Homeless Young Adult Housing Navigator

Housing Navigation Manual

V4

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Overview of Homeless Young Adult Housing Navigator Program

Homeless Young Adult Housing Navigators are a decentralized extension of the Coordinated Entry for All (CEA) system. Navigators will provide assessment, diversion, and navigation assistance using progressive engagement techniques. Navigators work with eligible households, age 17.5-24 to prepare for a housing referral. Once they have completed an assessment they will support the household in obtaining the documentation needed to expedite the occupancy process once a referral has been made.

Housing Navigation
Services are offered to high priority homeless young adult households who are on the CEA community queue to ensure they have the required housing paperwork and to review any long-term diversion options. Agencies will enroll eligible households who are referred by CEA or a RAP, or from walk-in or scheduled housing assessments at their agency locations. A Housing Navigator may work with an eligible household from housing assessment through the referral and occupancy process, depending on the household's desire for that support. Housing Navigators' responsibilities include, but are not limited to the following:

a. Assistance in obtaining necessary documentation required for housing (e.g. third party homelessness verification, identification, information required for rental applications, etc.);
b. Securing additional financial assistance if needed:
c. Providing transportation, accompanying to potential housing options, etc.;
d. Assisting clients in navigating any challenges related to the housing application process;
e. Responding to CEA requests;
f. Providing referral to education and employment programs;
g. Providing job readiness to support market rate housing (e.g., resume writing, support in applying for jobs, interview preparation, etc.) or connection to job readiness training within the community;
h. Exploring possible alternative housing placements, including housing with family and friends;
i. Participating in the weekly Young Adult Case Conferencing and providing necessary updates and information to CEA to coordinate a housing placement
j. For those households placed in permanent housing and do not have another case manager, staff will provide monthly check-ins for six months after move-in.

The Housing Navigator will add name and contact information for the YYA to the location tab in HMIS (unless de-identified) and CEA staff will notify the Housing Navigator when their participant has been referred to housing. The Housing Navigators will then facilitate meetings

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between the household and assigned housing agency and help collect any documentation needed for a housing placement. Prior to and throughout the housing assignment process, the navigator may also do regular outreach to an individual in an effort to build rapport.

This supports our shared goal of having an efficient and effective system in place to quickly fill vacant units and get people experiencing homelessness into housing. For those households placed in permanent housing and do not have another case manager, staff will provide monthly check-ins for six months after move-in.

Program Consortium and Staffing

Homeless Young Adult Housing Navigators are a consortium of community based agencies experienced in providing homeless young adult services operating in locations where homeless youth congregate. The consortium is an extension of Coordinated Entry for All (CEA) Regional Access Points (RAPs) providing decentralized housing assessments, diversion, and navigation assistance to homeless young adults on the CEA Community Queue.

As part of the Homeless Young Adult Housing Navigator program, each agency will provide a team of two fulltime Housing Navigators per program site to carry a caseload of no more than 35 households per program staff.

Homeless Young Adult Housing Navigator Agencies are paired with RAPs and include:

Agency	Catchment Areas	RAP
Nexus	South King County-Federal Way	MSC
	South King County-Renton	YWCA
Friends of Youth	East King County	East County CCS
New Horizons Ministries	Seattle Downtown	Seattle CCS
YouthCare- Orion Center	Seattle Downtown	Seattle CCS
YouthCare-UDYC	North King County	Solid Ground

RAP map: https://drive.google.com/open?id=11FKOoESxtKo1WoSZrJ3H8a7Ko0Q&usp=sharing

Homeless Young Adult Housing Navigator agencies will work closely with their paired RAPs to provide referrals for any young adults households assessed at the RAPs and in need of housing navigation. Homeless Young Adult Housing Navigators will similarly work with RAPs to coordinate diversion funding if no diversion funding is available at their agency. See Program Diversion section of this manual for more information.

Funding for Nexus and Friends of Youth Homeless Young Adult Housing Navigator programs are provided through a HUD CEA grant administered by King County. New Horizons Ministries and YouthCare's Orion Center and UDYC Homeless Young Adult Housing Navigator programs are funded through City of Seattle General Funds.

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Program Eligibility

Homeless Young Adult Housing Navigators serve:

- Homeless young adults, including young parents (if applicable), who request a CEA housing assessment;
- Ages 17.5 to 24;
- Literally homeless (non-housing), in shelter, or within 14 days to eviction to homelessness;
- Score in Band 2 and Band 3 through the CEA Housing Triage Tool; and
- Are not connected to any other homeless young adult case manager

Program Performance Commitments and Milestones

By investing in Homeless Young Adult Housing Navigator programs, King County and the City of Seattle expects to transition people from homelessness to housing by achieving the following performance commitments.

PERFORMANCE COMMITMENTS AND MILESTONES
100 new, unduplicated individuals or families that receive outreach, navigation and/or diversion services focused on housing placement. Verification: Agency Records, Client Files and HMIS
100% Percent of individuals or families receiving outreach, navigation and/or diversion services that have completed Coordinated Entry Triage Tools. (100 individuals) Verification: Agency Records, Client Files and HMIS
PC #1: 30% of individuals or families receiving outreach, navigation and/or diversion services that enter transitional or other temporary housing (30 individuals annually). Verification: Agency Records, Client Files and HMIS
PC #2: 50% of individuals or families receiving outreach, navigation and/or diversion services that enter permanent housing (50 individuals annually). Verification: Agency Records, Client Files and HMIS
80% of resident households receiving outreach, navigation and/or diversion services that exit to permanent housing and do not return to homelessness within 6 months. (40 individuals) Verification: Agency Records, Client Files and HMIS
90% of household members receiving outreach, navigation and/or diversion services that consent to participate in HMIS. (90 individuals) Verification: Agency Records, Client Files and HMIS

Temporary Housing	Permanent Housing
Transitional Living Placement	Permanent supportive housing
Temporary family or friends (=< 90 days)	Rental (no subsidy)
	Rental VASH or other subsidy
	Owned with or without subsidy
	Family or friends-permanent

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Program Referral and Intake

Youth may be referred in the following ways:
- Walk-in or scheduled appointment on-site
- Referral from the CEA community queue
- Referral from a Regional Access Point

RAP Referrals to Homeless Young Adult Housing Navigator Process
Regional Access Points (RAP) are the front door to CEA for all populations. If a young adult household is assessed at a RAP and it is determined that the young adult is not connected to services, the RAP staff will refer the young adult to a navigator. Each RAP is paired with a young adult agency that provides navigation services. The RAP will refer the household to their partnered agency via email or telephone. See Appendix A: RAP/Homeless Young Adult Housing Navigator Pairings

Referrals from the Community Queue
The referral will be sent directly to the Navigator agency in HMIS. The referral process from the Community Queue is outlined as follows:

