

Please familiarize yourself with the Intake, if you don't asked the questions appropriately, you will never get the total picture.

Please contact this potential new client and schedule an Intake.

Please **have this list handy** and remind perspective clients they need to bring the following information:

- ✓ ***All Social Security Cards*** (Themselves, their children, and partners)
- ✓ ***Proof of Income*** (all employment, government assistance, child support, etc)
- ✓ ***Current California Driver's License's or Identification Cards (government issued ID's)***
- ✓ ***All previous addresses***

Make perspective clients aware this is a three (3) part interview and be prepared for 3-4 hours to meet with you, Maria Moore and Diego, and Melinda as needed (children over 4.5 years).

Please be specific around the children issues: How many...? Where...?, etc

All Forms are to be signed- *unsigned forms will cause a delay*

Catholic Charities CYO Shelter Plus Care CLIENT INTAKE FORM

FOR OFFICAL USE ONLY

Status: New Repeat

ID#: _____

Case Manager: _____

Date Opened: _____

Last Name: _____ First: _____ M/O: _____

Current Address: _____ City/State/Zip: _____

Telephone: Home: _____ Work: _____ Cell, Beeper or Message: _____

MARITAL STATUS *circle one*

Single Boyfriend Girlfriend Common Law
Registered Domestic Partner Married Separated Divorced Widowed

EMERGENCY INFORMATION

Emergency Contact: _____ Telephone: _____

A. HOUSEHOLD

Is applicant? *(circle all that applied)* Disabled ADA Certified Disability *(see page 4)*

Is any family member pregnant? *circle one* Yes No

If yes, name: _____ Expected delivery date: _____

Lead Applicant *(Head of Household-Lease Holder)*

How many people will live with you? *(including caregiver if applicable)* # _____

Last Name: _____ First: _____ M/O: _____

DOB: *Circle One* Female Male SS#

Asian Black/African American Latino Native American Pacific Islander White/Anglo Other: _____

Secondary Applicant *(Spouse, partner, adult child, or Caregiver etc.)*

Last Name: _____ First: _____ M/O: _____

DOB: *Circle One* Female Male SS#

Asian Black/African American Latino Native American Pacific Islander White/Anglo Other: _____

List all children *(all children of lead and secondary lease holder, living with, in reunification or other living situation)*

Last Name: _____ First: _____ M/O: _____

DOB: *Circle One* Female Male SS#

Asian Black/African American Latino Native American Pacific Islander White/Anglo Other: _____

A. HOUSEHOLD (continued)

Last Name: _____ First: _____ M/O: _____

DOB: *Circle One* Female Male SS#

Asian Black/African American Latino Native American Pacific Islander White/Anglo Other: _____

Last Name: _____ First: _____ M/O: _____

DOB: *Circle One* Female Male SS#

Asian Black/African American Latino Native American Pacific Islander White/Anglo Other: _____

Last Name: _____ First: _____ M/O: _____

DOB: *Circle One* Female Male SS#

Asian Black/African American Latino Native American Pacific Islander White/Anglo Other: _____

Last Name: _____ First: _____ M/O: _____

DOB: *Circle One* Female Male SS#

Asian Black/African American Latino Native American Pacific Islander White/Anglo Other: _____

FAMILY COMPOSITION

Other than those who have been listed on your original intake, has there been a change in your family size? (if **YES, have you advised DHS**) **Y N**

Do you have children, 17½ or younger who were not listed on the original DHS intake? **Y N**

How many children do you have? # _____

Are you currently in any type of reunification with children not in your custody? (If **NO**, skip to Unit Size Guidelines) **Y N**

Circumstances of separation:

Court ordered: Expected reunification? _____

Family arrangement: Expected reunification? _____

Spousal custody determination: Expected reunification? _____

Does client anticipate bringing these children to live with the head of household? (If **NO**, where will children reside?) **Y N**

If these question present a challenge, please contact Program Manager or Director for questions

UNIT SIZE GUIDELINES

The following guidelines meet the requirements of Catholic Charities, Department of Human Services, and are consistent with HUD requirements, the space requirements of the Housing Quality Standards (HQS), the subsidy standards of the San Francisco Housing Authority (SFHA), and the common standards employed by most property management companies.

