

# Homelessness Prevention Documentation Checklist

(Form 3A)

Head of Household Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ Exit Date: \_\_\_\_\_

<b style="color: #0070C0;">Eligibility Determination:</b> <i>All documents in this section must be completed prior to enrolling household in Homelessness Prevention.</i>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<input type="checkbox"/> <b>HP At-Risk of Homelessness Status Worksheet</b> (Form 3B) with required documentation attached (check <b>one</b> below):  <input type="checkbox"/> <b>HP Third Party Documentation</b> - <i>HMIS Printout, Third Party Documentation Certification (Form 3C), <u>or</u> another written, signed Third Party Statement.</i>  <input type="checkbox"/> <b>HP Self-Certification Documentation</b> – <i>HP Staff Report and Due Diligence Form (Form 3D) <u>and</u> HP Participant Self-Certification Form (Form 3E)</i>
		<b>Income Evaluation</b> (from HUD <a href="#">CPD Income Eligibility Calculator</a> )  <input type="checkbox"/> If result of Income Evaluation indicates that household <u>is</u> eligible for Homelessness Prevention services, check here and continue with Enrollment.  <input type="checkbox"/> If result of Income Evaluation indicates that household <u>is not</u> eligible for Homelessness Prevention services, enroll in DAY CENTER services and provide light-touch problem-solving case management only. This may include: <ul style="list-style-type: none"> <li>● Providing information on affordable permanent housing</li> <li>● Assisting with completing rental applications</li> <li>● Information on mainstream benefits (CalFresh, CalWORKs, SSI/SSDI, General Assistance, Food Banks, etc.)</li> <li>● Providing advocacy with existing landlords with setting up re-payment plans, mitigating other issues threatening household's ability to retain housing, etc.</li> <li>● Referral/connection to Legal Services of Northern California for assistance with evictions and/or other legal issues pertaining to housing, etc.)</li> </ul>

		<p><b>Income Documentation</b> (attach to Income Evaluation in participant file)</p>
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<p><b>At Enrollment:</b> <i>All documents in this section must be completed prior to providing <b>Housing Relocation and Stabilization Services</b> or <b>Rental Assistance</b> services under Homelessness Prevention.</i></p>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<p><b>HP Intake (Form 3F)</b> (Includes completing HMIS Enrollments for all Household Members – Form 3Fi for each Adult and Form 3Fii for each Child)</p>
		<p><b>Tehama CoC HMIS Release of Information</b> <a href="http://www.tehamacoc.org/providerresources">www.tehamacoc.org/providerresources</a></p>
		<p><b>HP Needs Assessment (Form 3G)</b></p>
		<p><b>HP Housing Stability Plan (Form 3H)</b></p>
		<p><b>HP Participation Packet</b> <i>(Complete all forms listed below that require information entry/signatures. For all forms listed below except the Protect Your Family from Lead in the Home Pamphlet, retain originals in household's file. Provide copies of all forms listed below, including the Protect Your Family from Lead in the Home Pamphlet to participant to keep.)</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>HP Participation Agreement (Form 3I)</b></li> <li><input type="checkbox"/> <b>HP Program Acceptance Letter (Form 3J)</b> – Provide <u>several</u> copies to participant.</li> <li><input type="checkbox"/> <b>HP Statement of Participant Rights (Form 3K)</b></li> <li><input type="checkbox"/> <b>HP Termination and Appeals Policy (Form 3L)</b></li> <li><input type="checkbox"/> <b>HP Confidentiality Policy (Form 3M)</b></li> <li><input type="checkbox"/> <b>Notice of Occupancy Rights Under the Violence Against Women Act (<a href="#">HUD-5380</a>)</b></li> <li><input type="checkbox"/> <b>Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, and Alternate Documentation (<a href="#">HUD-5382</a>)</b> <i>(Provide BLANK for future use, if needed)</i></li> <li><input type="checkbox"/> <b>Protect Your Family from Lead in Your Home Pamphlet (<a href="#">EPA</a>)</b></li> <li><input type="checkbox"/> <b>HP Acknowledgement of Receipt of Program Notices (Form 3N)</b></li> <li><input type="checkbox"/> <b>HP Participant Next Steps (Form 3O)</b></li> </ul>

		<p><b>Document Services Provided</b> (Must be entered into HMIS; Form 3P use optional)</p>
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If obtaining new permanent housing, skip this section and go to "If household must obtain new housing, once a potential unit has been identified" section.

**If household can retain existing housing:**

All documents in this section must be completed prior to providing **Rental Assistance** services.

Responsible Staff:	Initial when completed:	Instructions/Forms:
		<p><b>HP Release of Information – Property Owner/Manager</b> (Form 3T) <i>The Release of Information must name the prospective landlord as a party with whom the participant's PERSONALLY IDENTIFYING INFORMATION and PROGRAM PARTICIPATION STATUS can be shared.</i></p>
		<p><b>Existing Lease</b> (from Property Owner/Manager, directly or via participant) <i>NOTE: If the assistance will be solely for arrears, an oral lease agreement may be accepted in place of a written lease. Staff should confirm this agreement with the landlord and document this conversation in writing, placing written documentation in household's file.</i></p>
		<p><b>HP Rent Reasonableness Certification</b> (Form 3R)</p>
		<p><b>Duplication of Benefits Checklist</b> (Form 3S)</p>
		<p><input type="checkbox"/> <b>HP Lease Compliance Worksheet</b> (Form 3U)</p>
		<p><input type="checkbox"/> <b>Lease Compliance Notice</b> (Form 3V) <i>This document, along with applicable attachments are to be provided to property owner/manager and a copy retained in client file attached to the Lease Compliance Worksheet (Form N). Do not proceed to conducting the Habitability Standards Inspection until all required attachments have been implemented/returned.</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Request for Taxpayer ID Number and Certification</b> <i>(IRS Form W-9)</i> <i>(Include with <u>all</u> Lease Compliance Notices, except where Property Manager is a corporation)</i></li> <li><input type="checkbox"/> <b>VAWA Lease Amendment</b> <i>(Form HUD-91067)</i> <i>(Include if proposed lease does not meet VAWA requirements.)</i></li> <li><input type="checkbox"/> <b>HUD LBP Acknowledgement Form</b> <i>(Form HUD 12345)</i> <i>(Include if proposed lease requires, but does not include.)</i></li> </ul>
		<p><b>Document Services Provided</b> (Must be entered into HMIS; Form 3P use optional)</p>

*If retaining existing housing, skip this section and go to "To Provide Rental Assistance" section.*

**If household must obtain new housing, once a potential unit has been identified:**

*All documents in this section must be completed prior to providing **Rental Assistance** services.*

Responsible Staff:	Initial when completed:	Instructions/Forms:
		<b>HP Housing Unit Identification Worksheet</b> (Form 3Q)
		<b>HP Rent Reasonableness Certification</b> (Form 3R)
		<b>Duplication of Benefits Checklist</b> (Form 3S)
		<p><b>HP Release of Information – Property Owner/Manager</b> (Form 3T)  <i>The Release of Information must name the prospective landlord as a party with whom the participant's PERSONALLY IDENTIFYING INFORMATION and PROGRAM PARTICIPATION STATUS can be shared.</i></p>
		<b>Proposed Lease</b> (from Property Owner/Manager, directly or via participant)
		<input type="checkbox"/> <b>HP Lease Compliance Worksheet</b> (Form 3U)
		<input type="checkbox"/> <b>Lease Compliance Notice</b> (Form 3V) <i>This document, along with applicable attachments are to be provided to property owner/manager and a copy retained in client file attached to the Lease Compliance Worksheet (Form N). Do not proceed to conducting the Habitability Standards Inspection until all required attachments have been implemented/returned.</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Request for Taxpayer ID Number and Certification</b> (<a href="#">IRS Form W-9</a>)  <i>(Include with <u>all</u> Lease Compliance Notices, except where Property Manager is a corporation)</i></li> <li><input type="checkbox"/> <b>VAWA Lease Amendment</b> (<a href="#">Form HUD-91067</a>)  <i>(Include if proposed lease does not meet VAWA requirements.)</i></li> <li><input type="checkbox"/> <b>Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards</b> (<a href="#">Form HUD 12345</a>)  <i>(Include if proposed lease requires, but does not include.)</i></li> </ul>
		<p><b>Document Services Provided</b>            (Must be entered into HMIS; Form 3P use optional)</p>

<p><b>To Provide Rental Assistance:</b>  <i>All documents in this section must be completed prior to providing <b>Rental Assistance</b> services.</i></p>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<p><b><u>Executed Lease/Rental Agreement</u></b>  <i>HP Project must have fully executed lease (signed by participant as tenant/lessee and Property Owner/Manager as landlord/lessor) on file prior to providing financial assistance with security deposit or rent payments.</i></p>
		<p><b><u>Completed Request for Taxpayer ID Number and Certification</u></b> (<a href="#">IRS Form W-9</a>)</p>
		<p><b>HP Habitability Standards Checklist</b> (Form 3W)</p>
		<p><input type="checkbox"/> <b>Lead Based Paint Screening Worksheet</b> (Form 3X)  <i>If applicable, include/distribute the following:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Lead Based Paint Visual Assessment Certification (2Xi)</b></li> <li><input type="checkbox"/> <b>ESG Lead-Based Paint Property Owner Certification Form (2Xii)</b></li> <li><input type="checkbox"/> <b>Instructions for Residents Receiving ESG Assistance (2xiii)</b></li> <li><input type="checkbox"/> <b>Instructions for Property Owners with Tenants Receiving ESG Assistance (2Xiv)</b></li> </ul>
		<p><b>HP Rental Assistance Agreement</b> (Form 3Y)</p>
		<p><b>*Document Move-In Date in Head of Household's HMIS Program Enrollment*</b>  <i>(Re-print Head of Household's updated HMIS Program Enrollment to retain in file)</i></p>
		<p><b>Document Services Provided</b>  <i>(Must be entered into HMIS; Form 3P use optional)</i></p>

<p><b>Case Management / Re-Evaluations</b>  <i>Case Management meetings should be offered no less than monthly. Re-evaluations should be offered one month prior to the last month of assistance as indicated on the</i></p>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<p>Updated/new <b>Homelessness Prevention Housing Stability Plan</b> (Form 3H), as applicable.</p>
		<p>Updated/new <b>HP Rental Assistance Agreement</b> (Form 3Y), as applicable.</p>
		<p><b>Document Services Provided</b>  <i>(Must be entered into HMIS; Form 3P use optional)</i></p>

<b>Annual Re-Certification (if applicable)</b>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<b>HP Annual Assessment (Form 3Z)</b> (Information must be entered into HMIS and hard copy retained in participant file. See options described in Form 3AA)
		<b>Income Evaluation</b> (from HUD <a href="#">CPD Income Eligibility Calculator</a> )  If result of Income Evaluation indicates that household is no longer eligible for Homelessness Prevention services, do not complete Form 3Z below. Complete the HP Housing Stability Plan with participant and offer up to 90 days of follow-up Case Management services. At the end of the 90-day period (or earlier, if household is stable and/or declines follow-up services, complete "At Exit" and "To Close File" sections.
		<b>Income Documentation</b> (attach to Income Evaluation in participant file)
		<b>Homelessness Prevention Housing Stability Plan (Form 3H)</b> (original to file, copy to participant)
		<b>HP Rental Assistance Agreement (Form 3Y)</b> (original to file, copy to participant)
		<b>Document Services Provided</b> (Must be entered into HMIS; Form 3P use optional)

<b>At Exit:</b>		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		<b>HP Termination of Assistance Letter (Form 3AA)</b> Retain a copy in household's file and deliver, or cause to be delivered, original document to participant. Delivery in-person is preferred, however delivery by U.S. Mail to participant's last known address is acceptable in cases in which participant has ceased contact with the program.  Check the delivery method used:  <input type="checkbox"/> Hand delivered to participant on (date): _____ <input type="checkbox"/> Mailed to participant's last known address on (date) _____  If mailed, explain why letter could not be delivered to participant in-person: _____ _____ _____

		_____
		<p><b>HP Exit Assessment</b> (Form 3AB)          (Information must be entered into HMIS and hard copy retained in participant file. See options described in Form 3AB)</p>
		<p><b>Document Services Provided</b>          (Must be entered into HMIS; Form 3P use optional)</p>

To Close File:		
Responsible Staff:	Initial when completed:	Instructions/Forms:
		Print any <b>Services Provided</b> records from Apricot Document Folder(s) for which a Form 3P was not used. Add to household file.
		Review household file against this form and confirm that all documents are present and complete. Add Exit Date to page 1 of this form, then sign below to certify:

HP Project Staff Name: \_\_\_\_\_

HP Project Staff Signature: \_\_\_\_\_ File Close Date: \_\_\_\_\_





# Homelessness Prevention At-Risk of Homelessness Status Worksheet (Form 3B)

This form is to be completed and certified by **HP Project Staff**.

Head of Household Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ # of persons in Household \_\_\_\_\_

## **PART 1: ELIGIBILITY PRESCREEN** (Complete Part 1A **AND** Part 1B)

Eligibility for Homelessness Prevention is limited to individuals and families that meet both of the criteria in PART 1A **and both** of the criteria in PART 1B **and at least one** of the categories in PART 1C.

Complete **all three parts**:

### **PART 1A: This individual or family:**

- Will experience literal homelessness without HP assistance; **AND**

**REQUIRED WHETHER CHECKING THIS BOX OR NOT:** Explain your rationale for checking or not checking this box here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Will With HP assistance, they will remain in safe housing.

**REQUIRED WHETHER CHECKING THIS BOX OR NOT:** Explain your rationale for checking or not checking this box here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If either one of the above does not apply, this individual or family is not eligible for Homelessness Prevention. Skip to Section 3 and check "Not eligible for Homelessness Prevention" then assist the individual or family with problem solving and/or eligibility for other types of assistance.**

### **PART 1B: This individual or family:**

- Has an annual income below 30% of AMI (must have documentation of income eligibility; **AND**

- Lacks sufficient resources or support networks immediately available to prevent homelessness supported by other documentation when practical such as termination notice, unemployment compensation statement, bank statement, healthcare/utility bill showing arrears.

**If either one of the above does not apply, this individual or family is not eligible for Homelessness Prevention. Skip to Section 3 and check "Not eligible for Homelessness Prevention" then assist the individual or family with problem solving and/or eligibility for other types of assistance.**

**PART 1C:** Please check the risk(s) below that apply to the household's circumstances:

- Risk 1:** Persistent housing instability - has moved because of economic reasons two or more times during the 60 days immediately preceding the application for assistance **(must document the following two criteria):**
  - Housing history must demonstrate two or more moves within 60 days: documentation may include HMIS records, referral from housing/service provider, letter from tenant/owner (**intake observation not appropriate**); **and**
  - Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc.: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (**intake observation not appropriate**).
  
- Risk 2:** Living in the home of another person/individual because of economic hardship **(must document the following two criteria):**
  - Housing must be in the home of another (i.e., doubled up): documentation may include letter from tenant/homeowner (**intake observation may be appropriate**); **and**
  - Economic reasons may include termination from employment, unexpected medical costs, inability to maintain housing including utilities, etc: documentation may include notice of termination, healthcare bills indicating arrears, utility bills indicating arrears (**intake observation not appropriate**).
  
- Risk 3:** Housing loss within 21 days – has been notified of their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance: notification to leave within 21 days must be written and only third party source/written is appropriate **(must document one of the following criteria):**
  - If tenant/homeowner: eviction notice, court order to leave within 21 days; **or**
  - If living with another (doubled up): eviction letter from tenant/homeowner.
  