Navigator Agency Posts an Opening in HMIS
Navigator Program Supervisors will post openings in HMIS to notify CEA staff when Navigators have room on their caseloads for more YYA (i.e. If an agency has two Navigators and each Navigator has two spots on their caseloads; the Program Supervisor will post four openings in HMIS).
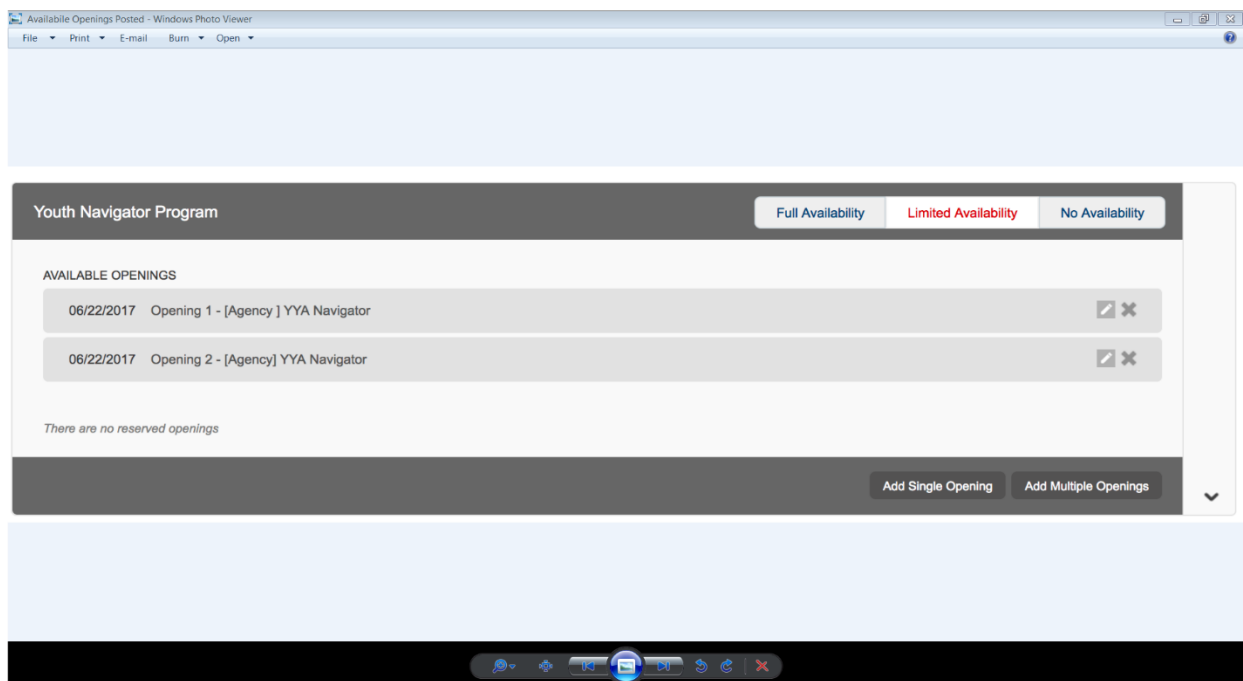
Step 1. Log into HMIS.

Step 2. Click on the Referrals Tab located on the top right-hand corner of the screen. Then click on the Availability tab.
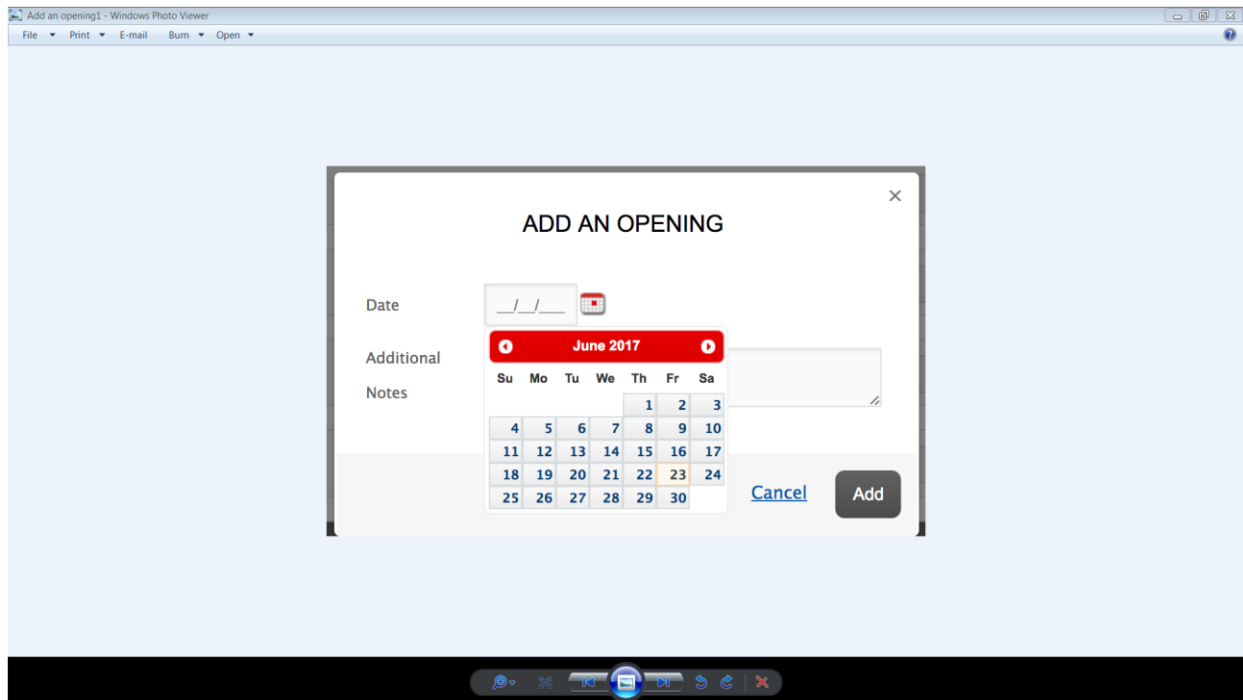
Step 3.   Click on the drop down arrow for the "Youth Navigator Program."

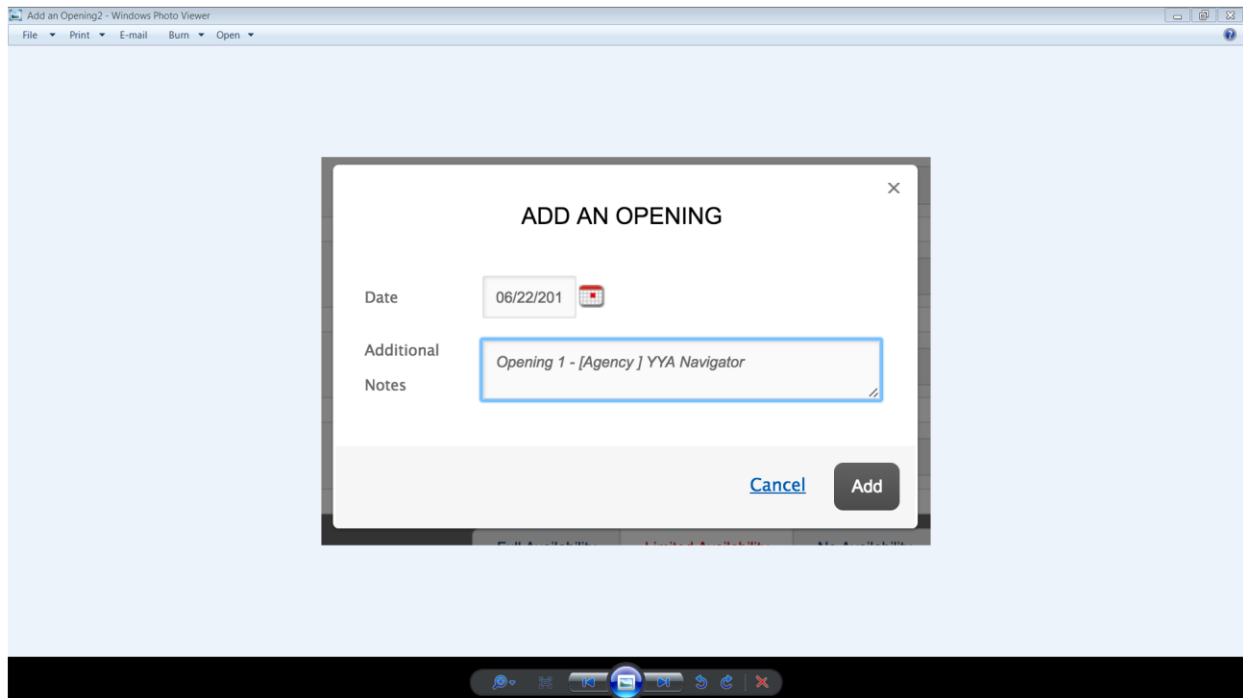Step 4. Click on "Add Single Opening" or Add "Multiple Openings."

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Step 5. Select the date the opening will be available and click "Add."

