



**Health Issues:**

✓ if Barrier

Do you have a history of any physical health issues?  
If yes, what are they?

Yes  No

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Do you have any **physical health** concerns right now?  
If yes, what are they?

Yes  No

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Are you currently on any medications?  
If yes, please list:

Yes  No

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Do you have prescriptions you have not filled?  
If yes, for what:

Yes  No

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Have you ever been diagnosed with a **mental health** condition?  
If yes, explain diagnosis.

Yes  No

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Have you ever been hospitalized for a mental health related issue?  
If yes, when and where?

Yes  No

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Have you ever used **drugs or alcohol**?  
If yes, which ones?

Yes  No

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Estimated time since last use? \_\_\_\_\_

Have you ever been in treatment for drug or alcohol use? When? \_\_\_\_\_

Yes  No

Have you ever been the victim of **domestic violence or family violence**?  
If yes, please indicate types and dates:

Yes  No

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Is there anyone in your current household that would have answered "yes" to the above family violence questions?  
If yes, please explain:

Yes  No

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**Children:** (To be completed for households with children only)

N/A

if Barrier

How many minor children live in your household? \_\_\_\_\_

Do you have school aged children not enrolled in school?

Yes  No

School Name \_\_\_\_\_ City \_\_\_\_\_

Do you have children under 6 years old?

Yes  No

Is affordable childcare a concern for you?

Yes  No

Do any of your children have developmental or learning concerns?  
If yes, please explain:

Yes  No

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**Rental History:**

Has your household been evicted in the last 5 years?

Yes  No

When was the last time you rented a place in your own name? \_\_\_\_\_

Dates \_\_\_\_\_

**Credit History:**

Do you have an unpaid dept balance?  
If so, what is it? \$ \_\_\_\_\_

Yes  No

How would you rate your credit history?

Good  Fair  Poor  Don't Know

Do you have unpaid rent or utility bills?  
If yes, please describe:

Yes  No

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**Arrest History:**

Have you ever been arrested?  
If yes, type of arrest and dates:

Yes  No

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What was the outcome of your case?

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Are you currently on probation or parole?  
If yes, please explain:

Yes  No

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**Education / Employment:**

Are you lacking a high school diploma or GED?

Highest grade completed? \_\_\_\_\_

Yes  No

✓ if Barrier

Are you currently unemployed?

Yes  No

Disabled

When was the last time you were employed?

Approximate date \_\_\_\_\_ Number of hours \_\_\_\_\_

Occupation \_\_\_\_\_

N/A

Do you need a valid drivers license?

Yes  No

Do you need help with transportation?

What's needed? \_\_\_\_\_

Yes  No

Total number of potential barriers

**Other Notes:**

## Members in Household

Case Name \_\_\_\_\_

### Head of Household

### Has ID Paperwork

First Name		Birth Certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Last Name		Driver's License	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
DOB	Sex	State ID	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
SS#		Social Security card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Relationship to HH		Legal Perm. Resident Card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain

### Others in Household

First Name		Birth Certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Last Name		Driver's License	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
DOB	Sex	State ID	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
SS#		Social Security card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Relationship to HH		Legal Perm. Resident Card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain

First Name		Birth Certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
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SS#		Social Security card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain
Relationship to HH		Legal Perm. Resident Card	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Needs to Obtain

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**Residence prior to Program Entry** *(All adults and unaccompanied youth)*

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Owned by client, no housing subsidy
<input type="checkbox"/> Places not meant for human habitation	<input type="checkbox"/> Owned by client, with housing subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	<input type="checkbox"/> Hospital (non-psychiatric)
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Staying or living in a family member's room, apartment or house	<input type="checkbox"/> Substance abuse treatment facility or detox center
<input type="checkbox"/> Staying or living in a friend's room, apartment or house	<input type="checkbox"/> Jail, prison, or juvenile detention facility
<input type="checkbox"/> Rental by client, no housing subsidy	<input type="checkbox"/> Safe Haven
<input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy	<input type="checkbox"/> Other: (Describe)
<input type="checkbox"/> Rental by client, with VASH housing subsidy	<input type="checkbox"/> Client does not know
	<input type="checkbox"/> Client refused to provide

