date entered in Cell 92 must be before the date entered in Cell 128

The date entered in Cell 92 must be before the date entered in Cell 140

If Cell 93 has a “Yes” selected

Cell 94 must be completed

Cell 95 must be completed

If Cell 96 has “No Intervention” selected

Cell 97 through Cell 99 must be blank

Cell 101 must be blank

If Cell 96 has “Other” selected

Cell 97 must be completed

If Cell 98 has a date entered

The date entered in Cell 98 must be after the date entered in Cell 92
The date entered in Cell 98 must be before the date entered in Cell 140

If Cell 100 has “To vendor” or “Other” selected

Cell 101 must be completed

If Cell 102 has “No Intervention” selected

Cell 103 through Cell 105 must be blank
Cell 107 must be blank

If Cell 102 has “Other” selected

Cell 103 must be completed

If Cell 104 has a date entered

The date entered in Cell 104 must be after the date entered in Cell 92
The date entered in Cell 104 must be before the date entered in Cell 140

If Cell 106 has “To vendor” or “Other” selected

Cell 107 must be completed

If Cell 108 has “No Intervention” selected

Cell 109 through Cell 111 must be blank
Cell 113 must be blank

If Cell 108 has “Other” selected

Cell 109 must be completed

If Cell 110 has a date entered

The date entered in Cell 110 must be after the date entered in Cell 92
The date entered in Cell 110 must be before the date entered in Cell 140

If Cell 112 has “To vendor” or “Other” selected

Cell 113 must be completed

If Cell 114 has “No Intervention” selected

Cell 115 through Cell 117 must be blank

If Cell 114 has “Other” selected

Cell 115 must be completed

If Cell 116 has a date entered

The date entered in Cell 116 must be after the date entered in Cell 92
The date entered in Cell 116 must be before the date entered in Cell 140

If Cell 118 has “To vendor” or “Other” selected

Cell 119 must be completed

If Cell 120 has “No Intervention” selected

Cell 121 through Cell 123 must be blank
Cell 125 must be blank

If Cell 120 has “Other” selected

Cell 121 must be completed

If Cell 122 has a date entered

The date entered in Cell 122 must be after the date entered in Cell 92
The date entered in Cell 122 must be before the date entered in Cell 140

If Cell 124 has “To vendor” or “Other” selected

Cell 125 must be completed

If Cell 126 has “No Intervention” selected

Cell 127 through Cell 129 must be blank
Cell 131 must be blank

If Cell 126 has “Other” selected

Cell 127 must be completed

If Cell 128 has a date entered

The date entered in Cell 128 must be after the date entered in Cell 92
The date entered in Cell 128 must be before the date entered in Cell 140

If Cell 130 has “To vendor” or “Other” selected

Cell 131 must be completed

If Cell 138 has “Yes” selected

Cell 139 must be completed

PART H. FOLLOW-UP

If Cell 140 has a date entered

Cell 141 must be completed

The date entered in Cell 140 must be after the date entered in Cell 92

The date entered in Cell 140 must be after the date entered in Cell 98

The date entered in Cell 140 must be after the date entered in Cell 104

The date entered in Cell 140 must be after the date entered in Cell 109

The date entered in Cell 140 must be after the date entered in Cell 116

The date entered in Cell 140 must be after the date entered in Cell 122

The date entered in Cell 140 must be after the date entered in Cell 128

If Cell 142 has a date entered

Cell 143 through Cell 146 must be completed

If Cell 147 has a date entered

Cell 148 through Cell 151 must be completed