Step 6. Add any additional notes and click "Add" to confirm the opening. Please be sure to include a specific identifier to label each opening. For example, YYA Nav #1 or Caseload #1, Caseload #2)

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CEA Referral Process

Each week the CEA YYA Referral Specialist will compile a list of the identified top 40 most vulnerable YYA for purposes of referring them to YYA Housing Navigators. The referrals will subsequently be discussed during weekly YYA case conferencing sessions. The compiled list of the top 40 will be sent to YYA navigating agencies prior to case conferencing in preparation for the weekly case conferencing process. If a Navigator conducted the assessment, the YYA will be referred back to that Navigator. If the assessment was *not* completed by a navigator *or* the caseload of the Navigator who completed the assessment is full, the YYA will be referred to an agency in the same geographic area as where they completed their assessment.
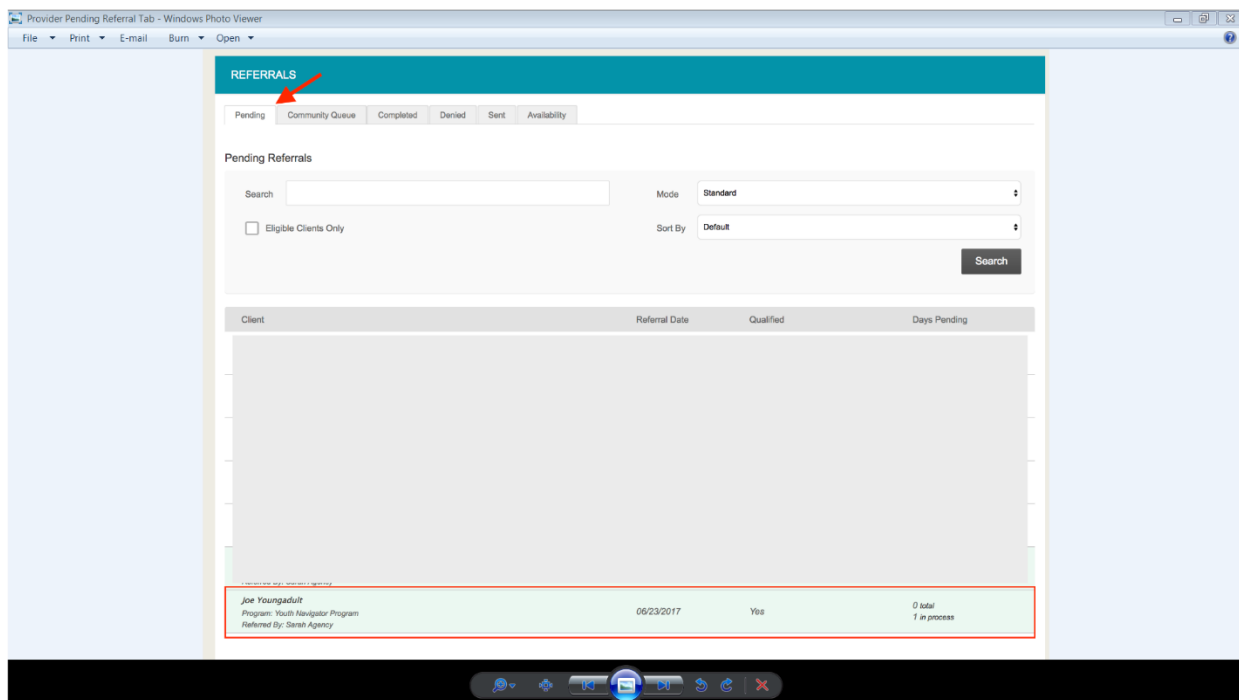
Accepting Referrals through HMIS

Step 1. Log into HMIS to check for new referrals.

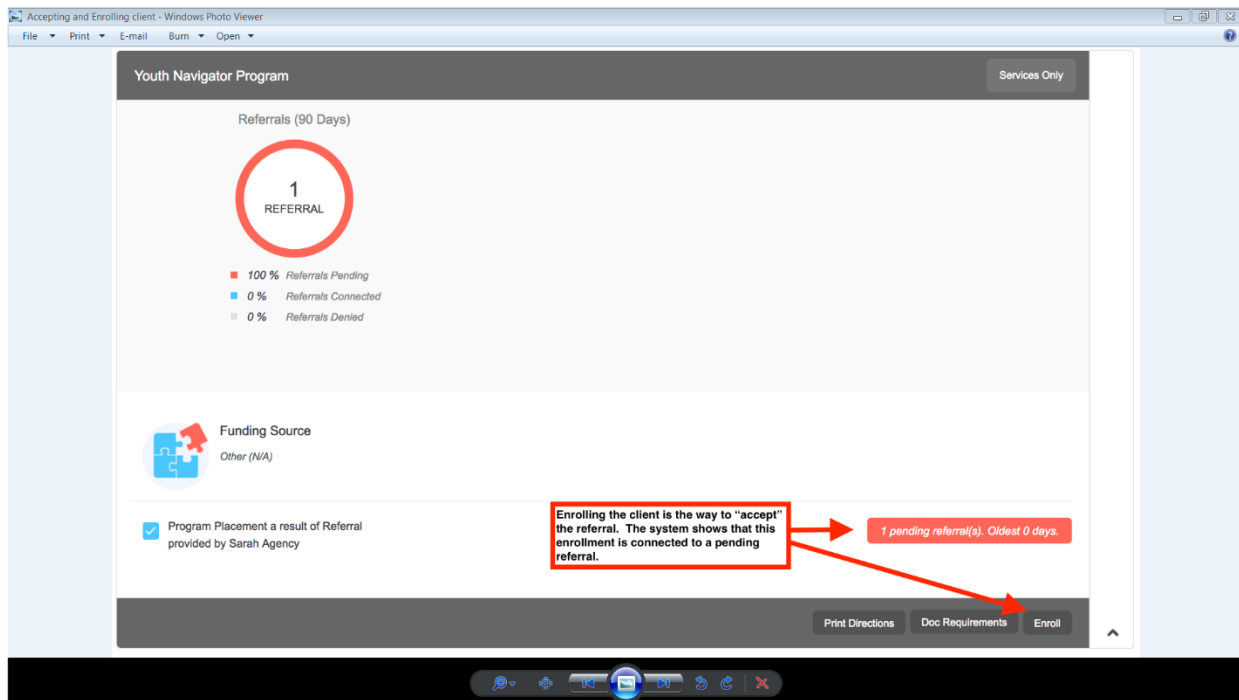Step 2. Click on the Referrals tab located at the top right-hand corner of the screen.

Step 3. Click on the Pending tab.

Step 4. Click on the pending YYA referral at the bottom.

Step 5. Click Enroll to enroll the YYA in the Youth Navigator Program.

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Additional information for agencies receiving referrals can be found at:
http://kingcounty.hmis.cc/coordinated-entry-video-for-agencies-receiving-referrals/

Intake Process
Homeless Young Adult Housing Navigators will contact the household to set up an initial intake meeting. At the first meeting, staff will do a profile search in HMIS to determine if a CEA Housing Triage Tool has been completed. If the household has not completed the triage tool, the Navigator will conduct the assessment at their first meeting. Households will be provided the appropriate Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT), according to the household composition (i.e. households with children *and* young adults, and single pregnant YYA use the F-SPDAT) and enter the assessment results into the Homeless Management Information System (HMIS) within 24 hours of assessment.

If the household is Band 1 (score 0-3) they will be referred to another case manager within the agency to offer Best Starts for Kids, diversion or Path to Home services.

Households who score into Band 2 (score 4-7) and Band 3 (8-17) will design an Individual Services Plan (ISP) in partnership with staff. The ISP is based on the assessment results; built on the household's strengths; specify agreed upon goals; and identify measurable, short-term plans of action and timeframes for achieving them. The type and scope of services provided will vary depending on the needs, strengths, and goals identified in each service plan. The ISP

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will be reviewed by the household and Housing Navigator on a regular basis and updated as needed.

Staff will be expected to maintain client files and complete program paperwork. For a list of program paperwork refer to Appendix A: Client File Review Form, Clarity CoC Program Intake, and Clarity CoC Program Exit.