- Risk 4:** Living in a rented hotel or motel and cost is not paid for by charitable organization or by Federal, State, or local government programs for low-income individuals **(must document the following two criteria):**
  - Housing must be in a hotel/motel: documentation may include either letter from hotel/motel manager or intake observation; **and**
  - Costs have not been covered by charitable organization or government program: documentation – cancelled check.
  
- Risk 5:** Living in a severely over-crowded unit as defined by US Census Bureau: lives in an SRO or efficiency apartment unit in which there reside more than 2 persons or lives in a larger housing unit in which there reside more than 1½ persons per room **(must document the following):**

- Number of rooms in unit **AND** number of individuals living in unit: documentation may include lease, unit details from Tax Assessor's Office, intake observation.
- Risk 6:** Exiting publicly funded institution or system of care (**must document the following**):
  - Discharge from healthcare facility, mental health facility, foster care or other youth facility or correction program: documentation – discharge paperwork or referral letter.

**If none of the above apply, this individual or family is not eligible for Homelessness Prevention. Skip to Section 3 and check "Not eligible for Homelessness Prevention" then assist the individual or family with problem solving and/or eligibility for other types of assistance.**

## PART 2: ELIGIBILITY DOCUMENTATION

Status indicated in Part 1 must be documented using either the Third-Party Documentation option or the Self-Certification option below. Please check the option being used **and** attach **all** additional forms and documents checked below to this form in the household's file:

- Third Party Documentation – Attach at least one of the following to this form:**
  - HP Third Party Statement Certification Form (Form 2C)
  - A written, signed statement from Third Party agency staff describing that the participant's circumstances meet one of Options 1-3 (i.e., letter on agency letterhead, form developed by the Third-Party agency for this purpose, or other written statement)
- Self-Certification Documentation Set - Attach both of the following to this form:**
  - HP Staff Observation and Due Diligence Form (Form 2D)
  - HP Participant Self-Certification Form (Form 2E)

## PART 3: STAFF CERTIFICATION

Based on the information described above, I have determined that this household is (check only one):

- Eligible for Homelessness Prevention
- Not eligible for Homelessness Prevention

Intake Staff Name: \_\_\_\_\_

Intake Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_



# Third Party Statement Certification (Form 3C)

This form is to be completed and certified by **Project Staff** in partnership with **Third Party Staff**.

*NOTE: For the purposes of completing this form, "Third Party Staff" is defined as staff from a project other than the HP project that has knowledge of the household's current primary nighttime residence. Third Party Staff may be from another agency or a different project within the same agency as the HP project.*

Head of Household Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ # of persons in Household \_\_\_\_\_

Instructions: Complete one option below, then attach to Form 2B in household's file.

## OPTION 1: THIRD PARTY STAFF SIGNED STATEMENT (PREFERRED)

This section must be completed and signed by **THIRD PARTY STAFF**.

Name and position of Third Party Staff: \_\_\_\_\_

Name of Third Party Staff's agency and project/program: \_\_\_\_\_

Please describe the primary nighttime residence of the above-named household:  
\_\_\_\_\_  
\_\_\_\_\_

Please describe how you made this determination (i.e., direct observation, referral information, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

Third Party Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## OPTION 2: ORAL STATEMENT FROM THIRD PARTY

This section to be completed by HP Project Staff based on oral statement of **THIRD PARTY STAFF**:

Name, position, and agency/project of Third Party Staff providing oral statement:  
\_\_\_\_\_

Please provide the Third Party Staff's oral description of the above-named household's primary nighttime residence, how they made this determination, how oral statement was obtained, and reason statement could not be provided in writing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HP Staff Name: \_\_\_\_\_

HP Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_



# HP Staff Report and Due Diligence Form (Form 3D)

*This form is to be completed and certified by HP Project Staff.*

Head of Household Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ # of persons in Household \_\_\_\_\_

*Instructions: Complete all three sections below. Attach completed form and HP Participant Self-Certification Form (Form 3E), completed by Participant/Head of Household, to Rapid Rehousing Homeless Status Worksheet (Form 3B) in participant file.*

## PART 1: STAFF REPORT

*Describe the household's current primary nighttime residence, as reported to you:*

\_\_\_\_\_

*Provide any first-hand observations that support this assertion (i.e., presence of luggage or personal items, clothing/bedding observed in vehicle, familiarity with peers known to be unsheltered, etc.):*

\_\_\_\_\_

\_\_\_\_\_

## PART 2: REASON FOR NOT OBTAINING THIRD PARTY DOCUMENTATION

*Complete one or more sections below, as applicable.*

Third Party Documentation is not available because this household is not engaged in services with any other agency or project.

HP Project Staff attempted to contact Third Party to request documentation, but attempts were unsuccessful. Describe attempts here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Obtaining, or attempting to obtain, third party documentation would have posed a safety risk to one or more household members. Explain here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If none of the options above apply, please complete: Third Party Documentation was not obtained for the following reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART 3: STAFF CERTIFICATION

*By signing below, I certify that the information contained herein is true and correct to the best of my knowledge.*

Intake Staff Name: \_\_\_\_\_

Intake Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_





# HP Homeless Status Self-Certification (Form 3E)

**Instructions:** This form is to be completed by applicants or program participants only when third-party documentation of homelessness is unavailable and self-certification is the only way to document eligibility.

**This section to be completed by the applicant/participant**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Self-Certification of (check all that apply):**

- Lack of sufficient financial resources and/or support networks and no subsequent residence has been identified;
- Fleeing domestic violence;
- Living on street or in shelter;
- Exiting from institution (consecutive days in institution prior to discharge/release: \_\_\_\_\_)
- Other (please describe) \_\_\_\_\_

**Please describe, in your own words, your current situation as indicated above:**

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**Certification:** *"I hereby certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge, and that I do not have any documents or forms in my possession, nor am I able to obtain such documents to verify homelessness, at risk of homelessness, income or other information hereby provided."*

Participant Signature: \_\_\_\_\_ Date: \_\_

**WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.**



# HP Intake (Form 3F)

This form is to be completed by **HP Project Staff** with **Head of Household**.

Intake Date: \_\_\_\_\_

# of Adults in Household \_\_\_\_\_ # of Children in Household \_\_\_\_\_

## Section 1: HOUSEHOLD PROFILE

**Head of Household:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Enrollment: \_\_\_\_\_ Highest level of education attained: \_\_\_\_\_

**\*Additional Adult:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Enrollment: \_\_\_\_\_ Highest level of education attained: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

**Child 1:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Enrollment: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

**Child 2:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Enrollment: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

**Child 3:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Enrollment: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

**Child 4:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Enrollment: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

**Child 5:** Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age at Enrollment: \_\_\_\_\_ School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_

Relationship to Head of Household: \_\_\_\_\_

**\*Add information for any additional household members using a separate sheet.**

### Section 2: CONTACT INFORMATION

**Primary Phone Number:** \_\_\_\_\_

Phone type:  Mobile  Message Only | This phone belongs to: \_\_\_\_\_

Is it ok to text this phone number?  Yes  No Does this phone only work on wifi?  Yes  No

**Additional Phone Number:** \_\_\_\_\_

Phone type:  Mobile  Message Only | This phone belongs to: \_\_\_\_\_

Is it ok to text this phone number?  Yes  No Does this phone only work on wifi?  Yes  No

**Mailing Address (if any):** \_\_\_\_\_

This address belongs to: \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Relationship to Household: \_\_\_\_\_

### Section 3: CSBG Information

**Please check if any member of the household is the following:**

Migrant Farm Worker (if yes, name(s): \_\_\_\_\_ )

Seasonal Farm Worker (if yes, name(s): \_\_\_\_\_ )

Farmer (if yes, name(s): \_\_\_\_\_ )

On Parole (if yes, name(s): \_\_\_\_\_ )

**Has any household member ever been in Foster Care?**  Yes  No

If yes, name(s): \_\_\_\_\_ )

### Section 4: HMIS ENROLLMENT

**Option 1:** Enter HMIS Data Elements for each household member directly into HMIS then print a copy of each HMIS form from each household member's Apricot Folder to retain in household file.

**Date printed Apricot forms added to household file:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

**Option 2:** Collect HMIS Data Elements for each household member using Form 3Fi (for adults) and Form 3Fii (for children), transcribe data from Form(s) 3Fi/3Fii into HMIS and retain Form(s) 3Fi/3Fii in household's file.

**Date entered into HMIS:** \_\_\_\_\_ **Staff initials:** \_\_\_\_\_

HP Project Staff Name: \_\_\_\_\_

HP Project Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HP HMIS Enrollment – Adult (Form 3Fi)

This form is to be completed by **HP Project Staff** with **Head of Household**.

Complete a separate Form 3Fi for each ADULT in household.

Complete a separate Form 3Fii for each CHILD in household.

### INDIVIDUAL RECORD:

NAME		N/A
Last		○
First		
Middle		○
Suffix		○

### DATE OF BIRTH

		-			-					Age:
Month		Day		Year						

### SOCIAL SECURITY NUMBER [All Clients]

			-			-				
--	--	--	---	--	--	---	--	--	--	--

### NAME DATA QUALITY

<input type="radio"/>	Full name reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Partial, street name, or code name reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

### DATE OF BIRTH DATA QUALITY

<input type="radio"/>	Full DOB reported	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Approximate or partial DOB reported	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

### SOCIAL SECURITY DATA QUALITY

<input type="radio"/>	Full SSN reported	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Approximate or partial SSN reported	<input type="radio"/>	Data not collected

### GENDER [All Clients]

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender		
<input type="radio"/>	Questioning		

**RACE** (Select all applicable) *[All Clients]*

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	White
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	Client does not know
<input type="radio"/>	Black, African American, or African	<input type="radio"/>	Client refused
<input type="radio"/>	Native Hawaiian or Pacific Islander	<input type="radio"/>	Data Not Collected

**ETHNICITY** *[All Clients]*

<input type="radio"/>	Non-Hispanic/ Non-Latin(a)(o)(x)	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latin(a)(o)(x)	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

**VETERAN STATUS** *[All Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO VETERAN STATUS**

<b>Year entered military service (year)</b>	
<b>Year separated from military service (year)</b>	

**Theater of Operations: World War II**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**Theater of Operations: Korean War**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**Theater of Operations: Vietnam War**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

<b>Theater of Operations: Persian Gulf War (Desert Storm)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Afghanistan (Operation Enduring Freedom)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Iraq (Operation Iraqi Freedom)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Iraq (Operation New Dawn)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)</b>			
<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected
<b>Branch of the Military</b>			
<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected
<b>Discharge Status</b>			
<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

**PROGRAM ENROLLMENT**

**PROJECT START DATE** *[All Clients]*

		-			-				
Month		Day			Year				

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non-relation member

**HMIS ASSESSMENT**

**INFORMATION DATE**

*(\*\*SAME AS PROJECT START DATE\*\*)*

		-			-				
Month		Day			Year				

**DISABLING CONDITION** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**PHYSICAL DISABILITY** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO PHYSICAL DISABILITY – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

**DEVELOPMENTAL DISABILITY** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**CHRONIC HEALTH CONDITION** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused



<input type="radio"/>		<input type="radio"/>	Data not collected	
<b>IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY</b>				
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

**HIV-AIDS** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**MENTAL HEALTH DISORDER** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

**SUBSTANCE USE DISORDER** *[All Clients]*

<input type="radio"/>	No	<input type="radio"/>	Both alcohol and drug use disorders
<input type="radio"/>	Alcohol use disorder	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Drug use disorder	<input type="radio"/>	Data not collected

**IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
	<input type="radio"/>	Yes	<input type="radio"/>	Client refused
			<input type="radio"/>	Data not collected

**DOMESTIC VIOLENCE VICTIM/SURVIVOR** *[Head of Household and Adults]*

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO DOMESTIC VIOLENCE**

**WHEN EXPERIENCE OCCURRED**

<input type="radio"/>	Within the past three months	<input type="radio"/>	One year ago or more	
<input type="radio"/>	Three to six months ago (excluding six months exactly)	<input type="radio"/>	Client doesn't know	
		<input type="radio"/>	Client refused	
<input type="radio"/>	Six months to one year ago (excluding one year exactly)	<input type="radio"/>	Data not collected	
<input type="radio"/>		No	<input type="radio"/>	Client doesn't know

<b>Are you currently fleeing?</b>	<input type="radio"/>	Yes	<input type="radio"/> Client refused
			<input type="radio"/> Data not collected

**PRIOR LIVING SITUATION**

**TYPE OF RESIDENCE** [*Head of Household and Adults*]

<input type="radio"/>	Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport, or anywhere outside)	<input type="radio"/>	Staying or living in a family member's room, apartment or house
<input type="radio"/>	Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	<input type="radio"/>	Rental by client, with GPD TIP housing subsidy
<input type="radio"/>	Safe Haven	<input type="radio"/>	Rental by client, with VASH housing subsidy
<input type="radio"/>	Foster care home or foster care group home	<input type="radio"/>	Permanent housing (other than HP) for formerly homeless persons
<input type="radio"/>	Hospital or other residential non-psychiatric medical facility	<input type="radio"/>	Rental by client, with HP or equivalent subsidy
<input type="radio"/>	Jail, prison or juvenile detention facility	<input type="radio"/>	Rental by client, with HCV voucher (tenant or project based)
<input type="radio"/>	Long-term care facility or nursing home	<input type="radio"/>	Rental by client in a public housing unit
<input type="radio"/>	Psychiatric hospital or other psychiatric facility	<input type="radio"/>	Rental by client, no ongoing housing subsidy
<input type="radio"/>	Substance abuse treatment facility or detox center	<input type="radio"/>	Rental by client, with other ongoing housing subsidy
<input type="radio"/>	Residential project or halfway house with no homeless criteria	<input type="radio"/>	Owned by client, with ongoing housing subsidy
<input type="radio"/>	Hotel or motel paid for without emergency shelter voucher	<input type="radio"/>	Owned by client, no on-going housing subsidy
<input type="radio"/>	Transitional housing for homeless persons (including homeless youth)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Host Home (non-crisis)	<input type="radio"/>	Client refused
<input type="radio"/>	Staying or living in a friend's room, apartment, or house	<input type="radio"/>	Data not collected

**LENGTH OF STAY IN PRIOR LIVING SITUATION**

<input type="radio"/>	One night or less	<input type="radio"/>	One month or more, but less than 90 days	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two to six nights	<input type="radio"/>	90 days or more, but less than one year	<input type="radio"/>	Client refused
<input type="radio"/>	One week or more, but less than one month	<input type="radio"/>	One year or longer	<input type="radio"/>	Data not collected

**LENGTH OF STAY LESS THAN 7 NIGHTS** [*TH, PH*]

<input type="radio"/>	No	<input type="radio"/>	Yes
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**LENGTH OF STAY LESS THAN 90 DAYS**

[Institutional Housing Situations]

<input type="radio"/>	No	<input type="radio"/>	Yes
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**ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN** [Head of Household and Adults]

<input type="radio"/>	Yes	<input type="radio"/>	No
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<b>Approximate Date Homelessness Started</b>	____/____/____
--	----------------

**Number of times the client has been on the streets, ES, or Safe Haven in the last 3 years**

<input type="radio"/>	One Time	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Two Times	<input type="radio"/>	Client refused
<input type="radio"/>	Three Times	<input type="radio"/>	Data not collected
<input type="radio"/>	Four or More Times		

**Total Number of Months homeless on the streets, ES, or Safe Haven in the last 3 years**

<input type="radio"/>	One month (this time is the first month)	<input type="radio"/>	Client doesn't know
<input type="radio"/>	2--12 months (specify number of months): _____	<input type="radio"/>	Client refused
<input type="radio"/>	More than 12 months	<input type="radio"/>	Data not collected

**INCOME, NON-CASH BENEFITS AND HEALTH INSURANCE ASSESSMENT**

**INFORMATION DATE**

(\*\*SAME AS PROJECT START DATE AND HMIS ASSESSMENT INFORMATION DATE\*\*)

		-			-			
<b>Month</b>		<b>Day</b>			<b>Year</b>			

**INCOME FROM ANY SOURCE** [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**

Income Source		Amount	Income Source		Amount
<input type="radio"/>	Earned Income		<input type="radio"/>	Temporary Assistance for Needy Families (TANF)	
<input type="radio"/>	Unemployment Insurance		<input type="radio"/>	General Assistance (GA)	
<input type="radio"/>	Supplemental Security Income (SSI)		<input type="radio"/>	Retirement income from Social Security	
<input type="radio"/>	Social Security Disability Insurance (SSDI)		<input type="radio"/>	Pension or retirement income from a former job	

<input type="radio"/>	VA Service-Connected Disability Compensation		<input type="radio"/>	Child support	
<input type="radio"/>	VA Non-Service-Connected Disability Pension		<input type="radio"/>	Alimony and other spousal Support	
<input type="radio"/>	Private Disability Insurance		<input type="radio"/>	Other income source (specify):	
<input type="radio"/>	Worker's Compensation				
<b>Total Monthly Income for Individual:</b>					

**RECEIVING NON CASH BENEFITS** [Head of Household and Adults]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**

<input type="radio"/>	Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/>	TANF Child Care Services
<input type="radio"/>	Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/>	TANF Transportation Services
<input type="radio"/>	Other (specify):	<input type="radio"/>	Other TANF-funded services

**COVERED BY HEALTH INSURANCE** [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS**

<input type="radio"/>	<b>MEDICAID</b> If Medicaid (Medi-Cal), which Managed Care Plan? <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> CA Health & Wellness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	<b>MEDICARE</b>	<input type="radio"/>	Health Insurance Obtained Through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veterans Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify):	<input type="radio"/>	Indian Health Services Program

**CERTIFICATION:**

"By signing below, I certify that the information contained herein is true and correct, to the best of my knowledge."

