

Individual/Family Name: _____

_____ HMIS#: _____

Coordinated Access Tool Set Homeless Intake Form

I. Screening Questions

- Are you homeless or do you believe you will become homeless within the next 72 hours?
 □ 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, contact SARC @ 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 and need treatment?

□ Yes □ No If YES, contact HC Crisis Center @ 410-874-0711 or Voices Of Hope @ 443-993-7055 (press 1).

II. 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?



Harford Community Action Agency, Inc.

1321-B Woodbridge Station Way, Edgewood, MD 21040 Main Agency Phone: 410-612-9909 • Fax: 443-372-5695 Supportive Services Program Fax • 443-456-3631 www.harfordcaa.org

UNIVERSAL PROGRAM APPLICATION

DATE:					
Name				Home Phone Number	
Address					
				Other Phone Number	
City	State	Zip			
Check one that a	pplies: []R	enter []Home	eowner [] Homeless	[] Other	
Check one that a	pplies: []Ap	artment	[] Townhouse	[] Single Family Home	[] Mobile Home [] Shelter
Do you receive re	educed rent through	help from HUD or	Subsidized Housing (See	ction 8)? [] YES [] NO	
Is Heat included i	in your rent? [] \	YES []NO			
Do you receive Fo	ood Stamps? [] Y	ES []NO If	YES, how much do you	receive \$ per month	
Are you or anyon	ne in your family une	mployed? [] YES	[]NO		
Do you or anyone	e in your household	need any of the fo	llowing assistance?		
[] Energy Assis	stance [] SNAP	[] Rapid Rehousi	ng [] Shelter Placer	nent [] Food Education/Class	es [] Eviction Prevention

TOTAL NUMBER OF HOUSEHOLD MEMBERS:

In spaces below, please fill in ALL household members. List yourself first.

Please use the following choices for "RACE":

1. American Indian/Alaskan Native

Asian
 Black/African American

4. Multi-Race

Native Hawaiian/Pacific Islander
 Other
 White

Social Security Number	Date of Birth	Relationship to Applicant	Sex M/F	Race Code	Hispanic/ Latino Yes/No	Marital Status	Disabled Yes/No	Citizen Yes/No	Veteran Yes/No	Highest Level of Education	Type of Health Insurance	Type of Income
	Number		Number Birth Applicant	Number Birth Applicant M/F Image: Strate Str	Number Birth Applicant M/F Code Image: Stress of the stress	Number Birth Applicant M/F Code Latino	Number Birth Applicant M/F Code Latino Status	Number Birth Applicant M/F Code Latino Status Yes/No	Number Birth Applicant M/F Code Latino Status Yes/No Yes/No	Number Birth Applicant M/F Code Latino Status Yes/No Yes/No Yes/No	Number Birth Applicant M/F Code Latino Status Yes/No Yes/No Education	Number Birth Applicant M/F Code Latino Status Yes/No Yes/No Education Insurance

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 law protects against fraud. 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.



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 housing assistance, rental assistance, security deposit or water bill needs.
- The applicant must provide the following documentation:
 - Harford County court-ordered eviction notice or landlord ledger.
 - Photo ID for head of household.
 - Social Security cards for all members of household.
 - Proof of income for all members of household over 18 for the last 30 days (earned income, SSA, child support, TCA & unemployment).
- Applicants are not eligible if they have used SSP programs in the last 12 months. SSP Director must approve all services and payments for duplicated households.

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.

By signing this form, you acknowledge that you have read, understand and agree to abide by our eligibility requirements, rights and responsibilities. To assure the safety of all clients and staff, HCAA has the right to refuse services to households who happen to engage in behavior that can be defined under the following: Any threats, abusive language or behavior, or any other disruptive behavior (inappropriate gestures or comments, verbal abuse, intimidation, etc.) may be grounds for immediate exit from HCAA programs and future assistance. NOTE: Joking about violence of any sort is considered inappropriate and will not be tolerated.

BSW Edited 8/3/2021.



Harford Community Action Agency, Inc.

1321-B Woodbridge Station Way, Edgewood, MD 21040 Phone: 410-612-9909 • Fax: 443-372-5695 1010 Gateway Road, Edgewood, MD 21040 Phone: 443-456-3629 • Fax: 443-456-3631 www.harfordcaa.org

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,	CONSENT
(Print Name)	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,	CONSENT
(Print Name)	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:

HEAD OF HOUSEHOLD NAME:

HARFORD COUNTY CONTINUUM OF CARE HOUSING BARRIERS ASSESSMENT

Total Barriers Score 1-13 _____

1. BARRIERS TO HOUSING						
Barriers	□ No Barriers	\Box Barriers not assessed: Client refused to answer.				
1A. RENTAL HISTORY						
Does your household have evictions or unlawful detainers on your rental history?						
Does your household have unpaid	rental or utility arrears?					
1B. CREDIT HISTORY Does your household have a poor	credit history?					
1C. CRIMINAL HISTORY						
Does your household have a crimi	inal history that may present barriers to h	ousing?				
2. PERSONAL BARRIERS						
□ Barriers	□ No Barriers	\Box Barriers not assessed: Client refused to answer.				
2A. CHEMICAL HEALTH						
Are you experiencing homelessne	ess due to a current substance abuse?					
2B. MENTAL HEALTH						
Are you experiencing homelessne	ess due to any mental health challenges?					
2C. DOMESTIC VIOLENCE/ABUSE						
Are you experiencing homelessness due to a current domestic violence/abuse incident?						
2D. PHYSICAL/MEDICAL CONDITI	ON					
Is your household experiencing homelessness due to a current medical or physical condition? Is anyone in your household 65 years old or older?						
Does anyone in your household have a respiratory illness or an auto-immune deficiency?						
3. INCOME BARRIERS TO GETTING	G OR KEEPING HOUSING					
Barriers	□ No Barriers	□ Barriers not assessed: Client refused to answer.				
3A. INCOME						
Is your household experiencing ho	omelessness due to having no income?					
3B.OTHER INCOME—RELATED						
Does your household have a crim	inal history that may present barriers to en	mployment?				
Does your household not have a Maryland State identification to obtain employment?						