Program Path to Home / Diversion

Path to Home/Diversion

If a Young Adult Navigator agency does not have Diversion funds or has used all their funding for the year, a household on their caseload would be eligible for Path to Home through one of the CEA RAPs. Path to Home services assist households in quickly finding and securing temporary or permanent solutions to homelessness outside of the homeless services system. Path to Home funds can be used in a variety of ways provided they <u>directly result in a housing solution</u>. Path to Home is not a rental assistance program; it is a one-time payment to help secure a housing solution outside of the homeless housing system.

The navigator will be expected to discuss Path to Home with the household if there are no diversion funds at the agency, and determine if they have a viable housing plan. If the Navigator and young adult household identify a plan, the Navigator can refer a household to their paired agency by calling or emailing the RAP.

The navigator will need to give the RAP the following information:

Details of the housing plan
- Housing circumstance (living with a friend, market rate apartment, living with friend of family out of state, etc.)
- What assistance is needed for the household to secure housing
- Family size
- Household income
- Contact information for the household

The RAP will work with the Navigator to assist the household in securing their housing stability plan. The RAP staff will identify what documentation is needed from the household and will communicate that to the Navigator. The Navigator will be expected to help the household collect the necessary documentation.

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Homeless Management Information System (HMIS/Clarity)

Homeless Management Information System (HMIS) is a secure online database that stores data on all homelessness services that are provided in King County. Seattle/King County uses this data to improve the ability of local organizations to provide access to housing and services, and strengthen our efforts to end homelessness. All identifiable information is securely stored within the HMIS, and state-of-the-art security features protect the privacy of all clients[1].

Homeless Young Adult Housing Navigators must offer HMIS consent to all households. The CEA Housing Triage Tool must be entered into the Homeless Management Information System (HMIS) within 24 hours of assessment.

Refer to the CEA Assessor Manual for more information on how to conduct the CEA Housing Triage Tool and enter it into HMIS.

Refer to Appendix A: King County Homeless Management Information System (HMIS) Client Consent for Data Collection and Release of Information.

Homeless Certification

Homeless households are required to complete homeless certification to qualify for Coordinated Entry for All (CEA) Housing. A large benefit to having Housing Navigator staff is your capacity to ensure homeless young adults households have all necessary paperwork in place to qualify for CEA housing, as soon as it is available.

An initial Homeless Certification Form should be completed at intake, including any 3rd party verification needed. Check-ins on homeless status changes should happen quarterly. If a household's homeless status changes, a new Homeless Certification Form should be completed. See Appendix A: Homeless Certification form, 3rd Party Verification form, and Due Diligence form.

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[1] http://kingcounty.hmis.cc/

Program Exit and Follow-up

CEA will notify the Housing Navigators once their program participant has been referred to housing. The Housing Navigators will then facilitate meetings between the individual and assigned housing agency and help collect any documentation needed for a housing placement. Prior to and throughout the housing assignment process, the navigator may also do regular outreach to an individual in an effort to build rapport. This supports our shared goal of having an efficient and effective system in place to quickly fill vacant units and get people experiencing homelessness into housing.

Exit Process

The Homeless Young Adult Housing Navigator program provides services for households on the CEA Community Queue to support them while they wait for a CEA housing placement or, when possible, divert them from CEA housing into permanent housing within the community or with family/friends. Once a household is housed, the Homeless Young Adult Housing Navigators will exit the household within 30 days of move-in, complete the Clarity CoC Exit form, and exit the household in HMIS. Households will also be exited when they turn 25 years old. In addition, households need to be removed from the Community Queue after two attempts a week apart to reach the households have failed. See below for follow-up process, and Appendix A: Clarity CoC Exit form.

Follow-up Process

Program staff will provide follow-up in various ways based on the type of staffing available at the household's housing location. For those households who transition into housing that have on-site or closely linked staff, Housing Navigators will not provide follow-up. Households that move into housing that have no staff support will receive six months of monthly check-ins and support, when needed. These check-ins may include staff linking the household to mainstream resources, if needed, but will not include financial support. All check-ins will be recorded in staff progress notes.

Removing Household from the Community Queue

If a household is no longer experiencing homelessness and does not need a housing referral, or a household cannot be contacted after two attempts a week apart they will need to be removed from the community queue so their space does not slow down a housing placement for others on the queue. This includes households that were successfully housed though Path to Home or Diversion. To remove someone from the community queue, contact Bitfocus at http://kingcounty.hmis.cc/ and submit a Support Ticket. The blue "Open a Support Ticket" button is located at the top right-hand side of the page. Provide the Unique Identifier (UI) and request they be removed from the Community Queue.

Public Alerts

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When CEA is attempting to contact a YYA household the following message needs to be put in as a Public Alert under the "Notes" tab in HMIS. "*CEA is attempting to reach this household. Please have them call the 206-328-5796 or email cea@kingcounty.gov as soon as possible.*" Be sure to change the date of the Alert to reflect a future date. If a future date is not established, the alert will not work.

Program Meetings and Required Trainings

Meetings
Homeless Young Adult Housing Navigator staff are required to attend monthly RAP meetings. Other meetings specific to Homeless Young Adult Housing Navigators will be scheduled as needed throughout the year in collaboration with staff and funders. See Appendix A: RAP 2017 Meetings for more information.

Required Trainings
Clarity:
- All staff must complete the Clarity General Training, within 30 days of hire date. It is a live webinar. This training is required to get a Clarity log in. Sign up here http://kingcounty.hmis.cc/training/schedule-a-training/.
- Once staff have completed the above training, the HMIS lead at their agency must send the names and email address to Bitfocus and they will create a log in for the staff.

CEA Housing Assessor Training:
- Staff must complete CEA Assessor training with their CEA designated trainer (T3), within 30 days of hire date.
- Thirty days after completing training with their CEA designated trainer, staff must complete a CEA Assessor Refresher training provided by the County. Staff completing assessments must complete a total of two Assessor Refresher trainings annually. A list of scheduled trainings is located at   http://www.kingcounty.gov/depts/community-human-services/housing/services/homeless-housing/coordinated-entry/providers.aspx

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Appendix A: Required Forms and File Review Checklist

Appendix A:
- RAP/Homeless Young Adult Housing Navigator Pairings
- Client File Review Form
- Clarity CoC Program Intake
- Clarity CoC Program Exit
- King County Homeless Management Information System (HMIS) Client Consent for Data Collection and Release of Information
- Homeless Certification form
- 3rd Party Verification form
- Due Diligence form
- RAP 2017 Meetings
- YA Housing Navigator 6 Month Follow-up

RAP/ Homeless Young Adult Housing Navigator Pairings

Agency	RAP Pairing
YouthCare 1828 Yale Ave Seattle, WA 98101 206-694-4500	**Catholic Community Services** **Seattle RAP** 100 23rd Ave Seattle, WA 98144 206-323-6336
YouthCare-UDYC 4516 15th Ave NE Seattle, WA 98105 **206-328-5703**	**Solid Ground** **North RAP** 9600 College Way North Seattle, WA 98103 206-753-4890
Friends of Youth 16225 NE 87th Suite A-1 Redmond, WA 98052 425-869-6490	**Catholic Community Services** **East RAP** 11061 NE 2nd St Bellevue, WA 98004 206-323-6336
New Horizons Ministries 2709 3rd Ave Seattle, WA 98121 206-374-0866	**Catholic Community Services** **Seattle RAP** 100 23rd Ave Seattle, WA 98144 206-323-6336
Nexus 702 10th Street NE Auburn, WA 98002 253-939-2202	**Multi-Service Center** **South County-Federal Way RAP** 1200 So 336th St. Federal Way, WA 98003 253-838-6810
Nexus 702 10th Street NE Auburn, WA 98002 253-939-2202	**YWCA** **South County-Renton RAP** 1010 So 2nd St Renton, WA 98057 425-264-1400

Agency: _____   Reviewer: _____

Contract # _____   Date: _____

Homeless Young Adult Housing Navigator Program
Client File Review Form

Client ID   _____

Eligibility:

- CEA Housing Triage Tool
- Homeless Verification Form   _____
- Homeless Verification 3rd Party Letter   _____
- 17.5 – 24 years old- copy of ID or other   _____
  identifying documents present   _____

	Y/N or N/A	
Clarity HUD CoC Program Intake Form Signed/Dated		Date:
Agency Intake Form Completed		
Agency Participant Agreement/ Client Rights		
Agency Consent to Service		
Agency Grievance Procedure		
Agency Confidentiality Disclosure Statement		
Clarity Consent Signed and Dated by Youth		Date:
Agency Service Plan		
Agency Service Plan Matches Agency Intake		
Goals Dated		
Achievement Noted		
Agency Service Plan Signed and Dated by Staff		Date:
Agency Service Plan Signed and Dated by Youth		Date:
Agency Information Release(s) Completed and Signed		
Case Notes		
• Initialed		
• Dated		
• Matches Plan		
90 Day Supervisor Review(s) Completed & Signed		Date:
Clarity HUD CoC Program Exit Form Signed/Dated		Date:
Housing Navigator 6-month follow-up form completed		Date:

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CLARITY HMIS: HUD-CoC PROGRAM INTAKE FORM

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

PROGRAM ENTRY DATE *[All Clients]*

		-			-				

Month   **Day**   **Year**

SOCIAL SECURITY NUMBER *[All Clients]*

			-		-				

QUALITY OF SOCIAL SECURITY			
O	Full SSN reported	O	Client doesn't know
		O	Client refused
O	Approximate or partial SSN reported	O	Data not collected

CURRENT NAME *[All Clients]*	N/A
Last	O
First	
Middle	O
Suffix	O

QUALITY OF CURRENT NAME			
O	Full name reported	O	Client doesn't know
O	Partial, street name, or code name reported	O	Client refused
		O	Data not collected

DATE OF BIRTH *[All Clients]*

		-			-				Age:

Month   **Day**   **Year**

QUALITY OF DATE OF BIRTH			
O	Full DOB reported	O	Client doesn't know
O	Approximate or partial DOB reported	O	Client refused

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Agency: _____   Reviewer: _____
Contract # _____   Date: _____

		O	Data not collected

GENDER *[All Clients]*

O	Female	O	Client doesn't know
O	Male	O	Client refused
O	Transgender male to female	O	Data not collected
O	Transgender female to male		
O	Doesn't Identify as male, female, or transgender		

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

O	American Indian or Alaskan Native	O	Client does not know
O	Asian	O	Client refused
O	Black/African American	O	Data Not Collected
O	Hawaiian or Other Pacific Islander		
O	White/Caucasian		

ETHNICITY *[All Clients]*

O	Non-Hispanic/ Non-Latino	O	Client does not know
		O	Client refused
O	Hispanic/Latino	O	Data Not Collected
		O	Other

VETERAN STATUS *[All Adults]*

O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

IF "YES" TO VETERAN STATUS

Year entered military service (year)	
Year separated from military service (year)	

Theater of Operations: World War II

O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

Theater of Operations: Korean War

O	No	O	Client doesn't know
O	Yes	O	Client refused

		O	Data not collected

Theater of Operations: Vietnam War			
O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

Theater of Operations: Persian Gulf War (Desert Storm)			
O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

Theater of Operations: Afghanistan (Operation Enduring Freedom)			
O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

Theater of Operations: Iraq (Operation Iraqi Freedom)			
O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

Theater of Operations: Iraq (Operation New Dawn)			
O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)			
O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

Branch of the Military			
O	Army	O	Coast Guard
O	Air Force	O	Client doesn't know
O	Navy	O	Client refused
O	Marines	O	Data not collected

Discharge Status			
O	Honorable	O	Dishonorable
O	General under honorable conditions	O	Uncharacterized
O	Other than honorable conditions (OTH)	O	Client doesn't know
		O	Client refused

○	Bad Conduct	○	Data not collected

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

○	Self	○	Head of household - other relation to member
○	Head of household's child		
○	Head of household's spouse or partner	○	Other: non-relation member

CLIENT LOCATION *[only if multiple CoC's]* _____
HOUSING STATUS AT ENTRY *[Head of Household and Adults]*

○	Homeless	○	Fleeing domestic violence	○	Client doesn't know
○	At imminent risk of losing housing	○	At-risk of homelessness	○	Client refused
○	Homeless only under other federal statutes	○	Stably housed	○	Data not collected

IN PERMANENT HOUSING *[RRH PROGRAMS ONLY - All Clients]*

○	No	○	Yes

IF "YES" TO PERMANENT HOUSING	
Date of Move-In	____/____/_____

LIVING SITUATION BY TYPE OF RESIDENCE *[Head of Household and Adults]*

○	Emergency shelter, including hotel or motel paid for w/ emergency shelter voucher	○	Rental by client, with VASH subsidy
○	Foster care home or group home	○	Rental by client, with GTD TIP subsidy
○	Hospital or other residential non- psychiatric medical facility	○	Rental by client, with other ongoing housing subsidy
○	Hotel or motel paid for without emergency shelter voucher	○	Residential project or halfway house with no homeless criteria
○	Jail, prison or juvenile detention facility	○	Safe Haven
○	Long-term care facility or nursing home	○	Staying or living in a family member's room, apartment or house
○	Owned by client, no on-going housing subsidy	○	Staying or living in a friend's room, apartment or house
○	Owned by client, with ongoing housing subsidy	○	Substance abuse treatment facility or detox center
○	Place not meant for habitation	○	Interim Housing

CLARITY
HUMAN SERVICES

O	Permanent housing for formerly homeless persons (ex. CoC project, HUD legacy)	O	Transitional housing for homeless persons (including homeless youth)
O	Psychiatric hospital or other psychiatric facility	O	Client doesn't know
		O	Client refused
O	Rental by client, no ongoing housing subsidy	O	Data not collected

LENGTH OF STAY IN PRIOR LIVING SITUATION

O	One night or less	O	One month or more, but less than 90 days	O	Client doesn't know
O	Two to six nights	O	90 days or more, but less than one year	O	Client refused
O	One week or more, but less than one month	O	One year or longer	O	Data not collected

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

O	No	O	Yes

LENGTH OF STAY LESS THAN 90 DAYS

[If type of stay is Interim Housing- Facility /Institution etc]

O	No	O	Yes

ON THE NIGHT BEFORE - DID YOU STAY - STREETS, IN EMERGENCY SHELTER, SAFE HAVEN
[Head of Household and Adults]

O	Yes	O	No
Approximate Date Homelessness Started	____/____/_____		

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

O	One Time	O	Client doesn't know
O	Two Times	O	Client refused
O	Four or More Times	O	Data not collected

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

O	One month (this time is the first month)	O	Client doesn't know
O	2-12 months (specify number of months): _____	O	Client refused
O	More than 12 months	O	Data not collected

Agency Name: _____

CLIENT HAS BEEN ENGAGED *[STREET OUTREACH AND ES]*

○	No	○	Yes
IF "YES" TO CLIENT HAS BEEN ENGAGED			
Date of Engagement		____/____/_____	

DISABLING CONDITION *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

PHYSICAL DISABILITY *[All Clients]*

○	No			○	Client doesn't know
○	Yes			○	Client refused
				○	Data not collected
IF "YES" TO PHYSICAL DISABILITY – SPECIFY					
Currently receiving services for physical disability		○	No	○	Client doesn't know
		○	Yes	○	Client refused
				○	Data not collected
Long-term physical disability		○	No	○	Client doesn't know
		○	Yes	○	Client refused
				○	Data not collected
Documentation of the disability and severity on file		○	No	○	Yes

DEVELOPMENTAL DISABILITY *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected
IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY					
Currently receiving services for developmental disability	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected
Expected to substantially impair independence	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected
Documentation of the disability and severity on file	○	No	○	Yes

Updated: 03/5/18

CLARITY
HUMAN SERVICES

CHRONIC HEALTH CONDITION *[All Clients]*

O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Currently receiving services/treatment for this condition	O	No	O	Client doesn't know
	O	Yes	O	Client refused
			O	Data not collected
Long-term chronic health condition	O	No	O	Client doesn't know
	O	Yes	O	Client refused
			O	Data not collected
Documentation of the disability and severity on file	O	No	O	Yes