Participant/Head of Household Name: \_\_\_\_\_

Participant/Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**INDIVIDUAL RECORD:**

**GENDER** *[All Clients]*

<input type="radio"/>	Female	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Male	<input type="radio"/>	Client refused
<input type="radio"/>	A gender other than singularly female or male (e.g., non-binary, genderfluid, agender, culturally specific gender)	<input type="radio"/>	Data not collected
<input type="radio"/>	Transgender		
<input type="radio"/>	Questioning		

**RACE** (Select all applicable) *[All Clients]*

<input type="radio"/>	American Indian, Alaska Native, or Indigenous	<input type="radio"/>	White
<input type="radio"/>	Asian or Asian American	<input type="radio"/>	Client does not know
<input type="radio"/>	Black, African American, or African	<input type="radio"/>	Client refused
<input type="radio"/>	Native Hawaiian or Pacific Islander	<input type="radio"/>	Data Not Collected

**ETHNICITY** *[All Clients]*

<input type="radio"/>	Non-Hispanic/ Non-Latin(a)(o)(x)	<input type="radio"/>	Client does not know
		<input type="radio"/>	Client refused
<input type="radio"/>	Hispanic/Latin(a)(o)(x)	<input type="radio"/>	Data Not Collected
		<input type="radio"/>	Other

**PROGRAM ENROLLMENT**

**PROJECT START DATE** *[All Clients]*

		-			-				
<b>Month</b>			<b>Day</b>			<b>Year</b>			

**RELATIONSHIP TO HEAD OF HOUSEHOLD** *[All Client Households]*

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child		
<input type="radio"/>	Head of household's spouse or partner	<input type="radio"/>	Other: non-relation member

**HMIS ASSESSMENT**

**INFORMATION DATE**

(\*\*SAME AS PROJECT START DATE\*\*)

		-			-				
Month		Day		Year					

**DISABLING CONDITION [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**PHYSICAL DISABILITY [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**IF "YES" TO PHYSICAL DISABILITY – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

**DEVELOPMENTAL DISABILITY [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**CHRONIC HEALTH CONDITION [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

**HIV-AIDS [All Clients]**

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**MENTAL HEALTH DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO MENTAL HEALTH DISORDER- SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

**SUBSTANCE USE DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug use disorders	
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected	
<b>IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" - SPECIFY</b>		
Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

**DOMESTIC VIOLENCE VICTIM/SURVIVOR** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO DOMESTIC VIOLENCE</b>		
<b>WHEN EXPERIENCE OCCURRED</b>		
<input type="radio"/> Within the past three months	<input type="radio"/> One year ago or more	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
<b>Are you currently fleeing?</b>	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected



**INCOME, NON-CASH BENEFITS AND HEALTH INSURANCE ASSESSMENT**

**INFORMATION DATE**

(\*\*SAME AS PROJECT START DATE AND HMIS ASSESSMENT INFORMATION DATE\*\*)

		-			-				
<b>Month</b>			<b>Day</b>			<b>Year</b>			

**COVERED BY HEALTH INSURANCE [All Clients]**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS**

<input type="radio"/>	<b>MEDICAID</b> If Medicaid (Medi-Cal), which Managed Care Plan? <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> CA Health & Wellness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="radio"/>	Employer Provided Health Insurance
<input type="radio"/>	MEDICARE	<input type="radio"/>	Health Insurance Obtained Through COBRA
<input type="radio"/>	State Children's Health Insurance (SCHIP)	<input type="radio"/>	Private Pay Health Insurance
<input type="radio"/>	Veterans Administration (VA) Medical Services	<input type="radio"/>	State Health Insurance for Adults
<input type="radio"/>	Other (specify): _____	<input type="radio"/>	Indian Health Services Program

**CERTIFICATION:**

"By signing below, I certify that the information contained herein is true and correct, to the best of my knowledge."

Participant/Head of Household Name: \_\_\_\_\_

Participant/Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_





Homeless Management Information System

## Client Informed Consent & Release of Information Authorization

I, (print consumer's name) \_\_\_\_\_, understand that \_\_\_\_\_ collected information about me and/or dependents listed below to enter it into a database system called the Homeless Management Information System (HMIS).

This database helps providers better understand homelessness, improve service delivery to the homeless, and evaluate the effectiveness of services provided to the homeless. Participation in data collection and release, although optional, is a critical component of the community's ability to provide the most effective services and housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of the information.

### **BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

The information gathered and prepared by this agency will be included in a HMIS database of participating agencies (list available), and only to participating agencies, who have entered into an Intra-Agency HMIS Data Sharing Agreement and shall be used to:

- Produce a client profile at intake that will be shared by collaborating agencies
- Produce anonymous, aggregate-level reports regarding use of services
- Track individual program-level outcomes
- Identify unfilled service needs and plan for the provision of new services
- Allocate resources among agencies engaged in the provision of new services
- Disclosed if required by court order or as required by law

### **BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

I authorize the participating agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for the purpose of assessing my/our needs for housing, utility assistance, food, counseling and/or other services. The information may consist of the following Protected Identifying Information (PII):

- |                          |                                    |                      |
|--------------------------|------------------------------------|----------------------|
| • Name                   | • Employment Status                | • Substance Use      |
| • Date of Birth          | • Homeless History                 | • Veteran Status     |
| • Social Security Number | • Residence Prior to Project Entry | • HIV/AIDS           |
| • Gender                 | • Domestic Violence                | • Program Entry Date |
| • Ethnicity & Race       | • Legal History                    | • Program Exit Date  |
| • Family Composition     | • Mental Health                    |                      |
| • Disabling Condition    |                                    |                      |

**I UNDERSTAND THAT:**

- Information I give concerning physical or mental health problems will not be shared with other participating agencies in any way that identifies me.
- The participating agencies have signed agreements to maintain confidentiality regarding my information.
- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my information does not disqualify me from receiving assistance.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the participating agencies. This authorization will remain in effect until I revoke it in writing, and I may revoke authorization by signing a "Revocation of Consent to Release Information Form".
- My records are protected by federal, state, and local regulations governing confidentiality and cannot be disclosed without my written consent unless otherwise provided for in the regulations, law, or court order.
- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing & Urban Development may see my information.
- People using HMIS information to write reports may see my information.
- Participation in data collection is optional, and I may choose not to participate.
- This release is valid for three (3) years from the date of my signature below.
- I understand that my personal information will not be made public and will only be used with strict confidentiality.

**Participating agencies:** A list of the participating agencies within the Tehama County Continuum of Care Homeless Management Information System (HMIS) may be viewed prior to signing this form.

List all dependent children under 18 in household, if any (first and last names):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Please initial one of the following levels of consent:

\_\_\_\_\_ I DO consent to the sharing of personal information collected about me, and any dependents listed below, with agencies that participate in HMIS. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time.

**OR**

\_\_\_\_\_ I DO NOT consent to my information being shared with outside agencies. I understand that any information I provide to this agency will be entered into the HMIS, but that if I refuse consent by signing below, information regarding my current situation and the services I receive from this agency will not be shared with other agencies. I recognize that my information will still be viewable by staff at this agency and the HMIS/CES Administrator(s).

\_\_\_\_\_  
Consumer's Signature

\_\_\_\_\_  
Date

# HP Needs Assessment (Form 3G)

This form is to be completed by **HP Project Staff** with **Head of Household**.

Head of Household Name: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

## Category 1: Documentation

Document	Currently have?		Action needed:	
Social Security Card	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
Birth Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
Driver's License	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
State ID	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
Green Card/Work Permit	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
Other_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need
Other_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Need to Obtain	<input type="checkbox"/> Do not need

## Category 2: Income/Benefits

### Non-Cash Benefits

1. Are you currently receiving benefits from any of the following programs? (Check all that apply).

- CalFresh (aka SNAP or Food Stamps)
- MEDI-CAL health insurance program
- MEDICARE health insurance program (only for those with disabilities or age 65+)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)
- Veteran's Administration (VA) Medical Services
- CalWORKs Child Care services
- CalWORKs transportation services
- Other CalWORKs-funded services
- Section 8, public housing, or other rental assistance

2. Honest Monthly Budget

Things I/we have to spend money on:		Formal ways I/we get money:	
Rent/Lodging		Job	
Utilities		Public Benefits (Cash Aid, GA)	
Food <b>CalFresh</b> <input type="checkbox"/> Y <input type="checkbox"/> N		Disability	
Arrears		Pension	
Repairs		Inheritance	
<b>SUBTOTAL</b>		<b>SUBTOTAL</b>	

Other money goes toward:		Informal ways I/we get money:	
Child Support		Odd Jobs	
Debts		Baby Sitting	
Cigarettes		Day Labor	
Coffee		Friends/Family	
Alcohol		Selling Crafts	
Other Drugs		Honorariums	
Health		Other Income Sources	
Girlfriend/Boyfriend			
Other Friends			
Childcare			
Cable			
Cell Phone			
Gas			
Bus/Taxi/Transportation			
Animals			
Gambling			
Legal/Fines			
Other bills			
<b>SUBTOTAL</b>		<b>SUBTOTAL</b>	

All the ways I/we spend money:		All the ways I/we make money:	
<b>GRAND TOTAL</b>		<b>GRAND TOTAL</b>	

<b>Difference between what I spend and what I make:</b>	
---	--

3. Does anyone else pay any of your bills?  Yes  No

If yes, who and what are they paying? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Do you have a savings account?  Yes  No

If yes, what is the balance? \_\_\_\_\_

- 5. List all **outstanding debts** (credit card debt, car loans, debts owed to utility companies, student loans, payday loans, etc.), the total amount owed, how much you are supposed to be paying and how often, and how much you actually are paying and how often:

Debt owed to: \_\_\_\_\_ Total Amount owed: \_\_\_\_\_

Do you have a payment plan/regular payment?  Yes  No If yes, how much? \_\_\_\_\_

How often are you supposed to make a payment?  Monthly  Weekly  Other \_\_\_\_\_

Date and amount of last payment made: \_\_\_\_\_

Have you been contacted by a collection agency regarding this debt? \_\_\_\_\_

Debt owed to: \_\_\_\_\_ Total Amount owed: \_\_\_\_\_

Do you have a payment plan/regular payment?  Yes  No If yes, how much? \_\_\_\_\_

How often are you supposed to make a payment?  Monthly  Weekly  Other \_\_\_\_\_

Date and amount of last payment made: \_\_\_\_\_

Have you been contacted by a collection agency regarding this debt? \_\_\_\_\_

Debt owed to: \_\_\_\_\_ Total Amount owed: \_\_\_\_\_

Do you have a payment plan/regular payment?  Yes  No If yes, how much? \_\_\_\_\_

How often are you supposed to make a payment?  Monthly  Weekly  Other \_\_\_\_\_

Date and amount of last payment made: \_\_\_\_\_

Have you been contacted by a collection agency regarding this debt? \_\_\_\_\_

Debt owed to: \_\_\_\_\_ Total Amount owed: \_\_\_\_\_

Do you have a payment plan/regular payment?  Yes  No If yes, how much? \_\_\_\_\_

How often are you supposed to make a payment?  Monthly  Weekly  Other \_\_\_\_\_

Date and amount of last payment made: \_\_\_\_\_

Have you been contacted by a collection agency regarding this debt? \_\_\_\_\_

**TOTAL OUTSTANDING DEBT:** \_\_\_\_\_

- 6. Is there anything on your credit report that might make it difficult for you to get or keep housing?  Yes  No  Don't know

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 7. Reviewing your own credit report in advance of allowing prospective landlords to review it can give you a chance to address any errors and/or to plan for how you will respond to questions or concerns about derogatory items that might appear on your report. You are entitled to request your own credit report from each of the three companies that produce credit reports (Experian, Equifax and TransUnion) each year. You can also use one of several free credit report services available online.

How would you like to review your credit report?

- I will pull my credit report on my own.
- I would like my Case Manager to assist me with pulling and reviewing my credit report.

**NOTE:** If you have multiple adults in your household, a prospective landlord will likely require that all adults undergo a credit report check prior to approving your household for a rental unit. It's important that each adult review their credit report prior to this process, however, only the person named on the credit report can request that report. Your Case Manager is available to help each adult in your household with this task if needed.