Once a Unit-size is assigned to a family, that size will be maintained for the duration of the family's participation unless there is a change in family composition (including age changes of children).

To avoid overcrowding, no more than two persons will be required to occupy the same bedroom. Living rooms are not considered a sleeping room or bedroom.

Children of the same sex can be allocated to one bedroom. Any unborn child and children up to age two are considered non-specific and can share bedrooms.

Children under 2 years of age are considered non-ambulatory and therefore may not have to be considered if the family is at the maximum allowable size for the unit they are inhabiting or being considered for. Children age two and under must be considered.

The following table contains the maximum and minimum number of persons per unit.

NUMBER OF BEDROOMS	MINIMUM NUMBER OF PERSONS	MAXIMUM NUMBER OF PERSONS
1	1	2
2	2	4
3	3	6
4	4	8
5	5	10

Exceptions granted on a case-by-case basis are as follows:

1. Two adult members who are not spouses or do not have a conjugal arrangement. This would include a live-in attendant and a live-in aide
2. Children of the opposite sex over two years of age
3. Spouses who cannot share a bedroom space due to medical reasons
4. A single pregnant woman will be treated as a two-person family
5. A child who is temporarily away from the home because of placement in foster care
6. Requirements for an additional bedroom due to medical reasons (if the situation meets the SFHA requirements and is approved by the SFHA).
7. Multi-generational situations, such as grandparent and grandchild or uncle/aunt and nephew/niece.
8. Full-time students who are temporarily away from home while attending school.

Examples of acceptable family composition for a two-bedroom unit are as follows:

- One adult or two adults who are spouses or have a conjugal arrangement and two children (any age) that are the same gender.
- One adult or two adults who have a conjugal arrangement and one child.
- A pregnant woman in her third trimester.
- One adult or two adults who have a conjugal arrangement and two children who are not of the same gender and one of which is under the age of two.
- One adult or two adults who have a conjugal arrangement and three children – two are of the same gender and the third under two years of age.

NOTICE OF RIGHT TO REASONABLE ACCOMMODATIONS

If you have a physical or mental disability, and as a result of this disability you need:

- **A change or repair in your apartment** that would give you an equal chance to live here and benefit from the use of your apartment

EXAMPLES: GRAB BARS LOWERED COAT RACKS FLASHING FIRE ALARM AND DOORBELL

- **A change or repair to some other part of the housing site** that would give you an equal chance to live here and use the facilities or programs on site

EXAMPLES: FRONT-LOADING WASHING MACHINES AN ACCESSIBLE INTERCOM SYSTEM

- **A change in the rules or policies or how we do things** that would give you an equal chance to live here and use the facilities or take part in programs on site

EXAMPLES: ALLOWING SERVICE ANIMALS RENT REMINDERS HELP WITH GARBAGE

- **A change in the way we give you information**

EXAMPLES: BIG PRINT SIGN LANGUAGE INTERPRETER AUDIO-TAPE CAPTIONING

Then you may ask for this kind of change, which is called a **REASONABLE ACCOMMODATION**. What you ask for may be one of the examples listed above, or it may be any other change you need.

If you can show that you have a physical or mental condition that needs this change, and if your request is reasonable (it is not too expensive and not too difficult to arrange), we will try to make the changes you ask for.

You can ask for a Reasonable Accommodation by contacting the Property Manager for Catholic Charities CYO Treasure Island Supportive Housing at John Stewart Property Management Company. S/he may ask you to fill out a Reasonable Accommodation Request form. S/he will help you fill it out, or take your request verbally, if you like.

We will respond in 15 business days unless there is a problem getting the information we need. We will let you know if we need more information or if we need verification from you.¹

Name (print)

Signature

Date

¹ Note: All information you provide will be kept confidential and used only to help you have an equal opportunity to enjoy your housing and the common areas.