HIV-AIDS *[All Clients]*

O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

IF "YES" TO HIV-AIDS – SPECIFY

Currently receiving services/treatment for this condition	O	No	O	Client doesn't know
	O	Yes	O	Client refused
			O	Data not collected
Expected to substantially impair independence	O	No	O	Client doesn't know
	O	Yes	O	Client refused
			O	Data not collected
Documentation of the disability and severity on file	O	No	O	Yes

MENTAL HEALTH PROBLEM *[All Clients]*

O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

IF "YES" TO MENTAL HEALTH PROBLEM – SPECIFY

Currently receiving services/treatment for this condition	O	No	O	Client doesn't know
	O	Yes	O	Client refused
			O	Data not collected
Long-term mental health problem	O	No	O	Client doesn't know
	O		O	Client refused

CLARITY
HUMAN SERVICES

		Yes	O	Data not collected
Documentation of the disability and severity on file	O	No	O	Yes

SUBSTANCE ABUSE PROBLEM *[All Clients]*

O	No	O	Both alcohol and drug abuse
O	Alcohol abuse	O	Client doesn't know
		O	Client refused
O	Drug abuse	O	Data not collected

IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE" – SPECIFY

Currently receiving services/treatment for this condition	O	No	O	Client doesn't know
	O	Yes	O	Client refused
			O	Data not collected
Long-term substance abuse problem	O	No	O	Client doesn't know
	O	Yes	O	Client refused
			O	Data not collected
Documentation of the disability and severity on file	O	No	O	Yes

DOMESTIC VIOLENCE *[Head of Household and Adults]*

O	No		O	Client doesn't know
O	Yes		O	Client refused
			O	Data not collected

IF "YES" TO DOMESTIC VIOLENCE

LAST OCCURRENCE

O	Within the past three months	O	One year ago or more
O	Three to six months ago (excluding six months exactly)	O	Client doesn't know
		O	Client refused
O	Six months to one year ago (excluding one year exactly)	O	Data not collected

Are you currently fleeing?	O	No	O	Client doesn't know
	O	Yes	O	Client refused
			O	Data not collected

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

O	No		O	Client doesn't know
O	Yes		O	Client refused
			O	Data not collected

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

Agency Name: _____

CLARITY HUMAN SERVICES

Income Source	Amount	Income Source	Amount
○ TANF (Temporary Assist for Needy Families)		○ Earned Income	
○ Unemployment Insurance		○ General Assistance (GA)	
○ Supplemental Security Income (SSI)		○ Retirement Income from Social Security	
○ Social Security Disability Income (SSDI)		○ Pension or retirement income from former job	
○ VA Service Connected Disability Compensation		○ Child support	
○ VA Non-Service Connect Disability Pensioned		○ Private disability insurance	
○ Alimony and other spousal support		○ Other source	
○ Worker's Compensation		**Specify Other"**	
Total monthly amount:			

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

○	No		○	Client doesn't know
○	Yes		○	Client refused
			○	Data not collected
IF "YES" TO NON-CASH BENEFITS – INDICATE ALL SOURCES THAT APPLY				
○	SNAP		○	Other TANF Benefit
○	WIC		○	Section 8
○	TANF Childcare		○	Temporary Rental Assistance
○	TANF Transportation		○	Other (**Specify**):

COVERED BY HEALTH INSURANCE [*All Clients*]

○	No		○	Client doesn't know
○	Yes		○	Client refused
			○	Data not collected
IF "YES" TO HEALTH INSURANCE - HEALTH INSURANCE COVERAGE DETAILS				
○	MEDICAID		○	Employer Provided
○	MEDICARE		○	Obtained through COBRA
○	SCHIP		○	Private Pay Health Insurance
○	VA Medical		○	State Health Insurance for Adults
○	Other (specify)		○	Indian Health Services Program

_____

Agency Name: _____

Signature of applicant stating all information is true and correct

Date

Agency Name: _____

CLARITY HUMAN SERVICES

CLARITY HMIS: HUD-CoC PROGRAM EXIT FORM

Use block letters for text and bubble in the appropriate circles.
Please complete a separate form for each household member.

PROGRAM EXIT DATE [*All Clients*]

		-			-				

Month   Day   Year

CURRENT NAME [*All Clients*]

														N/A
Last														○
First														
Middle														○
Suffix														○

CONTACT INFORMATION [*Optional*]

Phone Number				-				-					
Email													
Current Address (if applicable)													
Street													
City													
State						Zip Code							

HOUSING STATUS AT EXIT [*All Clients*]

○	Homeless	○	Fleeing domestic violence	○	Client doesn't know
○	At imminent risk of losing housing	○	At-risk of homelessness	○	Client refused
○	Homeless only under other federal statutes	○	Stably housed	○	Data not collected

Updated: 03/5/18

Agency Name: _____

DESTINATION *[Head of Household and Adults]*

○	Deceased	○	Rental by client, with VASH housing subsidy
○	Emergency shelter, including hotel or motel paid for with emergency shelter voucher	○	Rental by client, with GPD TIP housing subsidy
○	Foster care home or foster care group home	○	Rental by client, with other ongoing housing subsidy
○	Hospital or other residential non-psychiatric medical facility	○	Residential project or halfway house with no homeless criteria
○	Hotel or motel paid for without emergency shelter voucher	○	Safe Haven
○	Jail, prison or juvenile detention facility	○	Staying or living with family, permanent tenure
○	Long-term care facility or nursing home	○	Staying or living with family, temporary tenure (e.g., room, apartment or house)
○	Moved from one HOPWA funded project to HOPWA PH	○	Staying or living with friends, permanent tenure
○	Moved from one HOPWA funded project to HOPWA TH	○	Staying or living with friends, temporary tenure (e.g., room, apartment or house)
○	Owned by client, **NO** ongoing housing subsidy	○	Substance abuse treatment facility or detox center
○	Owned by client, with ongoing housing subsidy	○	Transitional housing for homeless persons (including homeless youth)
○	Permanent housing for formerly homeless persons (such as: CoC project; or HUD legacy programs; or HOPWA PH)	○	Other
		○	No exit interview completed
○	Place not meant for habitation (e.g., a vehicle, an abandoned building, bust/train/airport or anywhere outside)	○	Client doesn't know
		○	Client refused
○	Psychiatric hospital or other psychiatric facility	○	Data not collected
○	Rental by client, no ongoing housing subsidy	**Specify Other**	

IN PERMANENT HOUSING *[RRH PROGRAMS ONLY - All Clients]*

○	Yes	○	No

Updated: 03/5/18

Agency Name: _____

IF "YES" TO PERMANENT HOUSING	
Date of Move-In	____/____/_____

HOUSING ASSESSMENT AT EXIT *[HOMELESS PREVENTION ONLY - All Clients]*

O	Able to maintain the housing they had at project entry	O	Client became homeless – moving to a shelter or other place unfit for human habitation
O	Moved to new housing unit		
O	Moved in with family/friends on a temporary basis	O	Client went to jail/prison
		O	Client died
O	Moved in with family/friends on a permanent basis	O	Client doesn't know
		O	Client refused
O	Moved to a transitional or temporary housing facility or program	O	Data not collected

IF "ABLE TO MAINTAIN HOUSING AT PROJECT ENTRY" TO HOUSING ASSESSMENT

Subsidy Information

O	Without a subsidy	O	With an on-going subsidy acquired since project entry
O	With the subsidy they had at project entry	O	Only with financial assistance other than a subsidy

IF "MOVED TO NEW HOUSING UNIT" TO HOUSING ASSESSMENT

Subsidy Information

O	With on-going subsidy	O	Without an on-going subsidy

DISABLING CONDITION [*All Clients*]

O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

PHYSICAL DISABILITY [*All Clients*]