### Category 3: Crisis/Bridge Housing

- 1. Where are you currently sleeping? \_\_\_\_\_
- 2. Are you currently staying, or have you ever, stayed in a shelter or transitional housing program?  Yes  No (If no, skip to question 3)

If yes, please provide the name of the program and dates of your stay: \_\_\_\_\_  
\_\_\_\_\_

If yes, have you ever been asked to leave a shelter or transitional program?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

- 3. Would you be interested in a shelter or transitional program?  Yes  No  
If yes, please describe preferences/dealbreakers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Category 4: Health/Mental Health

- 1. Are you or any member of your household disabled and unable to work?  Yes  No  
If yes, is this disability expected to last one year or longer?  Yes  No  
If yes, has this household member applied for SSI/SSDI?  Yes  No  
If yes, what is the status of the SSI/SSDI application?  Approved  Denied  Pending
- 2. Do you or anyone in your household have any physical or behavioral health conditions for which you/they are currently not receiving adequate treatment?  Yes  No  
If yes, please describe barriers to accessing care that have been encountered: \_\_\_\_\_  
\_\_\_\_\_



- 3. Do you or any household member have physical or behavioral health issues that make it hard for you to live on your own?  Yes  No

If yes, please describe any accommodations you might need in order to live on your own: \_\_\_\_\_

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- 4. Describe any other issues that you or your household has with regards to physical or behavioral health concerns and/or accessing healthcare: \_\_\_\_\_

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### Category 5: Education/Vocational Training

- 1. Are all children in the household attending school regularly?  Yes  No  N/A
- 2. Have you started any educational programs (community college, vocational certifications, etc.) that you've been unable to finish due to financial or housing difficulties?  Yes  No
- 5. Do you or anyone in your household have other educational issues or concerns that you would like help addressing?  Yes  No

If yes, please describe: \_\_\_\_\_

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### Category 6: Employment

- 1. Is any household member currently employed?  Yes  No If yes, please describe:

Employed Household Member Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

Rate of Pay \_\_\_\_\_/hour Hours per week: \_\_\_\_\_

Employed Household Member Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

Rate of Pay \_\_\_\_\_/hour Hours per week: \_\_\_\_\_

Employed Household Member Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

How long have you worked there? \_\_\_\_\_

Rate of Pay \_\_\_\_\_/hour Hours per week: \_\_\_\_\_

- 2. What type of work experience/job training do you have? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3. In addition to housing, are there any items that you need in order to get or keep employment in the field you're trained in (i.e., uniforms, safety gear, interview clothes, etc.)?  
 \_\_\_\_\_
- 4. Do you have any specific employment goals or aspirations that you have not had the resources or knowledge to pursue? \_\_\_\_\_  
 \_\_\_\_\_

**Category 7: Legal**

- 1. Are you currently on any of the following? (check all that apply)
  - AB109 Formal Probation
  - Other Formal Probation
  - Summary Probation
  - Other Post-Release Supervision (describe): \_\_\_\_\_
- 2. Do you or anyone in your household have past convictions on your record that might come up on a background check?  Yes  No  
 If yes, describe (include the year and type of conviction and any efforts to have your record expunged or convictions vacated, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3. Do you or anyone in your household have unresolved legal issues that could result in you having to pay fines or serve time in jail?  Yes  No  
 If yes, please describe any steps that you've taken to resolve any such issues and/or any help you know you need to resolve them: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Category 8: Permanent Housing/Housing Stabilization**

- 1. When was the last time you had housing that was in your name, or that you knew you could sleep each night? \_\_\_\_\_
- 2. What factors contributed to you losing that housing? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- 3. Are you currently on a waiting list for Housing Choice Vouchers (Section 8)?  Yes  No

If yes, when was the last time you updated your information with them? \_\_\_\_\_

- 4. Are you currently on a waiting list for a low-income rental unit?  Yes  No

If yes, when was the last time you updated your information with them? \_\_\_\_\_

- 5. Have you ever been evicted?  Yes  No

If yes, please provide the approximate date this occurred and the details of the situation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- 6. Is anyone in your household required to adhere to any restrictions on where, or near whom, you can live?  Yes  No

If yes, please provide describe: \_\_\_\_\_

\_\_\_\_\_

**Category 9: Other (ex. Transportation, Life Skills)**

- 1. Do you have a vehicle?  Yes  No If yes, is it operable?  Yes  No

Describe any current issues with vehicle use (i.e., repairs needed, registration status, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- 2. Do you have any pets?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

- 3. Are there any other factors that you feel make it difficult for you to get or keep housing that we haven't already discussed but that you would like to address?  Yes  No

If yes, please provide describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**To be completed by Head of Household:**

*By signing below, I certify that I the information I have provided on this assessment is true and correct to the best of my knowledge.*

Head of Household Name: \_\_\_\_\_

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witnessed/transcribed by:** HP Project Staff Name: \_\_\_\_\_

HP Project Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# HP Housing Stability Plan (Form 3H)

This form is to be completed by **HP Project Staff** with **Head of Household**.

**Head of Household Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Housing Stability Plan (HSP):** A standardized housing focused case management plan designed to assist the participant identify strengths and attainable housing focused goals. The Housing & Services Plan will be the road map of services that are needed and to be provided, actions that need to be taken (by both staff and the participant) and referrals that need to be made. Housing Plans identify the participant's strengths, summarize the participant's goals, and immediate action steps towards achieving such goals. The Plans are updated as the person's situation changes, and steps are completed or revised.

<b>Categories:</b>	1. Documentation	4. Health/Mental Health	7. Legal	<b>*Insert a number on the Category column.</b> Not all categories are required to complete a HSP. Categories may have additional goals. Each HSP is tailored to the individual and is used to support the participant.
	2. Income/Benefits	5. Education/Vocational Training	8. Permanent Housing/Housing Stabilization	
	3. Crisis/Bridge Housing	6. Employment	9. Other (ex. Transportation, Life Skills)	

<b>Strengths Identified:</b>						
<b>Category</b>	<b>Identified Barrier</b>	<b>Goal</b>	<b>Action Steps</b>	<b>Person Responsible (Participant/Staff)</b>	<b>Anticipated Completion Date</b>	<b>Date Goal Achieved</b>

# 3H

[HP Project Name/Logo here]

Category	Identified Barrier	Goal	Action Steps	Person Responsible (Participant/Staff)	Anticipated Completion Date	Date Goal Achieved

Head of Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HP Project Staff Name: \_\_\_\_\_

HP Project Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HP Participation Agreement (Form 31)

*This form is to be completed and certified by **all adults in participating household.***

Head of Household Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ # of persons in Household \_\_\_\_\_

**Participant(s) please INITIAL the following:**

1. \_\_\_\_\_ I understand that the ultimate goal of this Program is for each participating household to secure and maintain permanent housing.
2. \_\_\_\_\_ I agree to keep my Case Manager informed of any changes to my household regarding residency, income status, goal progress, rental payment plans/abilities.
3. \_\_\_\_\_ I understand that once I sign a rental lease agreement, as the tenant I am required by law to pay my landlord rent on time every month in full until the termination date of the lease.
4. \_\_\_\_\_ I understand that ongoing rental assistance is reassessed on a month-to-month basis between myself and my Case Manager and is dependent upon the availability of funds, community resources, and my access to resources.
5. \_\_\_\_\_ I understand that I am responsible for choosing my own housing and responsible for reviewing and understanding the rental lease agreement prior to signing and for abiding by the terms of the lease once it has been signed.
6. \_\_\_\_\_ I agree to take active steps to achieve self-sufficiency to sustain permanent housing.
7. \_\_\_\_\_ I understand that Case Management services are available to me throughout my participation to assist me with addressing barriers to obtaining and retaining permanent housing.
8. \_\_\_\_\_ I agree to seek and/or maintain a stable income sufficient to pay my household bills. Should I lose employment or an income source for any reason, I will immediately seek to obtain a stable income that will sustain my household.
9. \_\_\_\_\_ I understand that if I have any grievances or appeal any decisions of this program I may submit the necessary paperwork within five working days. A Grievance/Appeal Policy/Procedure packet is included with this contract.
10. \_\_\_\_\_ I have received and understand the HP Participants Rights document.
11. \_\_\_\_\_ I have received and understand the Termination of Assistance and Appeals Policy.

Head of Household Name: \_\_\_\_\_

Head of Household Signature \_\_\_\_\_ Date: \_\_\_\_\_

Additional Adult Name: \_\_\_\_\_

Additional Adult Signature \_\_\_\_\_ Date: \_\_\_\_\_





## HP Statement of Participant Rights (Form 3K)

1. Every participant has the right to be fully informed of all rights and exercise them without retaliation.
2. Every participant has the right to be treated with dignity and respect,
3. Every participant has the right to confidentiality and information about when confidential information will be disclosed, to whom and for what purpose, as well as the right to deny disclosure.
4. When assigned a case worker, every participant has the right to be treated with self-determination in identifying, setting, and revising goals on one's case plan and to be referred to appropriate community services as needed.
5. Every participant has the right to release confidential information through written permission and may stop the exchange of information at any time.
6. Every participant has the right to receive services only in the context of a professional relationship based on valid, informed consent.
7. Every participant has the right to choose their own housing.
8. Every participant has the right to be clearly informed, in understandable language, about the purpose of the services being delivered, including participants who do not read or who communicate in a language other than English.
9. Every participant has the right to receive a written copy of their Housing Stability Plan.
10. Every participant has the right to have reasonable access to one's own personal records concerning their involvement in the program.
11. Every participant has the right to physical privacy.
12. Every participant has the right to be treated with cultural sensitivity.
13. Every participant has the right to services without existing preconditions such as substance abuse or mental health issues.
14. Every participant has the right to not be discriminated against for receiving services on the basis of race, ethnicity, age, creed, religion, sexual orientation, handicap, veteran status, marital status, developmental disability, or health status.
15. If a participant feels any rights have been violated by staff, they may file a grievance/complaint according to the HP Program's Participant Grievance Procedure. The Program Grievance Procedure and Grievance Form is available to each participant upon request.
16. Every participant has the right to have an advocate present during the appeals and grievances processes.



## HP Termination and Appeals Policy (Form 3L)

THIS POLICY IS PROVIDED AS AN EXAMPLE ONLY.

*Your organization should use or develop a board-approved Termination and Appeals Policy. Your organization is welcome to use this example as a starting point/template but should consider organization- and program-specific factors when developing your own Termination and Appeals Policy. Termination policies must comply with 24 CFR § 576.402.*

It is the intent of [HP Project Name] that all qualified clients receive the full benefit of the program. However, situations and events may occur that would require the [HP Project Name] to terminate services with a program participant.

- Termination of services can occur any time during program participation.
- Notice will be given to the client in writing at least 30 days prior to termination of assistance and will include a detailed description of any payments that will be cancelled due to the termination.
- 30-day clock starts the day the notice is mailed.
- Termination does not necessarily preclude future program participation.

Any time during the 30-day Notice of Termination time period, the client may contact the [HP Staff and Contact Number] to schedule an appointment to meet in person to solve the issue(s) necessitating the termination. If no contact is made and/or issue(s) are not addressed, termination of services will occur on the date stated on the Notice of Termination letter.

Reasons for termination:

- Non-compliance with the [HP Project Name] Participation Agreement.
- Non-compliance with rental agreement made with landlord or property management.
- Knowingly providing false or fraudulent information to [HP Project Name] for the purposes of receiving assistance.

Clients who feel that they were terminated from the program in error or for reasons not stated above may appeal the termination of services by sending a letter with their name, address, and the reason for appeal to: [HP Program Appeals Address]. Written notification of the outcome of the hearing/final decision will be provided within 30 days of the conclusion of the hearing.



# HP Confidentiality Policy (Form 3M)

THIS POLICY IS PROVIDED AS AN EXAMPLE ONLY.

Your organization should use or develop a board-approved Confidentiality Policy. Your organization is welcome to use this example as a starting point/template but should consider organization- and program-specific factors when developing your own Confidentiality Policy.

(Organization name) considers your information confidential and will not release any information about you outside of our agency without your consent with the exceptions noted below. Please **initial** that you understand each line and **sign** at the bottom of the page.

- \_\_\_\_\_ Communication with third party funders who may be paying for your services;
- \_\_\_\_\_ Some (organization name) staff and/or volunteers may be mandated reporters and must report known or suspected child abuse, elder abuse, and dependent adult abuse;
- \_\_\_\_\_ Serious threats to harm yourself or others;
- \_\_\_\_\_ (Organization name) may confirm if/when we last had contact with you in response to a missing person case or situation in which you are believed to be in danger. In such cases, (Organization name) will make every attempt to notify you prior to releasing such information and if successful, will offer to assist you with resolving the issue on your own if that is your preference.
- \_\_\_\_\_ (Organization name) must comply if subpoenaed by a court and/or ordered by a judge to disclose written or verbal information. In such a case, (Organization name) will make every attempt to notify you and/or your attorney of the circumstances and will limit disclosure to only the information required by the subpoena/court order.

Participant Name: \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness:

Staff Name: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_



**[Insert Name of Housing Provider<sup>1</sup>]**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>2</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **[insert name of program or rental assistance]** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **[insert name of program or rental assistance]**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

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<sup>1</sup> The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>3</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

If you are receiving assistance under **[insert name of program or rental assistance]**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **[insert name of program or rental assistance]** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

### **Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.



In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

**OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

**Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to “certify” that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to

additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **[insert name of program or rental assistance contact information able to answer questions on VAWA]**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **Empower Tehama's 24-Hour Crisis Hotline at 530-528-0226**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **Empower Tehama at 530-528-0226**.

Victims of stalking seeking help may contact **Empower Tehama at 530-528-0226**.

**Attachment:** Certification form HUD-5382 **[form approved for this program to be included]**

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

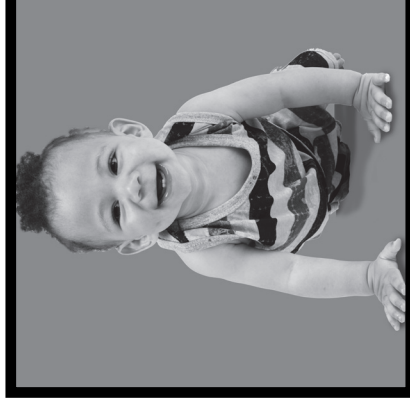
**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.



# IMPORTANT!

## Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).



# Protect Your Family From Lead in Your Home



United States  
Environmental  
Protection Agency



United States  
Consumer Product  
Safety Commission



United States  
Department of Housing  
and Urban Development

FOLD HERE

## Are You Planning to Buy or Rent a Home Built Before 1978?

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Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

### Read this entire brochure to learn:

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

### Before renting or buying a pre-1978 home or apartment, federal law requires:

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

### If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).



## Consumer Product Safety Commission (CPSC)

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The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

### CPSC

4330 East West Highway  
Bethesda, MD 20814-4421  
1-800-638-2772  
[cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov)

## U. S. Department of Housing and Urban Development (HUD)

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HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Contact Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

### HUD

451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
(202) 402-7698  
[hud.gov/lead](http://hud.gov/lead)

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U. S. EPA Washington DC 20460  
U. S. CPSC Bethesda MD 20814  
U. S. HUD Washington DC 20410

EPA-747-K-12-001  
March 2021

## U. S. Environmental Protection Agency (EPA) Regional Offices

The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

**Region 1** (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)  
Regional Lead Contact  
U.S. EPA Region 1  
5 Post Office Square, Suite 100, OES 05-4  
Boston, MA 02109-3912  
(888) 372-7341

**Region 2** (New Jersey, New York, Puerto Rico, Virgin Islands)  
Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 906-6809

**Region 3** (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)  
Regional Lead Contact  
U.S. EPA Region 3  
1650 Arch Street  
Philadelphia, PA 19103  
(215) 814-2088

**Region 4** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)  
Regional Lead Contact  
U.S. EPA Region 4  
AFC Tower, 12th Floor, Air, Pesticides & Toxics  
61 Forsyth Street, SW  
Atlanta, GA 30303  
(404) 562-8998

**Region 5** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)  
Regional Lead Contact  
U.S. EPA Region 5 (LL-17J)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 353-3808

**Region 6** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)  
Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 665-2704

**Region 7** (Iowa, Kansas, Missouri, Nebraska)  
Regional Lead Contact  
U.S. EPA Region 7  
11201 Renner Blvd.  
Lenexa, KS 66219  
(800) 223-0425

**Region 8** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)  
Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop St.  
Denver, CO 80202  
(303) 312-6966

**Region 9** (Arizona, California, Hawaii, Nevada)  
Regional Lead Contact  
U.S. EPA Region 9 (CMD-4-2)  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4280

**Region 10** (Alaska, Idaho, Oregon, Washington)  
Regional Lead Contact  
U.S. EPA Region 10 (20-CO4)  
Air and Toxics Enforcement Section  
1200 Sixth Avenue, Suite 155  
Seattle, WA 98101  
(206) 553-1200

## Simple Steps to Protect Your Family from Lead Hazards

### If you think your home has lead-based paint:

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](http://epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

## Lead Gets into the Body in Many Ways

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### Adults and children can get lead into their bodies if they:

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

### Lead is especially dangerous to children under the age of 6.

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



### Women of childbearing age should know that lead is dangerous to a developing fetus.

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

## For More Information

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### The National Lead Information Center

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at [epa.gov/lead](http://epa.gov/lead) and [hud.gov/lead](http://hud.gov/lead), or call **1-800-424-LEAD (5323)**.