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CLIENT COPY

² Note: All information you provide will be kept confidential and used only to help you have an equal opportunity to enjoy your housing and the common areas.

Indicate the service utilized by the program applicant.

<i>Service</i>	<i>Who:</i> Print Agency Name & Provider Name	<i>Contact Information*:</i>	
		Address	Telephone
<input type="checkbox"/> Outreach			
<input type="checkbox"/> Case Management			
<input type="checkbox"/> Alcohol/Drug			
<input type="checkbox"/> Mental Health			
<input type="checkbox"/> Physical Health (non AIDS related)			
<input type="checkbox"/> General Education			
<input type="checkbox"/> Employment /Vocational Assistance			
<input type="checkbox"/> Child Care			
<input type="checkbox"/> Life Skills			
<input type="checkbox"/> Residential Management Services			
<input type="checkbox"/> AIDS Related Services			
<input type="checkbox"/> Benefits Advocacy			
<input type="checkbox"/> Rep. Payee/ Money Management			
<input type="checkbox"/> Children's Services			
<input type="checkbox"/> Follow-up (post exit)			
<input type="checkbox"/> Other			

OFFICIAL USE ONLY

DHS CLASSIFICATION (circle one):

1. Short Term Stabilization
2. Eviction Prevention
3. Long-term Case Management

PRESENTING NEEDS (circle all that apply)

Counseling	Family Support	Case Management
Security Deposit/Move-in Cost	Back Rent	Permanent Housing
Shelter	Hotel Voucher	Employment
Childcare	Advocacy	Food
Furniture	Emergency Assistance	Other: _____

REFERRED BY (circle one)

Self Advocacy	Friends/Relatives	Outreach
SFHA	Law Enforcement	Mental Health Practitioner
Medical Practitioner	Shelter	Landlord
Recovery (substance/chemical)	Social Service	Church
Supportive Health Services	Homeless Advocate	Other: _____

HUD DISABILITY STATUS (circle applicable status)

1. Severe Mental Illness*
2. Chronic Alcoholism*
3. Long-term Substance Abuse*
4. HIV/AIDS*
5. ADA Disability:
6. Other*: _____

*Multi-diagnosed (any combination of 1 – 4)

Dual Diagnosis

Triple Diagnosis

Termination of Rental Assistance:

Rental assistance may be terminated for any of the following S+C rule violations:

1. Selling drugs in or near the building, by myself, guest or family member as witnessed by police, or building staff, or as documented by five confidential complaints by a tenant or other person on the lease.
2. Committing, or threatening to commit, physical violence including domestic violence in the building. Violence or threats of violence by guests or family members will also be considered a violation of this rule.
3. Willfully and /or repeatedly causing disturbance of quiet enjoyment of community by myself, guest, or family member as witnessed by police, or building staff, or as documented by five confidential complaints by a tenant or other person on lease.
4. Willfully and/or repeatedly causing damage to the physical plant, or surroundings, or causing health, sanitation, fire or safety hazards. Damage or health/safety hazards caused by guests or family members will also be considered a violation of this rule.
5. If there is a decrease in the number of people in my household, I understand that I will be required to move to a smaller Unit. S+C will offer a suitable Unit; and failure to accept an offer of alternative housing will result in the termination of my subsidy. All S+C housing will meet housing quality standards as described by the SFHA

Any participant whose rental assistance has been terminated from the S+C Programs is entitled to appeal this decision in accordance with the S+C policies.