O	No	O	Client doesn't know
O	Yes	O	Client refused
		O	Data not collected

IF "YES" TO PHYSICAL DISABILITY – SPECIFY

Receiving services for physical disability	O	No	O	Client doesn't know
	O	Yes	O	Client refused

Updated: 03/5/18

				O	Data not collected
Long-term physical disability	O	No		O	Client doesn't know
	O	Yes		O	Client refused
				O	Data not collected
Documentation of the disability and severity on file	O	No		O	Yes

DEVELOPMENTAL DISABILITY *[All Clients]*

O	No			O	Client doesn't know
O	Yes			O	Client refused
				O	Data not collected

IF "YES" TO DEVELOPMENTAL DISABILITY – SPECIFY					
Receiving services for developmental disability	O	No		O	Client doesn't know
	O	Yes		O	Client refused
				O	Data not collected
Expected to substantially impair independence	O	No		O	Client doesn't know
	O	Yes		O	Client refused
				O	Data not collected
Documentation of the disability and severity on file	O	No		O	Yes

CHRONIC HEALTH CONDITION *[All Clients]*

O	No			O	Client doesn't know
O	Yes			O	Client refused
				O	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY					
Receiving services/treatment for this condition	O	No		O	Client doesn't know
	O	Yes		O	Client refused
				O	Data not collected
Long-term chronic health condition	O	No		O	Client doesn't know
	O	Yes		O	Client refused
				O	Data not collected
Documentation of the disability and severity on file	O	No		O	Yes

HIV-AIDS *[All Clients]*

O	No			O	Client doesn't know
O	Yes			O	Client refused

Updated: 03/5/18

		○	Data not collected

IF "YES" TO CHRONIC HEALTH CONDITION – SPECIFY

Receiving services/treatment for this condition	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected
Long-term chronic health condition	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected
Documentation of the disability and severity on file	○	No	○	Yes

MENTAL HEALTH PROBLEM *[All Clients]*

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

IF "YES" TO MENTAL HEALTH PROBLEMS – SPECIFY

Receiving services/treatment for this condition	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected
Long-term mental health problem	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected
Documentation of the disability and severity on file	○	No	○	Yes

SUBSTANCE ABUSE PROBLEM *[All Clients]*

○	No	○	Both alcohol & drug abuse
○	Alcohol abuse	○	Client doesn't know
		○	Client refused
○	Drug abuse	○	Data not collected

IF "ALCOHOL ABUSE" "DRUG ABUSE" OR "BOTH ALCOHOL AND DRUG ABUSE"– SPECIFY

Receiving services/treatment for this condition	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected
Long-term substance abuse problem	○	No	○	Client doesn't know
	○	Yes	○	Client refused
			○	Data not collected
Documentation of the disability and severity on file	○	No	○	Yes

Agency Name: _____

CLARITY
HUMAN SERVICES

DOMESTIC VIOLENCE [*Head of Household and Adults*]

○	**No**	○	Client doesn't know
○	**Yes**	○	Client refused
		○	Data not collected

IF "YES" TO DOMESTIC VIOLENCE

LAST OCCURRENCE

○	Within the past three months	○	One year ago or more
○	Three to six months ago (excluding six months exactly)	○	Client doesn't know
		○	Client refused
○	Six months to one year ago (excluding one year exactly)	○	Data not collected

Are you currently fleeing?	○ No	○	Client doesn't know
	○ Yes	○	Client refused
		○	Data not collected

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

○	No	○	Client doesn't know
○	Yes	○	Client refused
		○	Data not collected

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

Income Source	Amount	Income Source	Amount
○ Earned Income		○ TANF (Temporary Assistance for Needy Families)	
○ Unemployment Insurance		○ General Assistance (GA)	
○ Supplemental Security Income (SSI)		○ Retirement Income from Social Security	
○ Social Security Disability Income (SSDI)		○ Pension or retirement income from former job	
○ VA Service-Connected Disability Compensation		○ Child support	
○ VA Non-Service Connected Disability Pension		○ Alimony and other spousal support	
○ Private disability insurance		○ Other source	
○ Worker's Compensation		**Specify "Other"**	
Total monthly amount:			

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

Updated: 03/5/18

Agency Name: _____

CLARITY HUMAN SERVICES

○	No		○	Client doesn't know
○	Yes		○	Client refused
			○	Data not collected

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

○	SNAP	○	Other TANF Benefit
○	WIC	○	Section 8
○	TANF Childcare	○	Temporary Rental Assistance
○	TANF Transportation	○	Other source
Specify "Other"			

COVERED BY HEALTH INSURANCE *[All Clients]*

○	No		○	Client doesn't know
○	Yes		○	Client refused
			○	Data not collected

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

○	MEDICAID	○	Employer Provided
○	MEDICARE	○	Obtained through COBRA
○	SCHIP	○	Private Pay Health Insurance
○	VA Medical	○	State Health Insurance for Adults
○	Other (specify)	○	Indian Health Services Program

_____

Signature of applicant stating all information is true and correct   Date

King County Homeless Management Information System (HMIS)
Client Consent for Data Collection and Release of Information

What is the HMIS?
The HMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the HMIS for King County. The purpose of the HMIS is to improve services that support people who are homeless to get housing, and to have better access to those services, while meeting requirements of funders such as the U.S. Department of Housing and Urban Development (HUD).

What is the purpose of this form?
With this form, you can give permission to have information about you collected and shared with Partner Agencies that help King County provide housing and services. A current list of Partner Agencies is at http://kingcounty.hmis.cc/participatingagencies/

BY SIGNING THIS FORM, I AUTHORIZE King County and Bitfocus to share HMIS information with Partner Agencies. The HMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:
- Name, birthday, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

BY SIGNING THIS FORM, I UNDERSTAND THAT:
- King County, Bitfocus and Partner Agencies will keep my HMIS information private using strict privacy policies. I have the right to review their privacy policies.

- There is a small risk of a security breach, and someone might obtain my information and use it inappropriately.

- If I have questions about my privacy rights, my HMIS information, or am concerned that my information has been misused, I can contact my HMIS systems administrator at (206) 4444001 x2.

- I can receive a copy of this Consent and the Client Information Sheet

- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.

- This Consent will expire 7 years from my last HMIS recorded activity.

● I may revoke this Consent earlier at any time in writing to:
Bitfocus, Inc.
ATTN: King County HMIS
548 Market St #60866
San Francisco, CA 941045401

● The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.

● My HMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, The Department of Health and Human Services, and The Washington State Department of Commerce. I understand that the list of auditors and funders may change over time.

● My HMIS information may be shared to coordinate referral and placement for housing and services.

● My HMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance, and other services.

● My HMIS information will be combined with other information from the Washington State Department of Social and Health Services (DSHS) to help evaluate the quality of social services.

● My HMIS information may be used for research; however, my identity will remain private.

Important : Personal information is not entered in HMIS for people who are 1) receiving services from domestic violence agencies; 2) fleeing or in danger from domestic violence, dating violence, sexual assault or stalking situation; or 3) have revealed information about being HIV positive or having AIDS. If one of these situations applies to you, **DO NOT** agree to have your personal identifying information collected.

