Shasta County HHSA Economic Mobility - Homeless Assistance Contact Form

NOTE: This is not a wait list for Housing. This is a referral to an outreach worker, who will contact the client to provide resources, referrals, and complete paperwork for a community-wide Coordinated Entry (CE) list. We take referrals from the CE list based on a vulnerability score.
Please complete Parts 1-3 of form. Fax to (530) 245-7650, mail to the HHSA Homeless Assistance Programs at 2600 Park Marina Redding CA 96001 , or email to HousingAssistance@co.shasta.ca.us For questions, call 245-6645. Calls will be returned within 48 hours.

PART 1: Client Information **Date Form Completed: ____/_____/_____**

Name: ____________________________________ DOB: _____________ Phone:_______________ Msg ph? ☐ Y ☐ N

Address: ____

Speak English? _______ If no, what language? ____________________________________

Client agrees to be referred to HHSA homeless assistance programs, and information can be shared between HHSA and the referring party. ☐ Y ☐ N

Client Signature ____ **Date**: _______________

Part 2: Housing Screening

1. Are you currently homeless?________ **If NO, STOP**.

2. Where did you sleep last night? ____________ **3**. Do you have a HUD Voucher? ☐ Y ☐ N

4. Do you have a chronic medical condition? ☐ Y ☐ N If yes explain ___________________________________

5. Who is your regular medical provider? ____

6. Do you have a disability? ☐ Y ☐ N

7. **If YES to #6**, have you applied for Disability Benefits? ☐Y ☐N If not, are you planning to apply? ☐Y ☐N

8. Have you ever served in the armed forces?: ☐ Y ☐ N

9. Are you receiving CalWORKs? ☐ Y ☐ N

10. Do you have an Eviction Notice? _______ 3 Day Pay or Quit _________ Court Order?_________

11. How many people will be living with you? ____ Adults ____ Ages _________Children _____ Ages ______________

13. What is your Monthly Income?: ________________________Source of Income: ____________________________

Part 3: Referring Agency Information **Do you want info regarding the outcome of this referral? ☐ Yes ☐ No**

Agency Name: ____ Date: _____________________________

Referring Staff Name: ____Title: ____

Phone Number: ___________________________________ Fax Number: ____

Comments:

Admin Use Only/ 2nd Ref to: ☐ CalAIM ☐HDAP ☐Home Safe ☐HSP Other Notes:

Updated April 2023