APPEALS FOR UNDERUTILIZATION OF A UNIT

Reunification

1. In all program size changes, the head of household is responsible for notifying S+C, San Francisco Housing Authority, property management, and supportive services.
2. Property management notifies S+C Program and provides a description of the client's unit occupants.
3. S+C Resource Specialist contacts the client's case manager.
 - S+C Resource Specialist gathers information, connects with CPS, and drafts a brief description of the case.
 - S+C sends the client a letter indicating that they will have 6 months to reunify with their children.
 - S+C Resource Specialist drafts monthly reports – including, but not limited to, gathering general information from property management and support services to whether the child would return to the custody of their parent(s).
 - At the end of 6 months - S+C will require documentation from CPS. Either the children have returned or not. Any information from CPS should be limited to the issue.
 - In cases of unsuccessful reunifications, S+C will draft a letter to the client requiring them to transfer to a unit more appropriately sized for their family size. Failure to accept this transfer will result in subsidy termination 30 days from the date of the referral. The client will have 10 working days to appeal the decision.
 - Extensions will be granted in cases in which reunification seems likely. The S+C Family Resource Specialist will provide documentation and assessment, to the S+C Program Manager to assist in determining as to whether an extension shall be granted. The S+C Program Manager will notify the client, property management, and support services, as to whether an extension has been granted or not.
 - If the decision is appealed, S+C will coordinate an appeal hearing within two weeks of the request.
 - Decision is upheld – subsidy terminated.
 - Overturn – Process of reunification, whether court date has been set. +

Children No Longer In Custody

1. In all program size changes, the head of the household is responsible for notifying S+C, San Francisco Housing Authority, property management and supportive services.
2. Property management then notifies the S+C Program and provides a description of the client's unit occupants.
3. The S+C Resource Specialist contacts the clients' case manager.
4. S+C informs client that based on the information provided by prop management, that because the client no longer has custody of their children, that they will be required to transfer into a unit more appropriately sized to their family composition.

- If the client declines the unit, the subsidy will be terminated in 30 days from the date of the referral. The client will have the opportunity to appeal the decision.
- If the decision is appealed, S+C will coordinate an appeal hearing within two weeks of the request.
- Issues to be covered include, but are not limited to, reasons why/if the children have been permanently removed.
 - Decision is upheld – subsidy terminated.
 - Overturn – Process of reunification, whether court date has been set.

BY SIGNING BELOW, I AM INDICATING THAT I UNDERSTAND THE TERMS AND CONDITIONS OF THESE PROGRAM INFORMATIONAL GUIDELINES. FURTHER, I UNDERSTAND THAT IF I LOSE MY HOUSING FOR ANY REASON, THE S+C PROGRAM CANNOT GUARANTEE OTHER HOUSING FOR ME.

Program Participant Signature

Date

Other Adult Household Member Signature (if applicable)

Date

Other Adult Household Member Signature (if applicable)

Date

Catholic Charities CYO
Treasure Island Supportive Housing

PROGRAM RULES

The following program rules govern my participation in the CCCYO - Treasure Island Supportive Housing Program

I UNDERSTAND THAT IF I PERFORM ANY OF THE FOLLOWING ACTIVITIES, MY RENTAL ASSISTANCE MAY BE TERMINATED.

1. Selling drugs in or near the building, by myself, guest, or family member as witnessed by Police, Program, or Building staff or as documented by five (5) confidential complaints by a tenant or other person(s) on the lease.
2. Committing, threatening to commit, physical violence including domestic violence in the building. Violence or threats of violence by guest or family members will also be considered a violation of this rule.
3. Willfully and/or repeatedly causing disturbance of the quiet enjoyment of the community by myself, guest, or family member as witnessed by Police, Program, or Building staff or as documented by five (5) confidential complaints by a tenant or other person(s) on the lease.
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THE CCCYO - TREASURE ISLAND SUPPORTIVE HOUSING PROGRAM PROHIBITS ALL OF THE ABOVE ACTIVITIES.

These rules have been read by or to me prior to my signature below. I understand these rules and I have received a copy of them. If in the future I have any questions about these rules, I can speak with a Peer Advocate, Case Manager, Services Coordinator, Program Manager, or Director.