SIGNATURE:

_____
Signature of Patient/Client or Representative:

_____
PRINTED NAME

_____
Date

For Agency Use Only:
Client Opted Out (Refused Consent) _____ (Staff/Agency Initials)
Witness Staff & Agency)   Date

KING COUNTY HMIS CLIENT CONSENT TO DATA COLLECTION AND ROI (Version1.3 30Mar2016)

HOMELESS YOUNG ADULT HOUSING NAVIGATOR
HOMELESS CERTIFICATION FORM

Applicant Name: _____

Staff Member Name: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation. Check the appropriate type of documentation used to verify homelessness and attach it to this worksheet

Complete with information on the <u>primary</u> cause of homelessness

	Homeless Status	Type of Eligible Documentation *Ordered by HUD's preference*	Agency Letterhead Verification Attached
☐	**Persons living on the street or sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation**	1. Signed and dated written certification by an outreach worker on agency letterhead. 2. Oral communication with outreach recorded by the case manager. 3. Signed and dated self-declaration and case manager observations. Include Due Diligence form to obtain written 3rd party verification.	☐ Yes ☐ No
☐	**Persons living in a shelter designed to provide temporary living arrangements**	1. Signed and dated written certification by a shelter worker verifying the household's shelter stay on agency letterhead. 2. Oral communication with shelter staff recorded by the case manager. 3. Signed and dated self-declaration and case manager observation. Include Due Diligence form to obtain written 3rd party verification.	☐ Yes ☐ No
☐	**Person will imminently lose primary nighttime residence within 14 days and meets both of the following circumstances - No appropriate subsequent housing options have been identified - Household lacks the financial resources and support networks needed to obtain immediate housing or remain in existing housing**	1. Eviction letter from tenant/homeowner Or Eviction letter from tenant/homeowner (If living with another, i.e. doubled up) Or Letter from hotel/motel manager and cancelled checks to verify costs covered by the household **And** Documentation of efforts to divert from homelessness. 2. Oral communication with tenant/homeowner who is evicting the household recorded by the case manager. 3. Signed and dated self-declaration and case manager observation. Include Due Diligence form to obtain written 3rd party verification.	☐ Yes ☐ No

HOMELESS YOUNG ADULT HOUSING NAVIGATOR
HOMELESS CERTIFICATION FORM

☐	**Persons exiting an institution where they resided for 90 days or less and was residing in a place not meant for human habitation or shelter immediately before entering the institution**	1. Signed and dated written certification on agency letterhead by a shelter/outreach worker verifying the household's shelter stay/non-housing prior to entry into the institution. **And** Institution discharge paperwork - verifying 90 days or less. 2. Oral communication with shelter and institution staff recorded by the case manager. 3. Signed and dated self-declaration and case manager observation. Include Due Diligence form to obtain written 3rd party verification.	☐ Yes ☐ No
☐	**Persons fleeing domestic violence.**	1. Signed and dated self-declaration and case manager observation. 2. Written, signed and dated verification from the domestic violence service provider.	☐ Yes ☐ No

☐ **Attach "Due Diligence Form" documentation of attempts to obtain third party verification (required)** *Third party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for homeless assistance.*

Self-Declaration of Homelessness: *Self-declaration is only permitted when third party verification cannot be obtained. If due to eviction identify the following: no appropriate subsequent housing options have been identified* <u>*and*</u> *household lacks the financial resources and support networks needed to obtain immediate housing or remain in existing housing.*

Household Signature: _____ Date: _____

Staff Signature: _____ Date: _____

HOMELESS YOUNG ADULT HOUSING NAVIGATOR
HOMELESS CERTIFICATION
3rd Party Verification Form

Homeless Young Adult Housing Navigators is a program that assists young adult households 17.5-24 years of age struggling with homelessness to enroll in housing programs and gain employment income.   To enroll in the program households must provide 3rd party documentation that they are homeless. You have been identified as a person who is providing this household with housing but can no longer provide that housing and the household must leave within 14 days or less.

Household Name: _____

The household named above will lose their primary nighttime residence within 14 days.

Date applicant must leave this residence: _____

Please describe the current living situation and reasons for eviction:

Residency Certification:

_____	_____
Printed Name	Signature

_____	_____	_____
Relationship	Contact Information	Date

Applicant Name: _____ **Housing Navigator Name:** _____

Procedures

- If the client is unable to obtain verification from a preferred 3rd party after 3 attempts, then proceed to the secondary documentation. If the client is unable to obtain verification from a secondary 3rd party after 3 attempts attach to the Homeless Young Adult Housing Navigator Homeless Certification form.
- The homelessness verification should be completed within <u>thirty days of intake</u>.
- For Eviction: give the client the appropriate eligibility verification form to a 3rd party who has witnessed his/her current living situation. For Shelter/Non-Housing-Outreach/ Institution: request verification on agency letterhead.

Keep this form in your clients' files and document all attempts to complete the homeless verification procedures

Preferred Documentation- see Homeless Certification Form- Homeless Status -#1

1st Attempt	2nd Attempt	3rd Attempt
Date:	Date:	Date:
Person contacted:	Person contacted:	Person contacted:
Notes:	Notes:	Notes:

Secondary Documentation-see Homeless Certification Form- Homeless Status -#2

1st Attempt	2nd Attempt	3rd Attempt
Date:	Date:	Date:
Person contacted:	Person contacted:	Person contacted:
Notes:	Notes:	Notes:

RAP/Navigator 2018 All
Staff Meeting Schedule

	Date	Location
Jan	Wednesday, January 10, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
Feb	Wednesday, February 14, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
March	Wednesday, March 14, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
April	Wednesday, April 11, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
May	Wednesday, May 9, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
June	Wednesday, June 13, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
July	Wednesday, July 11, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
Aug	Wednesday, August 8, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
Sept	Wednesday, September 12, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
Oct	Wednesday, October 10, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
Nov	Wednesday, November 14, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*
Dec	Wednesday, December 12, 9am-10:30am	East Cherry YWCA *2820 E Cherry St, Seattle WA 98112*

YA HOUSING NAVIGATOR 6 MONTH FOLLOW-UP

Agency:_____

Participant Identification Data

YA Initials	Date Of Birth
	Month / Day / Year

Staff Initials	Follow Up Date
	Month / Day / Year

Gender/Sex
- ☐ Female
- ☐ Male
- ☐ Transgender Male to Female
- ☐ Transgender Female to Male
- ☐ Other

HUD Ethnicity
Latino/Hispanic: Yes   No

HUD Race Categories
(Mark All that Apply)
- ☐ Asian
- ☐ Black or African American
- ☐ American Indian/ Alaskan Native
- ☐ Native Hawaiian and other Pacific Island
- ☐ White
- ☐ Client doesn't know
- ☐ Client Refused
- ☐ Data not collected

Additional Goals Met
Please mark all that apply
- ☐ Housing Placement
- ☐ Basic Needs Services
- ☐ Life Skills
- ☐ Substance Abuse Services
- ☐ Mental Health Services
- ☐ Family counseling/Reconciliation
- ☐ HIV/AIDS Related Services
- ☐ Other Health Care Services
- ☐ Education
- ☐ Employment Assistance
- ☐ Child Care
- ☐ Transportation
- ☐ Legal Services
- ☐ Domestic Violence Services

Current Income:
$_____

Income Sources
- ☐ None
- ☐ SSI
- ☐ SSDI
- ☐ TANF
- ☐ Social Security
- ☐ Child Support
- ☐ Veteran's Benefits
- ☐ Employment Income
- ☐ Unemployment Income
- ☐ Medicaid
- ☐ Basic Food (SNAP)
- ☐ Other:

Type of Follow Up
- ☐ Direct contact
- ☐ Phone
- ☐ Electronic mail
- ☐ Postal service
- ☐ Other (Please specify):

Living Situation

Current Living Situation

Less Stable
- ☐ Non Housing (street, park, car, bus station etc.)
- ☐ Emergency Shelter
- ☐ Domestic Violence Situation
- ☐ Jail or Prison
- ☐ Unknown
- ☐ Emergency Shelter
- ☐ Transitional Housing for Homeless Persons
- ☐ Psychiatric Hospital
- ☐ Substance Abuse Treatment Facility
- ☐ Psychiatric Hospital
- ☐ Substance Abuse Treatment Facility
- ☐ Hospital
- ☐ Other (Please specify)

Fully Stable (Permanent)
- ☐ Unsubsidized Rental Housing
- ☐ Public Housing
- ☐ Section 8
- ☐ Shelter Plus Care
- ☐ HOME Subsidized Housing
- ☐ Other Subsidized Housing
- ☐ Homeownership
- ☐ Moved In With Family
- ☐ Moved In With Friends
- ☐ Other (Please Specify)

Staff Assessment of Housing (Circle One)
- ☐ Improved from Exited Permanent Housing Placement   ☐ Not Improved

☐ Maintained Exited Permanent Housing Placement   ☐ Unknown

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Staff Signature   Date