I. HOMELESS SERVICES INTAKE FORM

*Given to the individual or family to fill in upon presentation at the centralized intake location (Supportive Services Program).

II. PRE-SCREENING QUESTIONS

1. Are you homeless or do you believe you will become homeless within the next 72 hours?
   □ Yes      □ No
   Are you currently residing in, or trying to leave, an intimate partner who threatens you or makes you fearful?
   □ Yes      □ No

2. Do you live in Harford County right now?
   □ Yes      □ No

3. Do you want services that are specifically geared to domestic violence survivors OR do you need a confidential location to stay?
   □ Yes      □ No
   If YES, STOP and assist in contacting SARC using the hotline #410-836-8430.

4. In the past or currently, do you have any charges or convictions for:
   □ Sex Offense □ Assault/Murder   □ Domestic Violence □ Weapon violations
   □ Drug Possession or Distribution □ Other: __________________________

5. Are you currently under the influence of alcohol or an illegal substance?
   □ Yes      □ No

III. DIVERSION SCREENING

1. Was the place you stayed last night a safe location?

2. Why did you have to leave the place you stayed last night? Could you stay tonight at the same location?

3. What would you need to help you stay where you stayed last night again?

4. Would it help if I contacted the person you stayed with? What is the best way to contact that person?

Revised 1/30/17
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<th>Insurance Type of</th>
<th>Education Level of</th>
<th>Veteran Status</th>
<th>Citizen Status</th>
<th>Disabled Status</th>
<th>Hispanic Status</th>
<th>Marital Status</th>
<th>Race Code</th>
<th>Applicant's Name</th>
<th>Relationship</th>
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Please use the following choices for RACE:

1. American Indian/Alaskan Native
2. Asian
3. Black/African American
4. Multi-Race
5. Hawaiian/Pacific Islander
6. Other

Please fill in ALL household members. List yourself first.

TOTAL NUMBER OF HOUSEHOLD MEMBERS:

Do you receive food stamps? [ ] Yes [ ] No

If Yes, how much do you receive per month? __________

Do you receive any help from HUD or Subsidized Housing (Section 8)? [ ] Yes [ ] No

Check one that applies:

- Apartment
- Townhouse
- Single Family Home
- Other
- Homeowner
- Other

Home Tele Number

Other Phone Number

Address

City State Zip

Name

DATE

UNIVERSAL PROGRAM APPLICATION

Edgecombe, MD 21040
1321-B Woodbridge Station Way
Hartford Community Action Agency, Inc.
Client Agreement:

I declare that the information I have provided Harford Community Action Agency (HCAA) is true, correct and complete. I understand that when this application is signed, permission is given to the HCAA to check all household income, bank accounts, housing expenses, insurance, and other benefits.

If I currently receive or have ever received benefits from the programs administered by the Harford County Department of Social Services (DSS), by signing this application, I give permission to the DSS to share with HCAA any information in my DSS case file needed to complete this application. Such information includes, but is not limited to, household members, income, expenses, resources, child support payments, etc.

I acknowledge that my application information will be stored digitally in the agency database: CAP60. This information will be maintained with the utmost confidentiality, and only HCAA staff will have access to individual files within the database.

Maryland has a fraud law. Punishment can occur for not telling the truth when applying for assistance from any HCAA program.

Harford Community Action Agency, Inc. prohibits discrimination in all its programs and activities on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

Grievance Process:
If the client wishes to file a grievance, they may do so in writing to the Executive Director stating the situation and their concerns. The Executive Director must set up an appointment with the client within 14 days of receipt of the letter of grievance to discuss the grievance and reach a solution. The client may speak to the Executive Director or Assistant Director, if available, during their application process.

______________________________  ________________________  ________________________
Applicant's Signature               Date                   Intake Worker
CLIENT ELIGIBILITY, RIGHTS AND RESPONSIBILITIES

Please initial each statement to show you have read and understand.

Client Eligibility

— All persons, regardless of race, ethnicity, color, creed, religious belief, political opinion, orientation, gender, age, national origin or health status are eligible for this program.
— Only Harford County residents are eligible for this program.
— The applicant must provide the following documentation:
  o Harford County court-ordered eviction notice;
  o Photo ID for head of household
  o Social Security cards for all members of household
  o Proof of income for all members of household over 18 for the last 30 days (including wages, SSI, child support, TCA & unemployment)
— Applicants for funding are not eligible if they have used SSP programs in the last 12 months. Some funding sources are limited to no use in the last 24 months. Check with your case manager for specific eligibility.
— The Executive Director must approve all payments for agency programs.

Client Rights

— Clients have the right to be treated with dignity, respect and fair treatment regardless of race, ethnicity, color, creed, religious belief, political opinion, orientation, gender, age, national origin or health status.
— Clients have the right to have their information kept confidential.
— Clients have the right to participate in their goal-setting and plan of action.
— Clients have the right to the delivery of services in a competent and considerate manner.
— Clients have the right to be considered the expert in their own life experience.
— Clients have the right to file a grievance with the Executive Director if any of these rights are not met, and contact information will be provided upon request.

Client Responsibilities

— Clients have the responsibility to treat staff and other clients with dignity and respect including respecting the privacy of others.
— Clients have the responsibility to supply reasonably requested information related to your receipt of services.
— Clients have the responsibility to participate actively in the delivery of services, including updating contact information immediately upon experiencing a change.
— Clients have the responsibility to inform staff of any medical condition, disability or cultural need that requires our awareness or accommodation in providing service.
— Clients have the responsibility to keep all appointments and to attend them on time. Should an issue arise that prevents attendance, the client has the responsibility to give 24-hour notice of a cancellation and to reschedule. Our programs require a certain number of meetings to receive funding. Your timely attendance is necessary and appreciated.

By signing this form, you acknowledge that you have read, understand and agree to abide by our eligibility requirements, rights and responsibilities.

Name (please print) __________________________ Signature __________________________ Date __________________________
Harford County Continuum of Care
Consent to Participate
Homeless Management Information System (HMIS) and CAP60

The Harford County Continuum of Care administers a computerized record keeping system that captures information about people experiencing homelessness, including their service needs. This agency uses HMIS and CAP60 as their data management tools to collect information on the clients they serve and the services they provide.

The HMIS system benefits you because you may not have to complete an additional intake interview should you need services from a collaborating agency that also uses HMIS. The information shared with one or more collaborating agencies will be used to help you access services such as emergency assistance, shelter, and transitional housing. Your written consent allows this agency to share your intake information with other collaborating agencies to better serve you.

The information that you share with this agency will be used to help you access services that will help you obtain and maintain permanent housing. The information that you provide, combined with that provided by others, will be used, without any identifying information, for reporting requirements and advocacy.

This agency has an interagency sharing agreement with several collaborating agencies regarding individuals that are served by both agencies. These agencies also have an agreement with the Harford County Continuum of Care and have completed security procedures regarding the protection and sharing of your data. These agencies may also use your information, without any identifying information, for reporting requirements and advocacy.

Harford Community Action Agency (HCAA) uses CAP60, a database designed to provide a comprehensive set of resources to our program participants. We use this system to communicate internally and provide referrals to other programs for which you may qualify. We also use referral forms to guide agency staff in best assisting you beyond a single department.

Additionally, we work with outside agencies to present additional service options to each household with whom we work.

I, ___________________________ - ____________________________
(Print Name) (Participant Signature)
☐ Consent
☐ Do Not Consent
to have information (demographic, residential, employment, income, military, legal, services, and goals and outcomes) that I provided in intake interviews to staff at Harford Community Action Agency to be shared electronically with other departments within the Agency and with collaborating agencies in the Continuum of Care for use in providing comprehensive services.

MEDICAL, MENTAL HEALTH and SUBSTANCE USE HISTORY SHARING AUTHORIZATION

I, ___________________________ - ____________________________
(Print Name) (Participant Signature)
☐ Consent
☐ Do not Consent
to have information (medical, mental health, and substance use history) that I provided in intake interviews to staff at Harford Community Action Agency to be shared electronically with other departments within the Agency and with collaborating agencies for use in providing the most comprehensive services possible. Agencies are responsible for being aware of HIPAA compliance and federal regulations governing Confidentiality and Drug Abuse Patient Records (42 CFR part 2), and the Maryland Confidentiality of Medical Records Act (MCMRA) when sharing information.

Participant Signature ___________________________ Date ______________ Staff Signature ___________________________ Date ______________