Head of household Signature
(Program participant)

Date: _____

Print Name
(Program participant)

Secondary Resident Signature
(Program participant)

Date: _____

Print Name
(Program participant)

Program Staff Signature

Print Name

Title

Date: _____

FILE COPY

Catholic Charities CYO
TREASURE ISLAND SUPPORTIVE HOUSING
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CLIENT COPY

LEVEL OF PARTICIPATION

I understand that as a participant in the CCCYO - Treasure Island Supportive Housing program on Treasure Island, I am responsible for participating as prescribed by CCCYO - Treasure Island Supportive Housing guideline set forth by Department of Human Services (DHS) and supported by Catholic Charities CYO Treasure Island Supportive Housing contractual agreement.

The prescribe participation include, but are not limited to:

Meeting with assigned Peer Advocates on a monthly basis; by mutually agreed upon days and times

Participating in Community Events (i.e., holiday parties, group trips and community building events)

Cooperating with, or providing pertinent information relevant to the housing subsidy (i.e., income verification, service delivery, referrals and linkages)

I agree to participate in services enriched CCCYO - Treasure Island Supportive Housing provided by Catholic Charities CYO Treasure Island Supportive Housing (CCCYO-TISH) and its agent John Stewart Company (JSCo)

I fully understand these policies and to the best of ability will cooperate with CC/CYO-ASF. I am aware that these services are voluntary; however, to fully realize my potential around housing and my associated disability, I will utilized the services of CC/CYO-ASF

Signature
(Program participant)

Print Name
(Program participant)

Date: _____

Secondary Resident Signature
(Program participant)

Print Name
(Program participant)

Date: _____

Witnessed by:

Program Staff Signature

Print Name

Title

Date: _____



Treasure Island Supportive Housing
Catholic Charities CYO

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CLIENT COPY



TREASURE ISLAND GRIEVANCE POLICY

The Treasure Island Supportive Housing is a division of Catholic Charities CYO. Catholic Charities CYO Treasure Island Supportive Housing CYO is committed to serving all individuals with respect and courtesy in a professional manner. If an individual feels that he/she has been inappropriately served, that individual is entitled to lodge a grievance with the organization.

The grievance process is as follows:

The customer should **first** address the grievance with the Program Manager of the staff member involved. Please allow the Supervisor 24 hours after receiving the grievance to respond.

If the customer is not satisfied with the Program Manager's response, the grievance should be addressed to the Program Director.

If the customer is not satisfied with the response of the Program Director, the grievance should be addressed to the Operations Director of Family and Children's Services of the organization.

If the customer is not satisfied with the response of the Operations Director of Family and Children Services, the grievance should be addressed to the Executive Director.

If the customer is not satisfied with the response of the Executive Director, the Executive Director will arrange for the customer to present his or her grievance to the appropriate Board committee.

The Board committee's decision in such a grievance is **final**.

If you believe you have been discriminated against, you may contact the San Francisco Human Rights Commission at 415-252-2500.

If you have any questions about the Catholic Charities CYO – Treasure Island Supportive Housing program's Grievance Procedure process, please contact the Program Manager at 415-743-0017.

Head of household Signature
(Program participant)

Date: _____

Print Name
(Program participant)

Secondary Resident Signature
(Program participant)

Date: _____

Print Name
(Program participant)

Witnessed by:

Program Staff Signature

Print Name

Title

Date: _____



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CLIENT COPY



CONSENT TO RELEASE INFORMATION

Last Name: _____ First: _____ M/O: _____
 DOB:

--	--	--

 SS#

--	--	--

I, _____, hereby authorize and grant my permission to the Treasure Island Supportive Housing program of Catholic Charities CYO to obtain, release and/or exchange **confidential and privileged** information with other agencies and entities as required and applicably appropriate to the coordination of supportive health, mental and social services for my family and me.

I am aware that such information will remain confidential and provisional accessible to Catholic Charities CYO Treasure Island Supportive Housing (CCCYO-TISH), Department of Human Services Shelter + Care Program (DHS), Department of Housing and Urban Development (HUD) and the San Francisco Housing Authority (SFHA) only.