**Length of stay in previous place** *(All adults and unaccompanied youth)*

<input type="checkbox"/> 1 week or less	<input type="checkbox"/> Client does not know
<input type="checkbox"/> More than 1 week, but less than 1 month	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> 1 to 3 months	
<input type="checkbox"/> More than 3 months but less than 1 year	
<input type="checkbox"/> 1 year or longer	

**Zip code of LAST permanent address and type** *(All adults and unaccompanied youth)*

Zip code <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						<input type="checkbox"/> Full or partial zip code reported
	<input type="checkbox"/> Client does not know					
<input type="checkbox"/> Client refused to provide						

**Housing status** *(All clients)*

<input type="checkbox"/> Literally homeless	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Housed and at imminent risk of losing housing	<input type="checkbox"/> Client refused to provide
<input type="checkbox"/> Housed and at-risk of losing housing	
<input type="checkbox"/> Stably housed	

**Non-Cash benefits** *(All clients)*

Did you receive any non-cash benefits over the last 30 days?

<input type="checkbox"/> No	<input type="checkbox"/> Client does not know
<input type="checkbox"/> Yes	<input type="checkbox"/> Client refused to provide

(If yes) Which of the following non-cash benefits have you received over the last 30 days?

Receives non-cash benefit?

Pending/Referral

No	Yes	Date Applied	Date Referred	Notes
<input type="checkbox"/>	<input type="checkbox"/> Food stamps or money for food on a benefits card			
<input type="checkbox"/>	<input type="checkbox"/> MEDI-CAL health insurance program			
<input type="checkbox"/>	<input type="checkbox"/> MEDICARE health insurance program			
<input type="checkbox"/>	<input type="checkbox"/> State Children's Health Insurance Program (SCHIP)			
<input type="checkbox"/>	<input type="checkbox"/> WIC (Nutrition for Women, Infants, and Children)			
<input type="checkbox"/>	<input type="checkbox"/> Veteran's Administration (VA) Medical Services			
<input type="checkbox"/>	<input type="checkbox"/> TANF child care services			
<input type="checkbox"/>	<input type="checkbox"/> TANF transportation services			
<input type="checkbox"/>	<input type="checkbox"/> Other TANF-Funded Services			
<input type="checkbox"/>	<input type="checkbox"/> Section 8, Public Housing, or other rental assistance			
<input type="checkbox"/>	<input type="checkbox"/> Other source:			

**Employment**

Are you currently employed?  Yes  No *(If yes, ask the following questions):*

How many hours did you work last week? \_\_\_\_\_ hours

Was this  Permanent  Part-time  Temporary  Seasonal ?

Current employer Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

How long have you worked there? \_\_\_\_\_ Approximate Start Date \_\_\_\_\_

Previous employment (type and duration) \_\_\_\_\_

*If client reports that he/she is not working, ask the following):*

Are you currently looking for work?  Yes  No

Are you currently unable to work?  Yes  No

Why? \_\_\_\_\_

Notes:
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## Income

List income from any source over the last 30 days.

Source of Income (Monthly Amounts)	Head of Household Amount
<input type="checkbox"/> Earned Income	\$
<input type="checkbox"/> Unemployment Insurance Benefits (UIB)	\$
What round? _____ Balance in pool? \$ _____ Weekly amount? \$ _____	
<input type="checkbox"/> Supplemental Security Income (SSI)	\$
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$
<input type="checkbox"/> State Disability Insurance (SDI)	\$
<input type="checkbox"/> Social Security Retirement	\$
<input type="checkbox"/> Food Stamps (CalFresh) < \$ >	
<input type="checkbox"/> Worker's Compensation	\$
<input type="checkbox"/> CalWORKs / TANF	\$
<input type="checkbox"/> General Relief (GR)	\$
<input type="checkbox"/> Veteran's Pension	\$
<input type="checkbox"/> Veteran's Disability Payment	\$
<input type="checkbox"/> Pension from a former job	\$
<input type="checkbox"/> Child Support	\$
<input type="checkbox"/> Alimony or other Spousal Support	\$
<input type="checkbox"/> Other source – what?	\$
<input type="checkbox"/> No financial resources	
<b>Gross Monthly Income</b>	\$
<b>Gross Annual Income</b>	\$
<b>Net Monthly Income</b> \$	

