



Individual/Family Name: _____ HMIS#: _____

Coordinated Access Tool Set Homeless Intake Form

I. Screening Questions

1. 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 applies: Renter Homeowner Homeless Other _____

Check one that applies: Apartment Townhouse Single Family Home Mobile Home Shelter

Do you receive reduced rent through help from HUD or Subsidized Housing (Section 8)? YES NO

Is Heat included in your rent? YES NO

Do you receive Food Stamps? YES NO If YES, how much do you receive \$_____ per month

Are you or anyone in your family unemployed? YES NO _____

Do you or anyone in your household need any of the following assistance?

Energy Assistance SNAP Rapid Rehousing Shelter Placement Food Education/Classes 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
- 2. Asian
- 3. Black/African American
- 4. Multi-Race
- 5. Native Hawaiian/Pacific Islander
- 6. Other
- 7. White

| First and Last Name | 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 |
|---------------------|------------------------|---------------|---------------------------|---------|-----------|------------------------|----------------|-----------------|----------------|----------------|----------------------------|--------------------------|----------------|
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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 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.

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 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.

Name (please print)

Signature

Date

Appendix M: Housing Barriers Assessment

| |
|-------------------------|
| 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 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 criminal history that may present barriers to housing?

2. PERSONAL BARRIERS

Barriers No Barriers Barriers not assessed: Client refused to answer.

2A. CHEMICAL HEALTH

Are you experiencing homelessness due to a current substance abuse?

2B. MENTAL HEALTH

Are you experiencing homelessness 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 CONDITION

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 OR KEEPING HOUSING

Barriers No Barriers Barriers not assessed: Client refused to answer.

3A. INCOME

Is your household experiencing homelessness due to having no income?

3B. OTHER INCOME—RELATED

Does your household have a criminal history that may present barriers to employment?

Does your household not have a Maryland State identification to obtain employment?