### EPAs Safe Drinking Water Hotline

For information about lead in drinking water, call **1-800-426-4791**, or visit [epa.gov/safewater](http://epa.gov/safewater) for information about lead in drinking water.

### Consumer Product Safety Commission (CPSC) Hotline

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at [cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov).

### State and Local Health and Environmental Agencies

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at [epa.gov/lead](http://epa.gov/lead), or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.



## Other Sources of Lead, continued

- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.<sup>4</sup>
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**," used to treat an upset stomach.

<sup>4</sup> In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

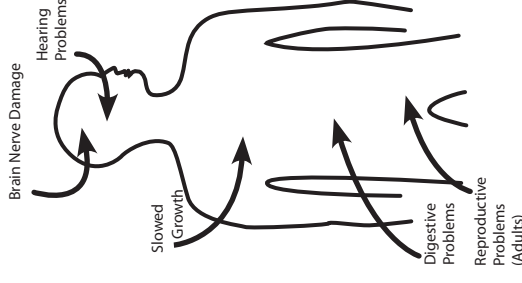
## Health Effects of Lead

**Lead affects the body in many ways.** It is important to know that even exposure to low levels of lead can severely harm children.

### In children, exposure to lead can cause:

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage

While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.



Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

### In adults, exposure to lead can cause:

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

## Check Your Family for Lead

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**Get your children and home tested if you think your home has lead.**

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

**Your doctor can explain what the test results mean and if more testing will be needed.**

## Other Sources of Lead

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### Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

### Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800-424-LEAD.\*

Call your local health department or water company to find out about testing your water, or visit [epa.gov/safewater](http://epa.gov/safewater) for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

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\*Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

## Renovating, Repairing or Painting a Home with Lead-Based Paint

If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
  - **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
    - Open-flame burning or torching
    - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
    - Using a heat gun at temperatures greater than 1100°F
  - **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
  - **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.
- To learn more about EPA's requirements for RRP projects, visit [epa.gov/getleadsafe](http://epa.gov/getleadsafe), or read *The Lead-Safe Certified Guide to Renovate Right*.

## Where Lead-Based Paint Is Found

In general, the older your home or childcare facility, the more likely it has lead-based paint.<sup>1</sup>

**Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint.** In 1978, the federal government banned consumer uses of lead-containing paint.<sup>2</sup>

Learn how to determine if paint is lead-based paint on page 7.

**Lead can be found:**

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](http://epa.gov/lead).

<sup>1</sup> "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm<sup>2</sup>), or more than 0.5% by weight.

<sup>2</sup> "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

## Identifying Lead-Based Paint and Lead-Based Paint Hazards

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**Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint)** is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

**Lead-based paint is usually not a hazard if it is in good condition** and if it is not on an impact or friction surface like a window.

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) and higher for floors, including carpeted floors
- 100  $\mu\text{g}/\text{ft}^2$  and higher for interior window sills

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

**Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.**

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

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## Reducing Lead Hazards, continued

**If your home has had lead abatement work done** or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) for floors, including carpeted floors
- 100  $\mu\text{g}/\text{ft}^2$  for interior windows sills
- 400  $\mu\text{g}/\text{ft}^2$  for window troughs

**Abateements are designed to permanently eliminate lead-based paint hazards.** However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), [epa.gov/lead](http://epa.gov/lead), or call 1-800-424-LEAD.



## Reducing Lead Hazards

**Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.**

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.



## Checking Your Home for Lead

You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
  - Portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.



Be sure to read the report provided to you after your inspection or risk assessment is completed, and ask questions about anything you do not understand.

**Always use a certified contractor who is trained to address lead hazards safely.**

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

## Checking Your Home for Lead, continued

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In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](http://epa.gov/lead), or call **1-800-424-LEAD (5323)** for a list of contacts in your area.<sup>3</sup>

## What You Can Do Now to Protect Your Family

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**If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:**

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

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<sup>3</sup> Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.





# HP Housing Unit Identification Worksheet (Form 3Q)

This form is to be completed and certified by **HP Project Staff**.

Head of Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

1. Does household have an HP Program Acceptance Letter?  Yes  No

If yes, when does the letter expire? \_\_\_\_\_

How many bedrooms does the household qualify for? \_\_\_\_\_

2. Address of identified housing unit \_\_\_\_\_

3. When will the unit be available? \_\_\_\_\_

4. Year constructed, if known: \_\_\_\_\_

If year constructed is prior to 1978, does household include a child under 6?  Yes  No

5. Landlord/property manager Name: \_\_\_\_\_

6. Landlord/Property Manager Contact Information: \_\_\_\_\_

7. Does the project have an existing relationship with this landlord/property manager?

Yes  No

8. Number of Bedrooms in Identified Unit \_\_\_\_\_

Is this unit consistent with the number of bedrooms the household qualifies for?  Yes  No

9. Application Status:

Household has applied and been offered tenancy.

Household has applied and is waiting for response.

Household has not yet applied. Application fee needed: \_\_\_\_\_

Other \_\_\_\_\_

10. Total Move-in costs for this unit: \_\_\_\_\_

Breakdown of move-in costs:

Deposit: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_ Fees/Additional costs: \_\_\_\_\_

11. Has tenant submitted proposed lease? \_\_\_\_\_

*(If not, be sure to complete a Form 2T HP Release of Information – Property Owner/Manager with participant so that you can request a copy of the proposed lease directly from the prospective landlord/property manager.)*

12. What would the current Fair Market Rent for this unit be? \_\_\_\_\_

(see <https://www.huduser.gov/portal/datasets/fmr.html>)

### RENT CALCULATION

Household's current monthly income amount	
<b>A</b>	

Amount in <b>Box A</b> x .3	
<b>B</b>	

Gross Rent for Proposed Unit	
<b>C</b>	

<b>Initial Rental Assistance Needed</b> (Amount in Box C minus amount in Box B)	
<b>D</b>	

### SUSTAINABILITY

<b>Income needed to sustain</b> (Amount in Box C x 3)	
<b>E</b>	

<b>Monthly Income Increase Needed to Sustain Unit</b> (Amount in Box A minus amount in Box F)	
<b>F</b>	

### Sustainability Plan:

Is it reasonable to expect that the household can attain the income level needed to sustain this unit once subsidies end (the amount in Box E) within the next 3-6 months?  Yes  No

If **yes**, describe plan for attaining needed income level: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If **no**, can this unit be used as a bridge while the household continues housing search?  Yes  No

If this housing will be used as a bridge, what is the plan for terminating lease early?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Next Steps (check only one):

- If it is reasonable to expect that the household can attain the income level needed to sustain this unit, proceed to the HP Rent Reasonableness Certification (Form 2R).
- If it is **not reasonable** to expect that the household can attain the income level needed to sustain this unit, and it is not feasible for the household to use this housing as a bridge while continuing housing search, assist household with identifying more appropriate housing.

# HP Rent Reasonableness Certification (Form 3R)

This form is to be completed by **HP Project Staff**.

Head of Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

PART 1: UNIT DETAILS				
Unit Details	PARTICIPANT UNIT	Comparable Unit 1	Comparable Unit 2	Comparable Unit 3
Address				
Number of Bedrooms				
Unit Type				
Census Tract or Neighborhood				
Quality, Amenities, Accommodations				
Contract Rent				
Utility Allowance Amount & Fees				
Gross Rent <small>(Contract + Utility Allowance + Fees)</small>				

## PART 2: RENT REASONABLENESS ASSESSMENT:

The Rent Reasonableness (RR) Standard for California's HCD ESG Program requires a unit's gross rent to be no more than \$100 above the average gross rent of three comparable units.

Average Gross Rent of Comparable Units 1-3:	
<b>A</b>	

Amount in <b>Box A</b> + \$100	
<b>B</b>	

Gross Rent for PARTICIPANT UNIT:	
<b>C</b>	

**HP Project Staff:** Complete and sign only ONE of the two boxes below:

If the amount in Box C is <b>more</b> than the amount in Box B, the participant unit <b>DOES NOT</b> meet Rent Reasonableness. <b>This unit IS NOT ELIGIBLE for HP assistance.</b>		
HP Staff Name:		
HP Staff Signature		Date:

If the amount in Box C is <b>equal to or less than</b> the amount in Box B, the participant unit <b>DOES</b> meet Rent Reasonableness. <b>This unit IS ELIGIBLE for HP assistance.</b>		
HP Staff Name:		
HP Staff Signature		Date:





# HP Duplication of Benefits Certification (Form 3S)

This form is to be completed and certified by **Participant/Head of Household**.

## INSTRUCTIONS

This certification is divided into three (3) components:

1. Assistance received from government, bank, and any and all other housing assistance received by or anticipated to be received by the family/individual
2. Attachments
3. Signature(s)

This form is intended to summarize all potential housing assistance you currently receive or anticipate receiving in the next **(anticipated number of months of assistance through HP project)** months. If you are not currently and do not anticipate receiving housing assistance in the next **(anticipated number of months of assistance through HP project)** months, you should check the box at the top of Part 1 and skip to Part 3.

### **PART 1: Government, Bank, and Other Funding Sources Duplication of Benefits Certification**

This certification must be completed by all participants that will receive any assistance from the ESG/ESG-CV funded **(Project Name)** being offered by **(Organization Name)** as well as other services supported by other funding sources, as determined by **(Organization Name)**. The information within this certification will provide the **(Organization Name)** with vital information for ongoing evaluation of duplication of benefits as required by the Stafford Act Section 312, as amended and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) and to ensure efficient use of available resources.

Please indicate the amount of funds received from any and all sources of housing assistance funds that you have received or anticipate receiving including, but not limited to assistance such as rent payments, security deposits, utility payments, moving costs, and back rent. Sources of funds include but are not limited to: Federal, state, and local grant programs, subsidized loans, or nonprofit donations or grants.

**If no Current or Anticipated Housing Assistance, check below:**

My household does not currently receive or anticipate receiving other housing assistance.

**If ANY Current or Anticipated Housing Assistance from any other source, complete one section for each source:**

#### Source of Funds #1

<b>Grant Provider Name</b>	
<b>Purpose / Specific Use</b>	
<b>Amount</b>	
<input type="checkbox"/> <b>Government Loan</b> <input type="checkbox"/> <b>Government Grant</b> <input type="checkbox"/> <b>Government Forgivable Loan</b> <input type="checkbox"/> <b>Nonprofit Grant</b> <input type="checkbox"/> <b>Nonprofit Forgivable Loan</b> <input type="checkbox"/> <b>Other:</b> _____	

Source of Funds #2

Grant Provider Name	
Purpose / Specific Use	
Amount	
<input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan <input type="checkbox"/> Other: _____	

Source of Funds #3

Grant Provider Name	
Purpose / Specific Use	
Amount	
<input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan <input type="checkbox"/> Other: _____	

Source of Funds #4

Grant Provider Name	
Purpose / Specific Use	
Amount	
<input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan <input type="checkbox"/> Other: _____	

Source of Funds #5

Grant Provider Name	
Purpose / Specific Use	
Amount	
<input type="checkbox"/> Government Loan <input type="checkbox"/> Government Grant <input type="checkbox"/> Government Forgivable Loan <input type="checkbox"/> Nonprofit Grant <input type="checkbox"/> Nonprofit Forgivable Loan <input type="checkbox"/> Other: _____	

**PART 2: Attachments**

Attached to this certification are copies of the following:

1. Award letter or other documentation for each source of assistance received from other programs or summary of award(s) received
  - a. If award letter is not available, ensure all assistance is documented on this form and attach any supporting documentation (if available)
2. Documentation of use of funds.

**PART 3. Signature(s)**

By executing this certification, Participant(s) acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section.

Further, the participant certifies that if they do not fully disclose all forms of housing assistance on this form, they may be required to return ESG-CV housing assistance and/ or be suspended from participation in this program.

Further, the participant certifies that they will disclose any future rental, utility, security deposit or back rent or other financial housing assistance received within seven days of receipt to their case manager or other assigned individual.

Head of Household Name: \_\_\_\_\_

Head of Household Signature \_\_\_\_\_ Date: \_\_\_\_\_

Additional Adult Name: \_\_\_\_\_

Additional Adult Signature \_\_\_\_\_ Date: \_\_\_\_\_



# HP Release of Information Property Owner/Manager (Form 3T)

*This form is to be completed and certified by **Participant/Head of Household**. An additional instance of this form should be completed by all **Adult Household Members**.*

**Participant Full Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

My signature on this form authorizes (project name) to share my information verbally and/or in writing with the following prospective landlords/property managers for the purposes of assisting me with securing permanent housing:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization may include disclosure of information relating to any or all of the following areas: general information (including name, social security number, date of birth, emergency contacts, gender, race, marital status, household composition), history and case management and needs assessment information (including, but not limited to, housing history, employment history, education history, and housing stability plan goals).

I acknowledge that the information may otherwise be considered confidential and/or privileged, and I hereby expressly waive that confidentiality and privilege for any information shared by any of the parties listed above.

I have the right to revoke this authorization at any time by written request except to the extent that action has already been taken. I understand that this release is valid until (enter expiration date) \_\_\_\_\_.

Participant Name: \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

Witness:

Staff Name: \_\_\_\_\_

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_



# HP Lease Compliance Worksheet (Form 3U)

This form is to be completed and certified by **HP Project Staff**.

Head of Household Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_ # of persons in Household \_\_\_\_\_

*Instructions: Prior to approving rental assistance for a potential rental unit identified for a participant household, review the proposed lease for the unit for compliance with the following requirements.*

## PART A: Basic Lease Compliance

1. To be eligible for HP assistance, the lease must meet one of the following: (check only one)

This is a written lease between the participant and the property owner (landlord) or an agent/property manager appointed by the property owner to manage the property.  
Property owner/manager's name: \_\_\_\_\_

This is a legally valid, written sublease between the participant and the primary leaseholder for the unit. (The participant is subletting the unit from the primary leaseholder with the knowledge and approval of the property owner/manager)  
Primary Leaseholder name: \_\_\_\_\_  
Property owner/manager name: \_\_\_\_\_

*If the lease does not meet one of the above definitions, STOP. HP assistance cannot be provided for the participant with this unit under this lease.*

## PART B: VAWA Protections

Does the proposed lease include language that explicitly states each the following statements?

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	The Landlord will not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	The Landlord will not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

Continued on Page 2...

**VAWA Compliance Determination:**

*(check one option below and follow the instructions that accompany that option)*

- If **“No” or “Unsure”** to **ANY** of the statements above, the lease **DOES NOT** meet VAWA Compliance requirements in its current state and **must be amended**.  
Complete the following steps:
  1. On the Lease Compliance Notice (Form 2V) check **“Requires amendment”** under **“VAWA Lease Compliance”**
  2. Attach a blank [VAWA Lease Addendum](#) to the Lease Compliance Notice (Form 2V)
- If **“Yes”** to **ALL THREE** statements above, **the proposed lease meets VAWA Lease Compliance requirements as is**.  
On the Lease Compliance Notice (Form 2V) check **“Compliant as-is”** under **“VAWA Lease Compliance”** and move on to Part 2 of this form.