I understand that this CONSENT TO RELEASE INFORMATION is put into effect until such time that it is revoked or terminated in writing to the grantee or grantor.

I further understand with written notice, and my signature affixed to said document, any specific CCCYO-TISH CONSENT TO RELEASE INFORMATION can at anytime be discharged, revoked, or terminated by the person whose name appears above.

Signature
(Program participant)

Print Name
(Program participant)

Date: _____

Witnessed by:

Program Staff Signature

Print Name

Title

Date: _____

AUTHORIZATION FOR EXCHANGE OF INFORMATION

The San Francisco Shelter + Care Program (S+C) is a supportive housing program funded by the Department of Housing and Urban Development (HUD). As a condition of funding, the City and County of San Francisco must report to HUD on program outcomes, service utilization, and needs of program participants. We need to gather this information in order to monitor S+ C and to coordinate services to better meet the needs of program participants. In the long run, it is hoped that this information will enable us to continue to make CCCYO - TISH housing available, and to maintain and expand those services which you find helpful.

In order to do this, service providers need to share information with each other and with S+C service utilization. Whenever possible, this information will be shared on an anonymous basis, and your name will not be used. Case Management Staff will ask to speak with you on a regular basis to learn about your experience in the program, including service you have found useful.

Please read and complete the section below. If you have any question, please consult the housing sponsor or CCCYO - TISH representative who provide this form to you. Once you have read and understood the form, your signature will authorize information to be shared only as necessary.

Program participants complete this section:

I have read this form and understand that I will be asked to speak with Case Management Staff about the services I use and my experience in the program. I understand that CCCYO - TISH Program needs to contact agencies to monitor the Program. My signature below serves as a one (1) year release for:

1. The San Francisco Department of Human Services, Department of Public Health (DPH), DPH/Division of Mental Health and Substance Abuse Services, DPH/AIDS Office and Department of Veterans Affairs Medical Center to provide information to CCCYO - Treasure Island Supportive Housing Program about any records relating to me; and for
2. Community agencies providing services under contract to any of the entities named above to provide information to the Shelter + Care Program about any records relating to me.
3. To provide information to the Shelter + Care Program about any records relating to me.

This authorization is granted on the condition that due care be exercised at all times with respect to my rights to privacy and confidentiality. This authorization is not a waiver of any right or privilege conferred on me by law or regulation. Disclosure of the information herein is required for program monitoring. This form has been read by or to me prior to this signature. The consent is subject to revocation by the undersigned at anytime.

Signature
(Program participant)

Print Name
(Program participant)

Date: _____

Witnessed by:

Program Staff Signature

Print Name

Title

Date: _____

CONFLICT OF INTEREST DISCLOSURE STATEMENT

Name: _____

Address of Shelter + Care site where you may be housed (If known):

Organization in which I have a family or business tie:

I hereby certify that the information stated above is true and complete. I have no other ties or potential conflicts with the Shelter + Care Program. I will notify the Shelter + Care Program immediately of any potential conflict of interest or potential appearance of a conflict of interest if such arises in future.

Signature
(Program participant)

Print Name
(Program participant)

Date: _____

Secondary Resident Signature
(Program participant)

Print Name
(Program participant)

Date: _____



Treasure Island Supportive Housing
Catholic Charities CYO

RELEASE OF REPRODUCTIVE LIKENESS

I hereby authorize the use of my photograph and likeness for any Catholic Charities CYO Treasure Island Supportive Housing promotional materials, publicity, or educational purposes.

I waive all claims for compensation for such use or the release of liability for any compensatory damages.

Signature
(Program participant)

Date: _____

Print Name
(Program participant)

Secondary Resident Signature
(Program participant)

Date: _____

Print Name
(Program participant)

Witnessed by:

Program Staff Signature

Print Name

Title

Date: _____

OBSERVATIONS, SUMMARY AND RECOMMENDATIONS

Observations:

**Summary of
interview/intake:**

Recommendations:
