

Information to prepare for HHC Units Application Form

The following information is required for the HHC Unit Application Form which will be submitted through Microsoft Forms. Please review this information before beginning the form so you are prepared to answer the following:

Applicant information

- Name
- DOB and age
- Race/Ethnicity
- Sex/Gender
- Veteran Status
- Social Security Number
- Medi-Cal Provider
- ID (CIN, SMMC MRN, BHRS Avatar ID, etc. – if applicable)

Referrer Information

- Referrer name, title, email, phone
- Referrer program name
- Field based case management services information (agency name, program name)

Housing Status

- Current living situation (Homeless shelter, outdoors, couch surfing, SND, Hospital or other institution, vehicle not meant for habitation)
- Eviction date
- Months the client has been homeless in the last 12 months and three years
- Housing voucher including expiration date (if applicable)
- Any family members that will need to live with the client.
- Additional support the applicant need to live independently (IHSS, Accommodations for mobility challenges, accommodation for person(s) who are deaf or hand of hearing, accommodation for person(s) who are legally blind)
- Is the applicant connected to other programs that offer housing resources or assistance

High-Cost Health User Information & Health background

- Specify if applicant is a high-cost health user
 - Number of ED visits (in a year)
 - Number of IP hospitalization (in a year)
- Does the applicant have any of the following conditions:
 - Physical disability
 - Developmental disability
 - Chronic health condition
 - HIV/AIDS or related condition

- Cognitive deficit
- Serious mental illness
- Substance abuse
- Traumatic brain injury
- Learning disability
- Please list current physical, mental, and behavioral health conditions, including substance use if applicable.
- Please list any current medications and/or treatments that may affect housing.
- Does the applicant support for medication adherence?
- Does the applicant experience any mobility-related challenges? If so, please describe.

Mental Health Condition

- Mental health acuity (high, medium, low)
- Specify if applicant threatened to or tried to harm them self or anyone else in the last year
- Does the applicant have a trauma experience that would affect housing type or location
- Description of trauma experience (if applicable)

Substance use

- Please indicate the applicant's relationship to the substances below (current, former, never, or in treatment)
 - Alcohol
 - Marijuana
 - Tobacco
 - Methamphetamine
 - Opiates
 - Benzodiazepines
 - Other drug
- Briefly describe any other substance use information, including any other substances not specified above.

Daily functioning and Support Network

- Does the applicant have access to reliable transportation? Please describe.
- Does the applicant have a support network (faith community, friends, family, etc.)? Please describe.

Financial Information

- Q: At the time of referral, does the applicant have income?
- Indicate monthly amount received in the following categories (if applicable)
 - SSDI (Social Security Disability Income)
 - Social Security Retirement Income
 - State Disability Income
 - GA (General Assistance)
 - VA benefits (Veteran Administration)
 - EDD (Unemployment)
 - Pension

- Job/Wages
- Family support
- Trust income
- Other Income
- Does the applicant have a Rep Payee?
- Does the applicant have an SSI application pending? If yes, what date was the application submitted?
- Does the applicant have any financial challenges including money management and/or delinquencies, loans, etc.? Please describe any financial challenges if applicable.

Risks (service utilization)

- In the past year, how many times has the applicant (answer in number of times):
 - Received healthcare at an emergency department/room?
 - Been taken to the hospital by ambulance or law enforcement?
 - Been hospitalized as an inpatient?
 - Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate partner violence, distress centers, and/or suicide prevention hotlines?
 - Talked to the police because they witnessed a crime, were the victim of a crime?
 - Number of arrests of the applicant in the last three years
 - Number of incarcerations within the three years prior to application
 - Stayed one or more nights in a holding cell, jail, or prison, or had a longer stay for some serious offense, or anything in between?
- Has the applicant been attacked or experienced violence since being homeless?
- Have they threatened to or tried to harm them self or anyone else in the last year?
- Does the applicant have a current or past criminal case that may result in their being incarcerated, having to pay fines, or that might make it difficult to rent a place to live? If so, please describe.
- Does the applicant have a trauma experience that would affect housing type or location? If so, please describe.