Notes:

## Monthly Expenses

Expense	Amount	Notes
Rent	\$	
Gas Company	\$	
Electric	\$	
Water / Trasn	\$	
Food	\$	
Phone	\$	
Cable / Internet	\$	
Child Support	\$	
Child Care	\$	
Car Payments	\$	
Car Insurance	\$	
Gas / Bus pass	\$	
Fees / Fines	\$	
Credit Cards	\$	
Storage	\$	
Laundry / Diapers	\$	
Medicine	\$	
Incidentals, Sports, Entertainment	\$	
Other	\$	
<b>Total Monthly Expenses</b>	<b>\$</b>	

## Credit

What type of credit history do you have?

Good  Fair  Bad  No Credit History  Don't Know

Credit Score: \_\_\_\_\_

Date last Checked: \_\_\_\_\_

Balance per Credit Report:

\$

Unpaid Debts:

## Assets (\$3,000 limit)

Do you have a bank account?  Yes  No

Checking \$ \_\_\_\_\_ (Approx. balance this date)  Savings \$ \_\_\_\_\_ (Approx. balance this date)  Other \$ \_\_\_\_\_ (Approx. balance this date)

Do you have any assets (car, property, CD, IRA)?  Yes  No

Details: \_\_\_\_\_

Notes:

Combined Household Monthly Income \$ \_\_\_\_\_  
Combined Household Monthly Expenses \$ \_\_\_\_\_  
Balance \$ \_\_\_\_\_

Annual Income \$ \_\_\_\_\_

Total Persons in Household

Special Circumstances

**Need for Funds & Housing Stability Plan**

Why does household need this help? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will they maintain housing stability? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Request for Payment

Head of household \_\_\_\_\_

City of residency \_\_\_\_\_ City of employment \_\_\_\_\_

Number in household \_\_\_\_\_

Charge to:  Co. HPRP  ESG County  ESG Oxnard

Annual Income \$ \_\_\_\_\_

Type:  HP  RRH

AMI for Household size: 30% \$ \_\_\_\_\_ 50% \$ \_\_\_\_\_

## Funds Requested:

Rental arrears \$ \_\_\_\_\_  
Move-in deposit \$ \_\_\_\_\_  
1<sup>st</sup> month rent \$ \_\_\_\_\_  
2<sup>nd</sup> month rent \$ \_\_\_\_\_  
Past due utility \$ \_\_\_\_\_  
Utility deposit \$ \_\_\_\_\_  
Storage / moving \$ \_\_\_\_\_  
**Total funds needed \$ \_\_\_\_\_**  
**Client portion \$ \_\_\_\_\_**  
  
**Amount requested \$ \_\_\_\_\_**

<input type="checkbox"/> Not Approved
<input type="checkbox"/> Approved for \$ _____
By _____ Signature
Date _____
<b>Special Request</b>
<input type="checkbox"/> Not Approved
<input type="checkbox"/> Approved for \$ _____
By _____ Signature
Date _____

Check payable to \_\_\_\_\_ Amount \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Tax ID or SS # of business / landlord \_\_\_\_\_ Phone \_\_\_\_\_

Account number \_\_\_\_\_

Check payable to \_\_\_\_\_ Amount \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Tax ID or SS # of business / landlord \_\_\_\_\_ Phone \_\_\_\_\_

Account number \_\_\_\_\_

Check payable to \_\_\_\_\_ Amount \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Tax ID or SS # of business / landlord \_\_\_\_\_ Phone \_\_\_\_\_

Account number \_\_\_\_\_

By signing below, I certify that the applicant meets all program eligibility criteria.

Case Manager Signature \_\_\_\_\_

Date \_\_\_\_\_