**PART C: Lead Paint Disclosure**

1. Was the unit constructed before 1978?  
(See <https://assr.parcelquest.com/impl/TEHASSR>, Property Characteristics section)
  - No.** This unit was constructed in 1978 or later.  
*On the Lease Compliance Notice (Form 2V) check “Not Applicable” under “Lead Paint Disclosure Requirements”. Skip Question 2 and go directly to the Part D: Certification section of this form.*
  - Yes.** This unit was constructed **before 1978**.  
**Proceed to Question 2 below.**
2. If the unit was constructed before 1978, the landlord must provide the tenant with a [HUD LBP Acknowledgement Form](#).

**Is a completed [HUD LBP Acknowledgement Form](#) included as part of this lease?**

- No.** Complete the following steps:
  3. On the Lease Compliance Notice (Form 2V) check **“Requires amendment”** under **“Lead Paint Disclosure Requirements”**
  4. Attach a blank [HUD LBP Acknowledgement Form](#) to the Lease Compliance Notice (Form 2V)
- Yes.**  
*On the Lease Compliance Notice (Form 2V) check “Compliant as-is” under “Lead Paint Disclosure Requirements” and go to the Part D: Certification section of this form.*

**PART D: Certification**

Intake Staff Name: \_\_\_\_\_

Intake Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH COPY OF PROPOSED LEASE TO THIS FORM AND PLACE IN HOUSEHOLD’S FILE.**

**PART E: Follow-Up and Approval**

1. VAWA Lease Compliance achieved on (date): \_\_\_\_\_  
*(If compliant when reviewed, enter same date as in Part D: Certification above)*
2. Lead Paint Disclosure Compliance achieved on (date): \_\_\_\_\_  
*(If compliant when reviewed, enter same date as in Part D: Certification above)*



# HP Lease Compliance Notice (Form 3V)

Dear (Property owner/manager name) \_\_\_\_\_

(Project Name) appreciates the opportunity to partner with you and (participant/head of household name) \_\_\_\_\_.

To provide Rapid Rehousing assistance to any household, our program's funders require that a lease comply with certain additional requirements. (Project Name) staff have reviewed the proposed lease for your rental unit located at (unit address) \_\_\_\_\_ for compliance with Rapid Rehousing requirements.

**Please review the results below and amend as requested. Submit amendments, along with the attached Request for Taxpayer ID Number and Certification to (Project Name) using the contact information provided at the bottom of the page.**

## PART A: VAWA Lease Compliance

Per Emergency Solutions Grant regulations, [24 CFR § 576.106\(g\)](#): Each lease executed on or after December 16, 2016 must include a lease provision or incorporate a lease addendum that includes all requirements that apply to tenants, the owner or lease under [24 CFR part 5, subpart L](#) (Protection for Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking), as supplemented by [24 CFR 576.409](#), including the prohibited bases for eviction and restrictions on construing lease terms under [24 CFR 5.2005\(b\)](#) and [\(c\)](#).

- Compliant as-is**
- Requires amendment:** This requirement can be met by adding a completed Form HUD-91067 (attached, and available at <https://www.hud.gov/sites/documents/91067.doc>) to the existing lease.

## PART B: Lead Paint Protections Compliance

Per Emergency Solutions Grant regulations, [24 CFR § 576.403\(a\)](#): **Lead-based paint remediation and disclosure.** The Lead-Based Paint Poisoning Prevention Act ([42 U.S.C. 4821-4846](#)), the Residential Lead-Based Paint Hazard Reduction Act of 1992 ([42 U.S.C. 4851-4856](#)), and implementing regulations in [24 CFR part 35, subparts A, B, H, J, K, M](#), and R apply to ... all housing occupied by program participants.

- Compliant as-is**
- Requires amendment:** This requirement can be met by adding a completing a [HUD LBP Acknowledgement Form](#) (attached, and available at [https://www.hud.gov/sites/documents/DOC\\_12345.PDF](https://www.hud.gov/sites/documents/DOC_12345.PDF)) to the existing lease.

Please don't hesitate to contact (Project Name) with any question you may have.

Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff Name \_\_\_\_\_ Phone: \_\_\_\_\_

Please submit amendments and completed Request for Taxpayer ID Number and Certification to one of the following:

Email address \_\_\_\_\_ Fax # \_\_\_\_\_

Drop-off location \_\_\_\_\_

Mailing Address: \_\_\_\_\_



## LEASE AMENDMENT

### DOMESTIC VIOLENCE PROTECTIONS FOR EMERGENCY SOLUTIONS GRANT PROGRAM PARTICIPANTS

#### I. Purpose

This lease amendment (“Amendment”) adds the provisions listed in Section IV, “Provisions,” to the lease (“Lease”) for the property located at \_\_\_\_\_ (“Unit”) between \_\_\_\_\_ (“Tenant”) and \_\_\_\_\_, whose business address is \_\_\_\_\_ (“Landlord”).

#### II. Conflicts with Other Provisions of the Lease

In case of any conflict between the provisions of the Amendment and other sections of the Lease, the provisions of the Amendment shall prevail.

#### III. Term of the Amendment

The effective date of the Amendment is \_\_\_\_\_. The Amendment shall remain in effect until the Lease is terminated.

#### IV. Provisions

The following provisions provide protections for people who are victims of domestic violence (which includes dating violence, stalking, sexual assault, and human trafficking). These protections descend from federal regulations that apply to all leases subsidized by the Emergency Solutions Grant (ESG) Program and are either required by those regulations or required to successfully implement those regulations under the State of California’s ESG Program.

1. The Landlord cannot evict or terminate the tenancy, assistance, or occupancy rights of any person in the Tenant’s household on the basis or as a direct result of the fact that they are or have been a victim of domestic violence.
2. The Landlord cannot evict or terminate the tenancy, assistance, or occupancy rights of a person in the Tenant’s household solely based on criminal activity directly relating to domestic violence if both of the following are true:
  - a. The criminal activity is engaged in by a member of the Tenant’s household or any guest or other person under control of the Tenant;
  - b. The Tenant or an affiliated individual of the Tenant (e.g. a member of their household or family) is the victim or threatened victim of the aforementioned domestic violence.
3. If the Tenant applies for, qualifies for, and receives an emergency transfer from the Unit to another housing unit in accordance with a Violence Against Women Act (VAWA)-compliant emergency transfer plan (ETP) approved by the California Department of Housing and Community Development (CA HCD), and if no members of the Tenant’s original household remain in the Unit, the Tenant may terminate the Lease as of the date on which they relinquish occupancy.
4. To receive protections listed under the Violence Against Women Act (VAWA) as contained in this Amendment, the Landlord may submit a request in writing to the victim or a family member acting on the victim’s behalf to certify that the person in question is a victim of abuse within 14

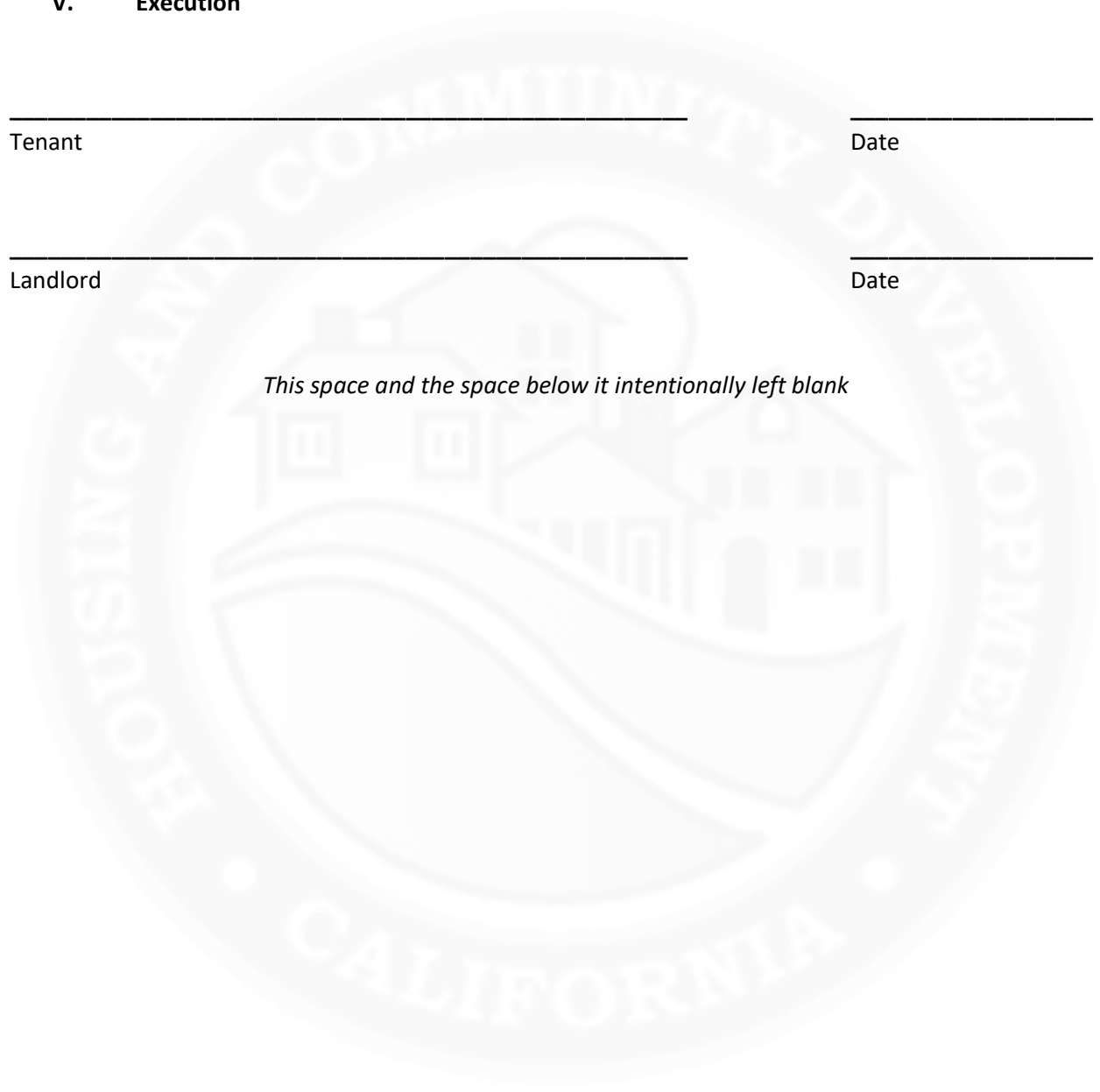
business days (or within a mutually agreed timeframe longer than 14 days). Certification shall be provided via Form HUD-5382 or other documentation as noted on that Form. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

**V. Execution**

\_\_\_\_\_  
Tenant Date

\_\_\_\_\_  
Landlord Date

*This space and the space below it intentionally left blank*



**Disclosure of Information on Lead-Based Paint and/or Lead-Based Paint Hazards**

**Lead Warning Statement**

*Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before renting pre-1978 housing, lessors must disclose the presence of known lead-based paint and/or lead-based paint hazards in the dwelling. Lessees must also receive a federally approved pamphlet on lead poisoning prevention.*

**Lessor's Disclosure**

(a) Presence of lead-based paint and/or lead-based paint hazards (check (i) or (ii) below):

(i) \_\_\_\_\_ Known lead-based paint and/or lead-based paint hazards are present in the housing (explain).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no knowledge of lead-based paint and/or lead-based paint hazards in the housing.

(b) Records and reports available to the lessor (check (i) or (ii) below):

(i) \_\_\_\_\_ Lessor has provided the lessee with all available records and reports pertaining to lead-based paint and/or lead-based paint hazards in the housing (list documents below).

\_\_\_\_\_

(ii) \_\_\_\_\_ Lessor has no reports or records pertaining to lead-based paint and/or lead-based paint hazards in the housing.

**Lessee's Acknowledgment (initial)**

(c) \_\_\_\_\_ Lessee has received copies of all information listed above.

(d) \_\_\_\_\_ Lessee has received the pamphlet *Protect Your Family from Lead in Your Home*.

**Agent's Acknowledgment (initial)**

(e) \_\_\_\_\_ Agent has informed the lessor of the lessor's obligations under 42 U.S.C. 4852d and is aware of his/her responsibility to ensure compliance.

**Certification of Accuracy**

The following parties have reviewed the information above and certify, to the best of their knowledge, that the information they have provided is true and accurate.

_____	_____	_____	_____
Lessor	Date	Lessor	Date
_____	_____	_____	_____
Lessee	Date	Lessee	Date
_____	_____	_____	_____
Agent	Date	Agent	Date

## HP Habitability Standards Checklist (Form 3W)

Inspections must be conducted upon initial occupancy and then on an annual basis for the term of Rapid Rehousing assistance. Inspections must be conducted in-person, on-site at the rental unit being inspected by program staff or by a contracted inspector approved by Empower Tehama. <sup>1</sup>

Participant Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

**Instructions:** Mark each statement as 'A' for approved or 'D' for deficient. The property must meet all standards in order to be approved. A copy of this checklist should be placed in the client file.

Approved (A) or Deficient (D)	Element
	1. <i>Structure and materials:</i> The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.
	2. <i>Access:</i> The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
	3. <i>Space and security:</i> Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided with an acceptable place to sleep.
	4. <i>Interior air quality:</i> Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
	5. <i>Water Supply:</i> The water supply must be free from contamination.
	6. <i>Sanitary Facilities:</i> Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
	7. <i>Thermal environment:</i> The housing must have adequate heating and/or cooling facilities in proper operating condition.
	8. <i>Illumination and electricity:</i> The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
	9. <i>Food preparation and refuse disposal:</i> All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.

<sup>1</sup> When conducting on-site inspection is inconsistent with current public health guidance, inspections may be conducted via video conferencing and/or based on video or photographic documentation. Alternate inspection procedures should be documented in detail and attached to this form, if applicable, and all video or photographic documentation used to make habitability determinations should be retained in client's file.

	10. <i>Sanitary condition:</i> The housing and any equipment must be maintained in sanitary condition.
	11. <i>Fire safety:</i> Both conditions below must be met to meet this standard. <ul style="list-style-type: none"> <li>a. Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.</li> <li>b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, day care centers, hallways, stairwells, and other common areas.</li> </ul>

**CERTIFICATION STATEMENT**

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

Property meets all of the above standards.

Property does not meet all of the above standards.

*(If property does not meet all standards but deficiencies are to be remedied, do not complete the rest of this form. Instead, complete a new Housing Habitability Standards Inspection Checklist once deficiencies have been remedied and property meets all of the above standards.)*

Therefore, I make the following determination:

Property is approved.

Property is not approved.

Name of Evaluator: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## ESG and ESG-CV Lead Screening Worksheet

### INSTRUCTIONS

To prevent lead-poisoning in young children, ESG and ESG-CV subrecipients must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. Under certain circumstances, a visual assessment of the unit is not required. This screening worksheet will help program staff determine whether a unit is subject to a visual assessment, and if so, how to proceed. A copy of the completed worksheet along with any related documentation should be kept in each program participant's file.

Note: ALL pre-1978 properties are subject to the disclosure requirements outlined in 24 CFR 35, Part A, regardless of whether they are exempt from the visual assessment requirements.

<b>BASIC INFORMATION</b>	
Name of Participant _____	
Address _____	Unit Number _____
City _____	State _____ ZIP _____
ESG/ESG-CV Program Staff _____	

### PART 1: DETERMINE WHETHER THE UNIT IS SUBJECT TO A VISUAL ASSESSMENT

If the answer to one or both of the following questions is 'no,' a visual assessment is not triggered for this unit and no further action is required at this time. Place this screening worksheet and related documentation in the program participant's file.

If the answer to both of these questions is 'yes,' then a visual assessment is triggered for this unit and program staff should continue to Part 2.

1. Was the leased property constructed before 1978?
  - Yes
  - No
  
2. Will a child under the age of six be living in the unit occupied by the household receiving ESG/ ESG-CV assistance?
  - Yes
  - No

### PART 2: DOCUMENT ADDITIONAL EXEMPTIONS

If the answer to any of the following questions is 'yes,' the property is exempt from the visual assessment requirement and no further action is needed at this point. Place this screening sheet and supporting documentation for each exemption in the program participant's file.

If the answer to all of these questions is 'no,' then continue to Part 3 to determine whether deteriorated paint is present.

1. Is it a zero-bedroom or SRO-sized unit?
  - Yes
  - No



2. Has X-ray or laboratory testing of all painted surfaces by certified personnel been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint?  
 Yes  
 No
3. Has this property had all lead-based paint identified and removed in accordance with HUD regulations?  
 Yes  
 No
4. Is the client receiving Federal assistance from another program, where the unit has already undergone (and passed) a visual assessment within the past 12 months (e.g., if the client has a Section 8 voucher and is receiving ESG assistance for a security deposit or arrears)?  
 Yes (Obtain documentation for the case file.)  
 No
5. Does the property meet any of the other exemptions described in 24 CFR Part 35.115(a).  
 Yes  
 No

Please describe the exemption and provide appropriate documentation of the exemption.

### **PART 3: DETERMINE THE PRESENCE OF DETERIORATED PAINT**

To determine whether there are any identified problems with paint surfaces, program staff should conduct a visual assessment prior to providing ESG and ESG-CV financial assistance to the unit as outlined in the following training on HUD's website at:

<http://www.hud.gov/offices/lead/training/visualassessment/h00101.htm>.

If no problems with paint surfaces are identified during the visual assessment, then no further action is required at this time. Place this screening sheet and certification form (Attachment A) in the program participant's file.

If any problems with paint surfaces are identified during the visual assessment, then continue to Part 4 to determine whether safe work practices and clearance are required.

1. Has a visual assessment of the unit been conducted?  
 Yes  
 No
2. Were any problems with paint surfaces identified in the unit during the visual assessment?  
 Yes  
 No (Complete Attachment A – Lead-Based Paint Visual Assessment Certification Form)

#### **PART 4: DOCUMENT THE LEVEL OF IDENTIFIED PROBLEMS**

All deteriorated paint identified during the visual assessment must be repaired prior to clearing the unit for assistance. However, if the area of paint to be stabilized exceeds the de minimus levels (defined below), the use of lead safe work practices and clearance is required.

If deteriorating paint exists but the area of paint to be stabilized does not exceed these levels, then the paint must be repaired prior to clearing the unit for assistance, but safe work practices and clearance are not required.

1. Does the area of paint to be stabilized exceed any of the de minimus levels below?
  - 20 square feet on exterior surfaces  Yes  No
  - 2 square feet in any one interior room or space  Yes  No
  - 10 percent of the total surface area on an interior or exterior component with a small surface area, like window sills, baseboards, and trim  Yes  No

If *any* of the above are 'yes,' then safe work practices and clearance are required prior to clearing the unit for assistance.

#### **PART 5: CONFIRM ALL IDENTIFIED DETERIORATED PAINT HAS BEEN STABILIZED**

Program staff should work with property owners/managers to ensure that all deteriorated paint identified during the visual assessment has been stabilized. If the area of paint to be stabilized does not exceed the de minimus level, safe work practices and a clearance exam are not required (though safe work practices are always recommended). In these cases, the ESG/ ESG-CV program staff should confirm that the identified deteriorated paint has been repaired by conducting a follow-up assessment.

If the area of paint to be stabilized exceeds the de minimus level, program staff should ensure that the clearance inspection is conducted by an independent certified lead professional. A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician. Note, the clearance inspection cannot be conducted by the same firm that is repairing the deteriorated paint.

1. Has a follow-up visual assessment of the unit been conducted?
  - Yes
  - No
2. Have all identified problems with the paint surfaces been repaired?
  - Yes
  - No
3. Were all identified problems with paint surfaces repaired using safe work practices?
  - Yes
  - No
  - Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
4. Was a clearance exam conducted by an independent, certified lead professional?
  - Yes
  - No
  - Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

5. Did the unit pass the clearance exam?

Yes

No

Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Note: A copy of the clearance report should be placed in the program participant's file.

**ATTACHMENT 1: LEAD-BASED PAINT VISUAL ASSESSMENT CERTIFICATION TEMPLATE**

I, \_\_\_\_\_, certify the following:

- I have completed HUD's online visual assessment training and am a HUD-certified visual assessor.
- I conducted a visual assessment at \_\_\_\_\_ on \_\_\_\_\_.
- No problems with paint surfaces were identified in the unit or in the building's common areas.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Client Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

### ESG Lead-Based Paint Property Owner Certification Form

#### About this Tool

The *ESG Lead-Based Paint Property Owner Certification Form* is a tool program staff can use to have property owners/managers certify that all paint stabilization activities have been completed in accordance with guidelines when formal clearance is not required (or as additional documentation when formal clearance *is* required). A copy of the completed form along with any additional documentation (i.e., a copy of the clearance report) should be kept in each program participant’s file.

#### INSTRUCTIONS

To prevent lead-poisoning in young children, the ESG program must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at 24 CFR 35, Parts A, B, M, and R. If a visual assessment reveals problems with paint surfaces, property owners/managers must repair all identified problems with paint surfaces in accordance with the guidelines of 24 CFR 35, Parts A, B, M, and R, prior to a unit receiving ESG assistance. Property owners/managers should complete this form to certify that all identified problems with paint surfaces have been repaired/stabilized in accordance with the guidelines.

1. Have all identified problems with the paint surfaces been repaired?  
 Yes       No
2. Have all identified problems with paint surfaces been repaired using safe work practices?  
 Yes       No  
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
3. Was a clearance exam conducted by an independent, certified lead professional?  
 Yes       No  
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.
4. Did the unit pass the clearance exam?  
 Yes       No  
 Not Applicable – The area of paint to be stabilized did not exceed the de minimus levels.

Name of Tenant	
Address	
Unit Number	
City	
State	Zip
Name of Property Owner/Manager	
Property Owner/Manager Signature	Date
Name ESG Program Staff	
ESG Program Staff Signature	Date

## Instructions for Residents Receiving ESG Assistance

### About this Tool

This tool provides residents with an overview of the Lead-Based Paint Poisoning Prevention Act, the responsibilities of property owners/managers, and their rights as tenants. Program staff should consider sharing this resource with program participants living in units constructed prior to 1978.

The purpose of this notice is to inform you that because your home was built prior to January 1978, it may contain lead-based paint. Lead from paint, paint chips, and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women.

Your landlord should have already provided you with a pamphlet on lead poisoning prevention, as well as a disclosure form on the lead-based paint or lead-based paint hazards in your home. The attached handout - entitled *What Are the Sources of Lead in Your Home?* - provides important information. For additional information on lead-based paint and lead hazards, please call the National Lead Information Center at 1-800-424-LEAD or visit the web at:

- <http://www.hud.gov/offices/lead/index.cfm>; or
- <http://www.epa.gov/lead/>

Regulations under The Lead Safe Housing Rule helps to ensure that your home is safe for occupancy. In order for you to help keep your home safe, please notify the management if you see any paint that is chipping, peeling, flaking, or otherwise damaged.

The bottom of this page can be detached and submitted to the management to bring attention to any lead-based paint concerns.

**Lead-Based Paint Concern**

To \_\_\_\_\_  
(Landlord/Property Management Company)

I am submitting this notice because I have observed the following:

Paint in bad condition (chipping, peeling, flaking, etc.)

Other \_\_\_\_\_

Location of Paint Concern:

Exterior (location): \_\_\_\_\_

Interior (location): \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

## WHAT ARE THE SOURCES OF LEAD IN YOUR HOME?

There are four major sources of lead that can pose a health hazard to people in and around the home. The sources are:

1. **Lead-based paint.** Lead-based paint can be found in housing built prior to 1978. It can be a hazard, especially if it deteriorates or if it is disturbed during maintenance or through normal wear and tear. If lead-based paint is peeling, chipping, chalking, or cracking, it will create lead-contaminated dust that poisons children through normal hand-to-mouth activity. Children may also eat paint chips or chew on painted surfaces that are accessible to them, resulting in poisoning. Even lead-based paint that appears to be in good condition can be a problem if it is on surfaces that get a lot of wear and tear, such as door jambs and window tracks. It is important to remove the causes of deteriorating paint such as water leaks. Lead paint that is deteriorating can be repaired by repainting with a good latex paint or lead sealer.
2. **Lead-contaminated dust.** Lead-contaminated dust is created when lead-based paint is sanded or scraped during maintenance or repair, or just through every day wear and tear. When maintenance or renovations take place, the dust from these operations settles on surfaces such as floors, countertops, window-sills, and furniture. If the paint being worked on contains lead, the lead is deposited on surfaces as dust. Window tracks and door jambs can be another source of lead-contaminated dust. If these components rub during normal opening and closing, lead-contaminated dust can be created and deposited on surfaces throughout the home. Lead from work done on house exteriors can be tracked into the home, becoming an additional source of lead dust. After routine home maintenance or remodeling/renovation and painting, the home should be thoroughly cleaned to remove any dust that may be left behind because it may contain lead. Lead dust sampling should then be performed to verify that the cleaning was effective.
3. **Lead-contaminated soil.** Soil can become contaminated when exterior lead-based paint deteriorates and gets in the soil. Homes near certain industries such as smelters or battery manufacturers may have lead into the soil as a result of these operations. Past use of leaded gasoline has also left lead deposits in our nation's soil. Playgrounds and gardens should not be placed in areas where the soil is contaminated with lead. Soil can be tracked into the home so it is important for workers to clean shoes or remove them before entering the home.
4. **Lead-contaminated drinking water.** Drinking water can be contaminated with lead, regardless of the water's source. Many faucets in homes and on store shelves contain leaded components that can leach lead into the water. Leaded solder in household piping and leaded components in well pumps have been in use for many years, and continue to leach lead into the drinking water of thousands of homes even today. Many public water delivery systems still have old lead piping through which the water must pass before it reaches the home. Water with a high pH has a tendency to leach more lead than water with a neutral pH, and warm water leaches more lead than cold. Allow cold water to run before drinking.

The following are sources of information about lead-based paint in your home:

- [②National Lead Information Center](#) (NLIC) is a clearinghouse for information on lead that provides copies of pamphlets, reports, and other resources. (1-800-424-LEAD)
- [Safe Drinking Water Hotline](#) provides information and assistance to the public on safe drinking water. (1-800-426-4791)

## Instructions for Property Owners with Tenants Receiving ESG Assistance

### About this Tool

This tool summarizes and outlines responsibilities of property owners/managers under Lead-Based Paint Poisoning Prevention Act of 1973 (24 CFR 35). Program staff should consider sharing this tool with property owners/managers to inform them of their responsibilities.

Lead-based paint remains a serious threat to children's health and well-being. Consider the following facts:

- An estimated 890,000 U.S. children have too much lead in their bodies.
- Nationwide, an estimated 38 million homes have lead-based paint.
- The most common sources of lead hazards are generated in a residential environment.

To better protect young children from the dangers of lead-based paint in their homes, the Department of Housing and Urban Development (HUD) has issued The Lead Safe Housing Rule (24 CFR 35). Under the new Homelessness Prevention and Rapid Re-Housing Program (funded under the American Recovery and Reinvestment Act of 2009), grantees administering ESG financial assistance must comply with the Lead Safe Housing Rule. ESG financial assistance includes short- and medium-term rental assistance, as well as one-time rent payments, rental and utility arrears payments, security deposits, utility deposits, and utility assistance. The rule applies to all units built before January 1978 in which children under the age of six years will be living in the next 12 months.

The Lead Safe Housing Rule affects ESG grantees and landlords in the following ways:

- The ESG grantee must conduct a visual assessment before assistance can be approved and annually thereafter during the period of assistance.
- All painted surfaces, interior and exterior, must be inspected for deteriorated paint (not just those surfaces within reach of a child).
- If deteriorated paint is identified, the paint must be stabilized. If the area of paint to be stabilized exceeds the "de minimus" level,<sup>1</sup> paint stabilization must be done by qualified workers using safe work practices. See Attachment 1. Note that ESG funds cannot be used for stabilization activities.
- Once work on the defective paint surface is completed and the surrounding area cleaned, a certified lead professional must conduct a clearance examination (if the area of deteriorated paint exceeded the de minimus level).<sup>2</sup> If the area of deteriorated paint did not exceed the de minimus level, the grantee

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<sup>1</sup> Safe work practices and clearance are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds defined below:

- 20 square feet (2 square meters) on exterior surfaces;
- 2 square feet (0.2 square meters) in any one interior room or space; or
- 10 percent of the total surface area on an interior or exterior type of component with a small surface area (such as window sills, baseboards, and trim).

<sup>2</sup> A certified lead professional may go by various titles, including a certified paint inspector, risk assessor, or sampling/clearance technician.





**ATTACHMENT 1: PAINT STABILIZATION INSTRUCTIONS**

Repairing, removing, or maintaining lead-based paint improperly can spread lead-contaminated dust throughout the home. It is very important to use safe work methods when working on surfaces that may contain lead-based paint.

1. **Use qualified workers.** In homes receiving HUD assistance and where deteriorated paint exceeds the de minimus thresholds defined in Attachment 3, **paint stabilization must be done by workers who are specially trained in lead safe work practices.** Alternatively, the workers may be supervised by a state-certified abatement supervisor. The ESG grantee can help you identify properly trained contractors. Note, the use of qualified workers is not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds, though use of lead-safe work practices is always recommended.
2. **Use the proper equipment.** You will need the proper tools and supplies to do the job correctly. In addition to tools such as scrapers and putty knives, it is important to have: A HEPA vacuum (a vacuum equipped with a very fine filter capable of filtering very small particles of lead); double-sided mop bucket and mop; a good household detergent; ample disposable paper towels or rags; plastic sheeting; tack cloth; disposal waste bags; wet sanding blocks; and misting bottle filled with water.
3. **Set up the work area properly.** The key is to contain the dust and debris created by the work. Create a barrier between the work area and the rest of the house. Use plastic sheeting over the doorways to seal off the area and protect the rest of the house from exposure. Work over a plastic drop cloth (never use cloth) to catch any debris created as a result of paint removal. Wear disposable shoe covers and remove them before exiting the work area, or step onto a tack cloth to remove paint chips and dust from the soles of shoes. Keep doors and windows closed to prevent dust from blowing and close off vents to central air or heating systems to avoid spreading dust to other parts of the house. Remove all furniture, or cover tightly with plastic sheeting. Do not allow children or pregnant women into the work area.
4. **Use safe work practices.** If the deteriorated paint surfaces exceed the de minimus thresholds defined in Attachment 3, then safe work practices must be used. Never remove lead-based paint by dry-sanding, dry scraping or burning. Use power sanders, grinders, and planers only with a HEPA exhaust attachment. Using your misting bottle, wet the painted surface before sanding with a wet sanding block or scraping. Be sure to work over a plastic drop cloth to catch any large particles. Do not eat, smoke, or chew gum while working. Note, safe work practices are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds.
5. **Clean as you work.** Be sure to wet clean the areas you are working on as you go along. Though it will be necessary to clean the entire house at the end of the project, it is important to clean as you work in order to keep lead-contaminated dust from spreading. Clean using a good household detergent. Rinse your cleaning utensils in clean water.
6. **Dispose of waste properly.** When the work is done, mist the plastic sheeting with water to keep down the dust. Roll the plastic sheet up, keeping the dirty side in. Pick up any paint chips or other debris that may have fallen elsewhere. Be sure to place all disposable items used in the repair and clean up into plastic waste bags. The bags must be tightly sealed and can generally be disposed of with the household trash.\* Once the bags are sealed, do not reopen them.
7. **Obtain clearance.** If the deteriorated paint surfaces exceed the de minimus thresholds defined in Attachment 3, then clearance must be obtained after the paint has been stabilized and the work area cleaned. The results of this test will tell you if your work practices and final cleaning have been effective at removing lead-contaminated dust. Clearance is not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds.

\*Check with your State lead program to ensure there is no state regulation prohibiting disposal with household trash.

ATTACHMENT 2: SAMPLE NOTICE OF LEAD HAZARD REDUCTION

Property Address: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Summary of the Hazard Reduction Activity:

Start Date: \_\_\_\_\_

Completion Date: \_\_\_\_\_

Location and type of activity. (List the location and type of activity conducted, or attach a copy of the summary page from the clearance report providing this information.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of clearance testing: \_\_\_\_\_

Summary of results of clearance testing:

- (a) \_\_\_\_\_ Clearance testing was not performed as paint stabilization did not exceed de minimus levels.
- (b) \_\_\_\_\_ Clearance testing showed clearance was achieved.
- (c) \_\_\_\_\_ Clearance testing showed clearance was not achieved.

List any components (e.g., kitchen-door, bedroom-windows) with known lead-based paint that remain in areas where activities were conducted.

\_\_\_\_\_  
\_\_\_\_\_

Person who prepared this summary notice

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

(Give to Property Owner with work write-up)

**If you have any questions about this summary, please contact \_\_\_\_\_ at \_\_\_\_\_.**

**ATTACHMENT 3: ONGOING MONITORING AND MAINTENANCE REQUIREMENTS**

Property owners/landlords should take the following steps to ensure that paint is not deteriorating and creating lead-contaminated dust and paint chips, as it will help prevent children from being lead poisoned.

**1. Regularly Check Repairs for Deterioration, Paint Chips, and Dust**

Property owners must monitor painted surfaces at least annually and at unit turnover. Check to see if:

- New evidence of deterioration or paint failure is present.
- The cause of the problem was corrected.

**2. Maintain Surfaces and Work Safely**

- Stabilize deteriorated paint;
- Use safe work practices and qualified workers for all maintenance activities;\*\*

**3. Conduct Clean-Up and Clearance Activities**

- Clean thoroughly after all maintenance work;
- Seek clearance of the work area using a certified lead professional (risk assessor, clearance examiner, or lead sampling technician);\*\*
- If the work area does not pass clearance, re-clean and perform clearance again.

**\*\* Note** – Safe work practices and clearance are not required when maintenance or hazard reduction activities do not disturb painted surfaces below the de minimis thresholds defined below:

- 20 square feet (2 square meters) on exterior surfaces;
- 2 square feet (0.2 square meters) in any one interior room or space; or
- 10 percent of the total surface area on an interior or exterior type of component with a small surface area (such as window sills, baseboards, and trim).

# HP Rental Assistance Agreement (Form 3Y)

This form is to be completed by **HP Project Staff** and certified by **Participant/Head of Household, Property Owner/Manager, and HP Project Staff.**

Date: \_\_\_\_\_

Tenant/Participant Head of Household Name: \_\_\_\_\_

Rental Unit Address: \_\_\_\_\_

Property Owner/Manager Name: \_\_\_\_\_

Payment Remittance instructions/address: \_\_\_\_\_

The Tenant named above is a participant in [HP project] ("Program"), a housing assistance program that will provide limited rental assistance directly to Property Owner/Manager named above on the tenant's behalf. By accepting this assistance, all parties agree to the following:

1. A copy of the approved, executed Lease/Rental Agreement for the Tenant's rental of the unit listed above, executed on \_\_\_\_\_ (date) has been provided to, reviewed by, and approved by [HP project]. Any additions or modifications to the Lease/Rental Agreement during the period covered by this agreement will nullify this agreement unless reviewed and approved by [HP project] prior to going into effect.
2. [HP project] will issue payments on behalf of the Tenant, consistent with the approved Lease/Rental Agreement, as follows:

Description:	Total Amount Due	Program will pay:	Tenant will pay:
Security Deposit			
Rent for (month):			
Rent for (month):			
Rent for (month):			
Other:			
Other:			

3. Payment due dates, grace periods and late payment penalties afforded to or imposed upon [HP project] are the same as those afforded to or imposed upon Tenant per the executed Lease/Rental Agreement and are as follows:
  - Rent is due on the \_\_\_\_\_ day of each month.
  - Rent not paid within \_\_\_\_\_ days of the due date are subject to a late payment penalty as described here: \_\_\_\_\_ .
4. Property Owner/Manager will provide [HP project] with a copy of any notice provided to Tenant to vacate the unit, or any complaint used under state or federal law to commence an eviction action against the tenant, within 24 hours of providing such notice to Tenant. Copies of notices can be submitted to [HP project] by email at [HP project email address] or by fax at [HP project fax number].

- 5. Continued payment of rental assistance is contingent on Tenant's continued eligibility for and participation in [HP project]. If [HP project] anticipates initiating any changes to the payment amounts detailed above, [HP project] will notify the Tenant and the Property Owner/Manager no less than 30 days prior to the due date of the payment.
- 6. Continued payment of rental assistance is contingent on Tenant's continued right to occupy the unit. [HP project] is not responsible for submitting any of the above detailed payments for months in which tenant's right to occupy the unit has been terminated or limited by Property Owner/Manager.
- 7. In addition to the Tenant/Head of Household listed at the top of this form, the following household members are approved by [HP project] and Property Owner/Manager to occupy the rental unit described in the Lease/Rental Agreement (include name and age for each household member):


Tenant is responsible for notifying and receiving prior approval from both [HP project] and Property Owner/Manager prior to making any additions to the composition of the household occupying the unit. Failure to do so may nullify this agreement and result in non-payment of rental assistance. Further, Tenant is responsible for notifying [HP project] and Property Owner/Manager within 24 hours of any household member permanently vacating the unit.

- 8. For the duration of this agreement, the following provisions, set forth in 24 CFR part 5, subpart L, as supplemented by 24 CFR § 576.409, shall apply:
  - a. The Landlord will not consider incidents of domestic violence, dating violence or stalking as serious or repeated violations of the lease or other "good cause" for termination of assistance, tenancy or occupancy rights of the victim of abuse.
  - b. The Landlord will not consider criminal activity directly relating to abuse, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.
  - c. The Landlord may request in writing that the victim, or a family member on the victim's behalf, certify that the individual is a victim of abuse and that the Certification of Domestic Violence, Dating Violence or Stalking, Form HUD-91066, or other documentation as noted on the certification form, be completed and submitted within 14 business days, or an agreed upon extension date, to receive protection under the VAWA. Failure to provide the certification or other supporting documentation within the specified timeframe may result in eviction.

*(Certification on page 3 must be completed and signed by all parties)*

**CERTIFICATION:**

By signing below, all parties acknowledge:

- Rental assistance provided by [HP project] may include use of federal funds.
- Fraud regarding use of federal funding is investigated by the Department of Housing and Urban Development, Office of Inspector General and may be punished under federal laws that may include, but are not limited to, 18 USC 1001 and 18 USC 641.
- If it is found that any information provided herein or as part of any other submission to [HP project], the party furnishing such information may be subject to criminal, civil and/or administrative penalties and sanctions.

Tenant Head of Household Name: \_\_\_\_\_

Tenant Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Property Owner/Manager Name: \_\_\_\_\_

Property Owner/Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HP Project Staff Name: \_\_\_\_\_

HP Project Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# HP HMIS Annual Assessment – Adult (Form 3Zi)

This form is to be completed by **HP Project Staff** with **Head of Household**.

Complete a separate Form 3Zi for each ADULT in household.  
 Complete a separate Form 3Zii for each CHILD in household.

<b>NAME</b>		<b>N/A</b>
Last		○
First		
Middle		○
Suffix		○

**DATE OF BIRTH**

		-			-					Age:
<b>Month</b>		<b>Day</b>		<b>Year</b>						

**RELATIONSHIP TO HEAD OF HOUSEHOLD** [All Client Households]

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner		

**HMIS ASSESSMENT**

**INFORMATION DATE**

		-			-				
<b>Month</b>		<b>Day</b>		<b>Year</b>					

**DISABLING CONDITION** [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**PHYSICAL DISABILITY** [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO PHYSICAL DISABILITY – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

**DEVELOPMENTAL DISABILITY** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**CHRONIC HEALTH CONDITION** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

**HIV-AIDS** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**MENTAL HEALTH DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

**SUBSTANCE USE DISORDER** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug use disorders
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected

**IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

**DOMESTIC VIOLENCE VICTIM/SURVIVOR** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO DOMESTIC VIOLENCE</b>		
<b>WHEN EXPERIENCE OCCURRED</b>		
<input type="radio"/> Within the past three months	<input type="radio"/> One year ago or more	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
<b>Are you currently fleeing?</b>	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

**INCOME, NON-CASH BENEFITS AND HEALTH INSURANCE ASSESSMENT**

**INFORMATION DATE**

(\*\*SAME AS PROJECT START DATE AND HMIS ASSESSMENT INFORMATION DATE\*\*)

		-			-				
<b>Month</b>			<b>Day</b>			<b>Year</b>			

**INCOME FROM ANY SOURCE** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**IF "YES" TO INCOME FROM ANY SOURCE – INDICATE ALL SOURCES THAT APPLY**

Income Source	Amount	Income Source	Amount
<input type="radio"/> Earned Income		<input type="radio"/> Temporary Assistance for Needy Families (TANF)	
<input type="radio"/> Unemployment Insurance		<input type="radio"/> General Assistance (GA)	
<input type="radio"/> Supplemental Security Income (SSI)		<input type="radio"/> Retirement income from Social Security	
<input type="radio"/> Social Security Disability Insurance (SSDI)		<input type="radio"/> Pension or retirement income from a former job	
<input type="radio"/> VA Service-Connected Disability Compensation		<input type="radio"/> Child support	
<input type="radio"/> VA Non-Service-Connected Disability Pension		<input type="radio"/> Alimony and other spousal Support	
<input type="radio"/> Private Disability Insurance		<input type="radio"/> Other income source <i>(specify):</i>	
<input type="radio"/> Worker's Compensation			
<b>Total Monthly Income for Individual:</b>			

**RECEIVING NON CASH BENEFITS** [*Head of Household and Adults*]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY**

<input type="radio"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="radio"/> TANF Child Care Services
<input type="radio"/> Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	<input type="radio"/> TANF Transportation Services
<input type="radio"/> Other (specify):	<input type="radio"/> Other TANF-funded services

**COVERED BY HEALTH INSURANCE** [*All Clients*]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS**

<input type="radio"/> MEDICAID If Medicaid (Medi-Cal), which Managed Care Plan? <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> CA Health & Wellness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> MEDICARE	<input type="radio"/> Health Insurance Obtained Through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veterans Administration (VA) Medical Services	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify):	<input type="radio"/> Indian Health Services Program

**CERTIFICATION:**

"By signing below, I certify that the information contained herein is true and correct, to the best of my knowledge."

Participant/Head of Household Name: \_\_\_\_\_

Participant/Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HP HMIS Annual Assessment – Child (Form 3Zii)

This form is to be completed by **HP Project Staff** with **Head of Household**.

Complete a separate Form 3Zi for each ADULT in household.  
 Complete a separate Form 3Zii for each CHILD in household.

<b>NAME</b>		<b>N/A</b>
Last		○
First		
Middle		○
Suffix		○

**DATE OF BIRTH**

		-			-					Age:
<b>Month</b>		<b>Day</b>		<b>Year</b>						

**RELATIONSHIP TO HEAD OF HOUSEHOLD** [All Client Households]

<input type="radio"/>	Self	<input type="radio"/>	Head of household - other relation to member
<input type="radio"/>	Head of household's child	<input type="radio"/>	Other: non-relation member
<input type="radio"/>	Head of household's spouse or partner		

**HMIS ASSESSMENT**

**INFORMATION DATE**

		-			-				
<b>Month</b>		<b>Day</b>		<b>Year</b>					

**DISABLING CONDITION** [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**PHYSICAL DISABILITY** [All Clients]

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

**IF "YES" TO PHYSICAL DISABILITY – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

**DEVELOPMENTAL DISABILITY** [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**CHRONIC HEALTH CONDITION** [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

**HIV-AIDS** [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**MENTAL HEALTH DISORDER** [All Clients]

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected

**IF "YES" TO MENTAL HEALTH DISORDER– SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

**SUBSTANCE USE DISORDER** [All Clients]

<input type="radio"/> No	<input type="radio"/> Both alcohol and drug use disorders
<input type="radio"/> Alcohol use disorder	<input type="radio"/> Client doesn't know
	<input type="radio"/> Client refused
<input type="radio"/> Drug use disorder	<input type="radio"/> Data not collected

**IF "ALCOHOL USE DISORDER" "DRUG USE DISORDER" OR "BOTH ALCOHOL AND DRUG USE DISORDERS" – SPECIFY**

Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

**DOMESTIC VIOLENCE VICTIM/SURVIVOR** *[Head of Household and Adults]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know	
<input type="radio"/> Yes	<input type="radio"/> Client refused	
	<input type="radio"/> Data not collected	
<b>IF "YES" TO DOMESTIC VIOLENCE</b>		
<b>WHEN EXPERIENCE OCCURRED</b>		
<input type="radio"/> Within the past three months	<input type="radio"/> One year ago or more	
<input type="radio"/> Three to six months ago (excluding six months exactly)	<input type="radio"/> Client doesn't know	
	<input type="radio"/> Client refused	
<input type="radio"/> Six months to one year ago (excluding one year exactly)	<input type="radio"/> Data not collected	
<b>Are you currently fleeing?</b>	<input type="radio"/> No	<input type="radio"/> Client doesn't know
	<input type="radio"/> Yes	<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

**INCOME, NON-CASH BENEFITS AND HEALTH INSURANCE ASSESSMENT**

**INFORMATION DATE**

(\*\*SAME AS PROJECT START DATE AND HMIS ASSESSMENT INFORMATION DATE\*\*)

		-			-				
<b>Month</b>			<b>Day</b>			<b>Year</b>			

**COVERED BY HEALTH INSURANCE** *[All Clients]*

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused
	<input type="radio"/> Data not collected
<b>IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS</b>	
<input type="radio"/> <b>MEDICAID</b> If Medicaid (Medi-Cal), which Managed Care Plan? <input type="checkbox"/> Anthem Blue Cross <input type="checkbox"/> CA Health & Wellness <input type="checkbox"/> Other: _____ <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected	<input type="radio"/> Employer Provided Health Insurance
<input type="radio"/> <b>MEDICARE</b>	<input type="radio"/> Health Insurance Obtained Through COBRA
<input type="radio"/> State Children's Health Insurance (SCHIP)	<input type="radio"/> Private Pay Health Insurance
<input type="radio"/> Veterans Administration (VA) Medical Services	<input type="radio"/> State Health Insurance for Adults
<input type="radio"/> Other (specify):	<input type="radio"/> Indian Health Services Program

**CERTIFICATION:**

"By signing below, I certify that the information contained herein is true and correct, to the best of my knowledge."

Participant/Head of Household Name: \_\_\_\_\_

Participant/Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_