Santa Clara County
Homelessness Prevention System
Operations Manual

County of Santa Clara
Office of Supportive Housing
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1. Purpose and Background

1.1 Overview of the Program

The Santa Clara County Homelessness Prevention System (HPS) is a countywide network of agencies working together to prevent homelessness for households across Santa Clara County. The HPS identifies households at risk of experiencing homelessness and provides short-term subsidies and assistance to help them regain stability. The system was developed by the Santa Clara County Continuum of Care (CoC), spearheaded by the Santa Clara Office of Supportive Housing (OSH), the Emergency Assistance Network (EAN) and Destination: Home, and has grown to include a network of social service organizations across the County, including multiple access points and service providers.

1.2 Background

Prevention services are a core component of eliminating homelessness in Santa Clara County. It is important to understand that HPS provides services to Santa Clara County residents at risk of homelessness, not those that are currently experiencing homelessness. There are two types of service providers that participate in the HPS system: HPS referral providers and HPS service providers (collectively, HPS providers).

1.2.1 HPS Service Providers

As of June 2021, there are twenty organizations that serve as access points and service providers to the prevention system at twenty different locations. At each HPS service provider agency, households can be both assessed for eligibility and receive services. The current HPS service provider agencies are as follows:

<table>
<thead>
<tr>
<th>HPS Service Provider</th>
<th>Geographical Location</th>
<th>Target Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amigos de Guadalupe</td>
<td>San Jose</td>
<td>HPS is open to all households. Other services available for residents of 95116, 95122, and 95127</td>
</tr>
<tr>
<td>Bay Area Community Health</td>
<td>San Jose</td>
<td>HPS is open to all households. Other services available for residents needing health services or medical conditions</td>
</tr>
<tr>
<td>Community Services Agency of Mountain View &amp; Los Altos</td>
<td>Mountain View</td>
<td>HPS is open to all households. Other services available for residents of 94022, 94024, 94040, 94041, and 94043</td>
</tr>
<tr>
<td>Organization</td>
<td>Location</td>
<td>Services Available</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>--------------</td>
<td>-------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Family Supportive Housing</td>
<td>San Jose</td>
<td>HPS is open to all households. Other services available for unhoused families</td>
</tr>
<tr>
<td>HomeFirst</td>
<td>San Jose</td>
<td>HPS is open to all households. Other services available for unhoused residents</td>
</tr>
<tr>
<td>Housing Choices</td>
<td>San Jose</td>
<td>HPS is open to all households. Other services available for residents living with disabilities</td>
</tr>
<tr>
<td>International Children Assistance Network</td>
<td>San Jose</td>
<td>HPS is open to all households. Other services available for residents with minors</td>
</tr>
<tr>
<td>Latinas Contra Cancer</td>
<td>San Jose</td>
<td>HPS is open to all households. Other services available for residents battling with cancer</td>
</tr>
<tr>
<td>LifeMoves - Opportunity Center</td>
<td>Palo Alto</td>
<td>HPS is open to all households. Other services available for residents of 94301, 94303, 94304, 94305 and 94306</td>
</tr>
<tr>
<td>LifeMoves - Villa</td>
<td>San Jose</td>
<td>HPS is open to all households. Other services available for residents of 95035, 95131, 95133, 95134</td>
</tr>
<tr>
<td>Sacred Heart Community Service</td>
<td>San Jose</td>
<td>HPS is open to all households. Other services available for residents of 95008, 95110, 95111, 95112 (S. of Santa Clara St.), 95113, 95116, 95117, 95118, 95120, 95123, 95124, 95125, 95126, 95128, 95136</td>
</tr>
<tr>
<td>Salvation Army San Jose</td>
<td>San Jose</td>
<td>HPS is open to all households. Other services available for residents of 95013, 95037, 95112 (N. of Santa Clara St.), 95119, 95121, 95122, 95127, 95132, 95135, 95137, 95138, 95139, 95141, 95148, 95050, 95051, 95054</td>
</tr>
<tr>
<td>St. Joseph’s Family Center</td>
<td>Gilroy</td>
<td>HPS is open to all households. Other services available for residents of 95020 and 95046</td>
</tr>
<tr>
<td>Sunnyvale Community Services</td>
<td>Sunnyvale</td>
<td>HPS is open to all households. Other services available for residents of 94085, 94086, 94087, 94089, and 95002</td>
</tr>
</tbody>
</table>
West Valley Community Services  Cupertino  HPS is open to all households. Other services available for residents of 95014, 95030, 95032, 95033, 95070, 95129, and 95130

<table>
<thead>
<tr>
<th>Agency</th>
<th>Location</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>AACI</td>
<td>San Jose</td>
<td>Survivors of domestic violence and human trafficking</td>
</tr>
<tr>
<td>Community Solutions</td>
<td>Morgan Hill and Gilroy</td>
<td>Survivors of domestic violence and human trafficking</td>
</tr>
<tr>
<td>Maitri</td>
<td>San Jose</td>
<td>Survivors of domestic violence</td>
</tr>
<tr>
<td>Next Door Solutions to Domestic Violence</td>
<td>San Jose</td>
<td>Survivors of domestic violence</td>
</tr>
<tr>
<td>YWCA</td>
<td>San Jose</td>
<td>Survivors of domestic violence</td>
</tr>
</tbody>
</table>

For a full description of each HPS service provider agency see Appendix F: Current HPS Service Provider Agencies. The HPS continues to take on new partnerships with agencies willing to become HPS service providers and this list will be updated on an ongoing basis.

1.2.2  HPS Referral Providers

As of June 2019, the HPS is expanding via partnerships with other social service agencies who will provide referrals to HPS service providers, serving as access points to the system, but not providing services. These partner agencies will perform a pre-screening of clients for eligibility and refer clients to the appropriate provider. By incorporating new organizations into the HPS, the Santa Clara CoC will broaden access to prevention services for all residents:

**New Directions | A program of Peninsula Healthcare Connection**
1671 The Alameda Suite 306, San Jose, Ca 95126
(650) 665-1119

**Midtown Family Services**
1275 S Winchester Boulevard #G, San Jose, CA 95128
(408) 642-5852

**Silicon Valley Independent Living (SVILC)**
25 N. 14th Street, Suite 1000, San Jose, CA 95112
(408) 894-9041

**The Health Trust – Family Support Services**
1400 Parkmoor Ave, Suite 230, San Jose CA 95126
(408) 961-9850

Note that while these agencies can help screen the household for eligibility, only HPS service providers can confirm eligibility once the required documentation has been reviewed.
1.2.3 Additional Information About HPS Providers

At the HPS provider agencies, clients at risk of experiencing homelessness can be referred to or access the following services, respectively:

- Temporary financial assistance;
- Case management; and
- Connections to other resources and services (including legal assistance).

NOTE: There are a number of other homelessness prevention services in Santa Clara County that are not currently participating in the HPS. If you have a client who does not meet the eligibility requirements described below, these organizations may be able to assist them. For more information on available services please consult 211 or the Office of Supportive Housing.

2 Homelessness Prevention System Overview

In December of 2015, the Santa Clara Continuum of Care began using a Coordinated Assessment System to provide social services and housing placement to people at risk of and experiencing homelessness. The following section provides an overview of how prevention services are offered to individuals and families who are at risk of but not currently experiencing homelessness. For an overview on the Coordinated Assessment System and an overview of how individuals and families currently experiencing homelessness can access housing placement and social services see SCC Coordinated Assessment in Santa Clara County.¹

2.1 Coordinated Assessment for Prevention Services

Households (individuals and families) that are at risk of experiencing homelessness enter the Homelessness Prevention System as follows:

1. Households at risk of homelessness will enter the Homelessness Prevention System through one of the HPS service and referral providers, who serve as access points to the Homelessness Prevention System.
2. Please note that not all agencies that serve as access points to Santa Clara’s Coordinated Assessment System for households experiencing homelessness are currently part of the HPS. If a household at risk of homelessness seeks services at one of these access points staff should refer the client(s) to the HPS service provider that serves their zip code so they can be assessed for prevention services and any other services available in their specific area.

3. If a household at risk of experiencing homelessness seeks prevention services at an HPS referral provider, they will be pre-screened and referred to one of the HPS service providers.

4. At both the HPS service and referral providers, households are pre-screened for prevention services and given a standard assessment called the Homelessness Prevention Assessment Tool (HPAT). The HPAT is administered to all households seeking prevention services at HPS provider agencies.

5. In addition to the HPATs, all HPS service and referral providers require additional pre-screening forms be filled out. All pre-screening information is self-reported.

6. During pre-screening, HPAT information is entered into the Homelessness Management Information System (HMIS).

7. HPS service and referral provider staff refer the household to the appropriate HPS service provider for the client to return with supporting documentation.

8. Staff at the HPS service provider agency review supporting documentation to determine eligibility.

9. If the client is eligible, they can begin receiving assistance as described in detail below.

2.1.1 Referral Methods and Forms

Referrals may occur within the HPS Network when a household indicates preference for working with an HPS Service Provider other than the agency where they were screened for services. This could occur due to household preference, geographical location, language need or specialized service needed.

Referrals within the HPS Network can occur in one of two ways:

1. Referrals to another HPS network partner who also utilizes HMIS.
   a. Necessary forms: For these referrals, only the “Interagency Referral for Homelessness Prevention System” is necessary, as the HMIS ROI already covers the exchange of information. See Appendix E: Interagency Referral for Homelessness Prevention System
   b. Note: The shared Google Spreadsheet “HPS Network Partner Agency Contact List / Contacts for Referrals from FSH/SHCS” provides the specific contact information for the direct contact at each HPS provider agency.

2. Referrals to non-HMIS network partners (i.e., The Law Foundation of Silicon Valley, Next Door Solutions to Domestic Violence, AACI, Community Solutions, Maitri, and YWCA).
   a. Necessary forms: For these referrals, both the “Interagency Referral for Homelessness Prevention System” and the “Release of Information for Referral Services” forms are
necessary. See Appendix E: Interagency Referral for Homelessness Prevention System and Appendix I: Release of Information Between non-HMIS Agencies

b. **Note:** Any referrals from non-HMIS partners should also come with both of these forms completed by the referring non-HMIS partner organization.

### 2.1.2 No Wrong Door

The Santa Clara County HPS has a No Wrong Door policy, which means there are no zip code restrictions on HPS assessments or services. This policy does not change zip code restrictions that are in effect for other services offered through the EAN.

This means that a household may contact any HPS service or referral provider for initial information and pre-screening. After pre-screening at any HPS provider, clients may choose the HPS service provider that best meets their needs. Recommended agencies for clients new to accessing Santa Clara resources are:

**HPS Agencies** ([click here for updated HPS flyers](#))

- **Amigos de Guadalupe**, San Jose
- **Bay Area Community Health**, San Jose
- **Community Services Agency**, Mountain View/Los Altos (EAN)
- **Family Supportive Housing**, San Jose
- **HomeFirst**, San Jose
- **Housing Choices**, San Jose
- **International Children Assistance Network**, San Jose
- **Latinas Contra Cancer**, San Jose
- **LifeMoves** (Georgia Travis House, San Jose, and Opportunity Center, Palo Alto) (EAN)
- **Sacred Heart Community Service**, San Jose (EAN)
- **Salvation Army**, San Jose and Santa Clara (EAN)
- **St. Joseph's Family Center**, Gilroy (EAN)
- **Sunnyvale Community Services**, Sunnyvale (EAN)
- **West Valley Community Services**, Cupertino (EAN)

**HPS Agencies for Survivors of Domestic Violence** (enrollments limited to survivors only)

- **AACI - Asian Americans for Community Involvement**, San Jose (AA)
- **Community Solutions**, San Jose
- **Maitri**, Sunnyvale (AA)
- **Next Door Solutions**, San Jose
- **YWCA**, San Jose

*When Households Request Homelessness Prevention Assistance at Your Agency*
• Ask if the household has requested or received homelessness prevention assistance from another HPS agency and check HMIS for a current HPAT or HPS enrollment. If the household is already in process or receiving HPS services through another agency, re-connect them with that agency with a warm handoff.

• Households can be screened for HPS eligibility at any of the HPS providers. If the household is calling to find out how to be assessed, you may refer them to the agency that is most convenient for them. Please follow instructions in section 2.1.1 Referral Methods and Forms.

• If eligible, clients can enroll and receive HPS services (case management, legal assistance, limited financial assistance) at any of the HPS providers. Please note that households should only be referred to a domestic violence service provider if they are survivors of domestic violence, sexual assault, or human trafficking.

• Eligible clients are encouraged to enroll at whichever agency is most convenient for them. Some factors to consider:
  
  o Specialized services they might require (DV services, language requirements);
  
  o Proximity to their home

    ▪ Clients who are not eligible for HPS services, their local agencies may have other assistance programs available.
    ▪ Many agencies have particular expertise in resources available in their specific communities.
    ▪ EAN agencies have food and other programs available based on zip codes, see EAN information in Appendix O: Emergency Assistance Network Information.

• Clients not eligible for HPS might be eligible for other housing assistance at the EAN agency for their zip code.

_HPS Provider Phone Calls_

If a household calls an HPS provider asking where to go for assistance, HPS agencies should provide information about the household’s options for HPS assistance. In many cases households will want to be referred to the appropriate service provider for their zip code so that they can be screened for other sources of financial assistance that are zip-code-restricted, but the client may choose to go to any HPS provider, with the exception that only DV/ST/HT survivors can be referred to the DV service providers.

_Access Point Phone Calls and Walk-ins_
If a household is at risk of experiencing homelessness but uses an access point to the coordinated assessment system that is not a designated HPS service or referral provider, staff should refer the client(s) to an HPS service provider so they can be assessed for prevention services.

If a household is at risk of experiencing homelessness and contacts the hotline for unhoused services, Here 4 You hotline, once the household is identified as needing prevention services, they will be referred to an HPS service provider through HMIS. Upon receiving the referral, the HPS provider agency has 48hrs (business days) to connect with the household to schedule or conduct an eligibility screening.

If determined eligible, the HPS provider agency may enroll the household in HPS after following the appropriate process. If determined ineligible, the HPS provider agency may deny the referral in HMIS and provide other community resources to the household, including referring them to their appropriate EAN agency based on zip code.

If a household is at risk of experiencing homelessness seeks prevention services at an HPS referral provider, they will be pre-screened, as described below and referred to one of the HPS service providers. Agencies providing referrals to the HPS can contact the centralized phone and email where they can receive information about eligibility and agencies’ capacity:

(408) 926-8885 or info@preventhomelessness.org

If a household is referred to an HPS provider agency from the centralized phone and/or email, the agency will receive an email directly connecting the agency with the household being referred, whenever possible. In this email the contact information for the household will be included, as well as the direct contact information for the designated HPS contact at the HPS provider agency.

Staff should note however, that eligibility for any type of assistance cannot be guaranteed based on the pre-screening. Eligibility cannot be verified until the household submits the required documents and completes the intake process at the HPS provider agency. Assistance at any agency is always dependent upon the availability of funding and can never be guaranteed.

Network Specialists
HPS Network specialists are available to support outreach efforts across Santa Clara County and can also conduct prescreens in the field for households that face significant barriers to coming into an HPS provider agency. To request outreach at an organization or location, please contact:

Kristen Constanza
kristenc@sacredheartcs.org or (408) 709-2353

2.2 Pre-screening
Once a client is referred to the appropriate HPS provider agency, staff should conduct an initial screening based on self-reported information from the head of household to assess if the household is likely to be eligible for HPS assistance.

2.2.1  Steps to Pre-Screen a Client

The pre-screening process includes completing:

1. **The Standard HPS Provider Intake Form including:**
   a. HMIS client profile questions;
   b. Housing Status; and
   c. Current Household Income.

2. **The HMIS Release of Information (ROI) for the head of household** (see Appendix A: HMIS and ROI Reminders for instructions on completing the HMIS ROI and the Santa Clara HMIS Website for additional guidance).

3. **The HPAT.** See Appendix C: HPAT Instructions. The score is valid for up to one year and only needs to be redone if they experience a life event or change in circumstances that substantially impacts their vulnerability. This may include, but is not limited to, a significant change in:
   - Health or disabling condition,
   - Ability to care for oneself or dependents,
   - Family composition, and/or
   - Exposure to imminent danger or risk of severe physical harm.

4. **HMIS Data Entry:** The HMIS ROI, client profile, and HPAT must be entered into HMIS under the head of household’s name for all households that complete an HPS pre-screening and HPAT (regardless of whether they are likely to be eligible for HPS assistance). (See section 8 Data below for instructions on HMIS Data Entry and the Santa Clara HMIS Website for additional guidance).

2.2.2  Information to Provide to Clients During Pre-Screening

The pre-screening is a *preliminary* eligibility screening only. Eligibility will not be verified until the household submits all required documents. If documents are missing or do not meet requirements, the household may be ineligible for assistance. Staff should inform clients of the following:
Eligibility for any type of assistance cannot be guaranteed based on the pre-screening. Eligibility cannot be verified until the household brings required documents and completes the intake process at their assigned HPS service provider agency.

- Assistance at any HPS service provider agency is always dependent upon the availability of funding and **can never be guaranteed.**
- Financial assistance provided by this program is short-term and only in limited amounts to prevent homelessness.
- Any services for which the household may be eligible will be provided at the HPS service provider agency of the client’s choosing. Households may select the HPS provider that is the best fit for them. The household must select one provider with whom to enroll, they cannot enroll in HPS with multiple providers at the same time.

### 2.3 Types of Eligible Households

Both individuals and families are eligible for services provided through the HPS.

#### 2.3.1 Definition of Family

The HPS defines a family as a household that includes a child under 18. If a household has no children under 18, then one household member should be registered as an individual and given the individual version of the HPAT.

If a custody issue is pending and the child will be back in the household within the next few months the household should be enrolled as a family. However, if there is uncertainty regarding the custody timeline, staff should enroll the household as an individual.

### 2.4 Threshold Eligibility Requirements

The following chart describes the threshold eligibility requirements for benefits through the HPS:

<table>
<thead>
<tr>
<th>Threshold Eligibility Requirements</th>
<th>Definition</th>
<th>Where the Requirement is Found</th>
</tr>
</thead>
<tbody>
<tr>
<td>The household is currently housed and is at-risk of losing their housing OR the household is unsafe to remain in their current housing.</td>
<td>“At-risk” is defined as being within 14 days of losing housing or missing a rent payment. Households against whom eviction proceedings have been initiated, including those that have received a Three-Day Notice to Pay Rent or Quit or a Notice to Vacate, are also considered “at-risk.” These households therefore meet this eligibility requirement, as long as they are still housed</td>
<td>Housing Status Question on HPS Provider Intake Form or HMIS Intake Form</td>
</tr>
</tbody>
</table>
NOTE: Households deemed “unsafe” are not required to be “at-risk.”

Households residing in the unit, even if eviction proceedings are ongoing or have concluded.

The designation of “unsafe” pertains to survivors of domestic violence, dating violence, sexual assault, stalking, sexual harassment, and human trafficking who are afraid to return to their residence due to unsafe circumstances. Such households must have no other residence identified and must lack the resources or support networks to obtain other safe, permanent housing.

Households residing in garages converted into places intended for human habitation are considered housed, regardless of the legality of the conversion. A converted unit is defined as one that has access to a bathroom, running water, and electricity. Case Managers should inquire about all three of these elements to determine whether a garage unit meets conversion criteria to determine whether the household is housed or unhoused.

After exiting an institutional setting, an individual is considered housed if they were housed prior to institutionalization. Institutions are defined as: hospitals, jails, psychiatric wards, substance abuse treatment facilities.

**Household income is no more than 80% of area median income.**

Household income includes the income of all adult household members. *See income chart below.*

<table>
<thead>
<tr>
<th>Household income is no more than 80% of area median income.</th>
<th>Household income includes the income of all adult household members. <em>See income chart below.</em></th>
<th>Current Household Income Question on HPS Provider Intake Form</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The household has a HPAT score of 9+.</strong></td>
<td>o All households complete the HPAT.</td>
<td>HPAT</td>
</tr>
<tr>
<td>o Effective 1/1/2021, the eligible score range for both families and individuals is a score of 9 or higher.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Current information on AMI can be found on the [Santa Clara Housing Authority Website](https://www.santaclahousing.org). As of April 2021, the 80% of AMI is as follows:
2.5 Eligibility Verification

2.5.1 Threshold Eligibility

Households that meet preliminary eligibility requirements must bring in required documents to verify eligibility. This step takes place at the HPS service provider that will be assisting the household. If the household will be enrolling at a different HPS agency, staff at the HPS provider agency where the client initially requested assistance should assist clients in 1) determining what documentation to bring, 2) providing the direct contact information for who to contact at the agency receiving the referral and 3) whenever the head of household has an email, connecting via email the head of household with the direct contact at the agency receiving the referral.

HPS service provider staff then reviews all the household’s required documents to verify that the household meets the HPS eligibility criteria.

<table>
<thead>
<tr>
<th>Eligibility Criteria</th>
<th>Eligibility Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>The household is currently housed and considers themselves at-risk of losing their housing or unsafe to remain in their housing.</td>
<td>• Lease or mortgage&lt;br&gt;• &quot;Considers themselves at-risk of losing their housing&quot; is self-reported and is defined as being within 14 days of losing housing or missing a rent or deposit payment. The need for assistance is verified through the HPAT.&lt;br&gt;• &quot;Household is unsafe to remain in their housing&quot; is self-reported by the household and documented by HPS service provider staff.</td>
</tr>
<tr>
<td>Household income is no more than 80% of area median income.</td>
<td>• Proof of Current Income and/or&lt;br&gt;• Current Bank Statement(s)</td>
</tr>
<tr>
<td>The household has a HPAT score of 9 or higher.</td>
<td>All households scoring 9+ are eligible to enroll.</td>
</tr>
</tbody>
</table>

HPAT (completed during pre-screening – does NOT need to be redone during verification). The score is valid for up to one year and only needs to be redone if the household experiences a life event or change in circumstances that substantially impacts their vulnerability. This may include, but is not limited to, a significant change in:
2.5.2 Eligibility for Financial Assistance

In addition to the documentation required to determine threshold eligibility as described above, staff at the HPS provider agency should instruct clients to bring the following documents which are required for receipt of financial assistance through the HPS system:

- IDs for all household members;
- Lease or mortgage; and
- Proof of current income for all adult household members.

Additional documentation may be requested to assess the household’s financial situation and support case management but are not required:

- Household bills;
- Current bank statement(s); and
- If applicable, documentation of any factors that are causing a risk of homelessness for use in finding the appropriate case management services for the client.

Please see Appendix D: Required and Key Documents for a complete list of documents that satisfy the above requirements.

2.5.3 Screening Households In, Not Out

The philosophy of the HPS is to screen households in, not screen them out. Staff should work with households to identify possible types of documentation and how to obtain them. As long as the household meets the eligibility requirements, the goal for the case manager is to assist the household with enrolling into the program. An individual agency may make exceptions to accept types of documentation not on Appendix C at the discretion of the program director or executive director. See Appendix D: Required and Key Documents for reference. See also Appendix G: HPS Financial Assistance Approval Checklist, Appendix L: Self-Declaration of Cash Income (Spanish version also available), and Appendix M: Declaration of Zero Income (Spanish version also available).
2.5.4 Urgent Cases

In urgent and time-sensitive cases, it is acceptable to provide initial financial assistance prior to receiving all documents if absolutely necessary to avoid losing housing. This is an exception to the normal process and is done at the program director's discretion. Staff and case managers should then work with the household to obtain all required documents prior to providing additional financial assistance.

2.5.5 Eligibility Verified

Once eligibility is verified, the household can move to enrollment. If eligibility cannot be verified, staff should consider whether the household may be eligible for any other services available.

2.6 If a Household is Ineligible for HPS Services

All households that are prescreened for HPS assistance should receive referrals or connections to some type of assistance or services, depending on available funding and the specific household situation. If a household is not eligible for services through the HPS, use the table below to determine the appropriate steps:

| If the household is in your agency’s zip codes: | o Consider the household’s eligibility for other programs and services at your agency.  
o Refer the household to other appropriate services agencies, or programs available in the community. |
|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| If the household is NOT in your agency’s zip codes: | o Inform the household which EAN Agency serves their zip code and that there may be other resources or services available through that agency.  
o Provide the household with an EAN Flyer. See Appendix O: Emergency Assistance Network Information:  
o Circle the appropriate agency and review how to access it.  
o Review the types of documents that may be required for housing assistance at that agency.  
o Remind the household that assistance is not guaranteed. |
3 Enrollment

Once eligibility has been verified, enroll the household into the HPS program in HMIS:

1. Add all household members to HMIS (if they are not already in the database).
   a. Make sure to upload the scanned and signed ROI for each household member.
2. Enroll the household in the HPS program in HMIS ([HPS-DH] AGENCY NAME Prevention Program).

Non-HMIS HPS Providers:

1. Add all household members to the Client Profile tab of the DVAC spreadsheet (if they are not already on the spreadsheet);
2. Add all household members to the program enrollment tab.

3.1 Re-Enrollment

Households that were previously enrolled in HPS may re-enroll if they meet the current eligibility criteria at the time of re-enrollment:

- Currently housed, but at-risk of homelessness;
- Current household income is no more than 80% AMI; and
  - If a household requests to re-enroll and meets all eligibility criteria except for the income requirement, please offer to provide case management only. The household is not eligible for financial assistance. If you believe there are extenuating circumstances
that merit providing financial assistance even though household income is above 80%
AMI, please check in with the HPS Network Coordination Team.

- HPAT score of 9+. Please note that the assessment must have been completed within the last
12 months. If it has been more than 12 months, they must re-take the assessment.
  - If a household requests to re-enroll, but is no longer eligible based on current HPAT
  score, please attempt to assist them through other resources. If no other resources are
  available, please check in with the HPS Network Coordination Team prior to turning the
  household away.

There is no limit on re-enrollments; however, if a client is requesting to enroll for a third (or more)
time, please check in with the HPS Network Coordination Team first and also consider if other
resources are available.

3.1.1 Financial Assistance for Re-Enrollments

Households that re-enroll in HPS can access financial assistance based on the following thresholds:

- If the total financial assistance provided within the current enrollment reaches $7,000, check
  in with HPS Network Coordination Team (Sacred Heart Community Service) for approval prior
to providing additional assistance by emailing: 5kplusrequests@sacredheartcs.org and
  attaching the $7K Request Form (see
- If the total financial assistance provided across all enrollments reaches $12,000, any
  additional assistance should be directed to the HPS Network Coordination Team and approved
  by Destination: Home. See section 5.4 below for further information on financial assistance
  thresholds and requests.
- The same thresholds apply whether the multiple enrollments occur at the same or different
  HPS service providers.

3.1.2 Re-Enrollments at DVAC Agencies

If a household re-enrolls at HPS in a different agency than they originally enrolled in and at least one
of the enrollments is at a DVAC agency, then a Release of Information will be needed to share
information between the two agencies. Request an ROI from the household so that the two agencies
can case conference to best and most efficiently meet the household’s needs and to determine the
total financial assistance to date (see Appendix I: Release of Information Between non-HMIS Agencies).
If the household declines to sign the ROI services can still be provided. Please check in with the HPS
Network Coordination Team to determine financial assistance thresholds.

3.2 Dual Enrollments

In general, a household can only enroll with one HPS service provider, with the following exceptions:
1. Dual enrollments for financial assistance and services: A household may receive financial assistance and services through different HPS agencies if the HPS agency providing services is not able to provide financial assistance. In general, all HPS service providers are expected to be able to meet the financial assistance needs of their clients and this scenario MUST be approved by the HPS Network Coordination Team.

2. Dual enrollments for DV services: In general, survivors who request to receive DV services should receive all of their HPS services (case management and financial assistance) through a DV HPS agency. However, there may be times when DV is not disclosed until after enrollment, or for other reasons, it is in the best interest of the client to work with both an HPS and a DV agency. In these situations, survivors may have dual enrollments with both a general and a DVAC HPS agency. This can be done at the discretion and approval of the involved agencies. Please also communicate with the HPS Network Coordination Team so that the dual enrollment can be considered for reporting purposes.

3.3 Transfers

Households can transfer between HPS agencies with the approval of the household and both HPS agencies that are involved. Transfers should be rare, may occur at the request of the household if the household moves within the county or begins receiving other services at another HPS agency and requests to transfer all of their services to another HPS agency to improve accessibility. This type of transfer should only occur at the request of the household. In general, agencies should continue to provide services after a household moves within the county.

If a household requests to transfer to another agency or if you believe a transfer is necessary for any other reason, please check in with both the agency to which the household would transfer and the HPS Network Coordination Team.

4 Types of HPS Assistance

The HPS provides temporary, limited financial assistance to prevent homelessness. Financial assistance is intended to support the household’s housing costs in order to prevent homelessness. However, the HPS provides flexibility to assist with other types of expenses when assistance with that particular expense is necessary to prevent homelessness.

4.1 Allowable Types of Financial Assistance

Financial assistance through HPS may cover the following types of expenses:

- Past-due rent or mortgage payments;
- Rent or mortgage payments;
o Security deposit (for households moving to new units\(^2\));
o Late fees for past-due rent or mortgage payments;
o Utilities (including deposits);
o Transportation costs (necessary for household members to get to work, school, or medical appointments);
o Medical bills;
o Child care;
o Moving expenses (if moving to a new unit); and
\o Other expenses necessary to prevent homelessness.

Rental (or mortgage) assistance is the preferred form of assistance as it is most directly tied to keeping people housed. If another expense is putting a household at risk of homelessness by taking away from the household's ability to pay rent, pay the rent first (freeing up the household's income to pay the other expense themselves).

4.1.1 Sublease Policy

All financial assistance must be provided to the property owner or property management. In a sublease situation, where the person requesting financial assistance is not on the original lease agreement with the property owner/property management firm, then the person requesting financial assistance must present:

1. A sublease agreement between him/herself and the official property renter AND
2. A copy of the lease agreement between the property owner/property manager and the property renter.

Once a copy of these two agreements are provided, financial assistance can be paid directly to the property owner/manager on behalf of the HPS client.

It is imperative that that person requesting financial assistance understands that all financial assistance is paid directly to the property owner/property management firm. The agency providing assistance will call the property owner/property management firm to confirm ownership of the unit and to verify rental information. The person requesting financial assistance must understand that if the property owner/property management firm is not aware of their presence in the unit, this could place them at risk of eviction. If this is a concern, an alternative option is to pay for other necessary

\(^2\) The HPS prevents homelessness by helping households maintain their current housing. However, in some instances it may be in the household’s best interest to move to a new unit (lower rent, necessary for safety) or the household may lose their housing while receiving assistance. In these situations, the HPS may pay for security deposits to help the household move into a new unit.
expenses instead, to allow the client to save their income to pay the rent.

Important note: This policy is required to determine that we can provide financial assistance for rent/deposit. It is separate from determining whether someone is housed. Someone in a sublease situation could be housed even if we are unable to provide financial assistance (in those situations we can help them with other bills or help them move to different housing).

If a client is living in a sublease or other informal lease arrangement that does not meet the requirements for paying financial assistance and they are not able to be assisted through paying other bills, please contact the HPS Network Coordination Team to determine if any other solution can be reached:

HPS Network Coordination Team
skplusrequests@sacredheartcs.org or (408) 916-5025

4.1.2 HPS Mobile Unit Policy

Mobile units (such as RVs) will be considered permanent housing if the following criteria are met:

1. Mobile unit must have access to and control of the rented space; and
2. Mobile unit must be connected to utilities (such as sewage, water, electricity, gas).

Sometimes, mobile units have a time limit for where they are parked. Therefore, if a mobile unit must move to different locations on a regular basis, they may still be considered permanent housing for the purposes of HPS as long as the two criteria above are met, and the unit can be safely moved between sites.

As with other financial assistance, the payment will be made to the space owner provided that the mobile unit household has a signed agreement for the space rental and utilities with the space owner.

4.1.3 Other Financial Assistance Outside of Rent (or Mortgage) Assistance

These expenses should only be paid if they are beyond the cost of rent and impacting the household's ability to meet other critical needs. Staff should develop other strategies to obtain the assistance first (for example: other ways to cover moving costs or procuring a bus pass). Staff must make sure that:

- If assistance is provided for expenses other than rent, the reason is documented in the case file; and
- All financial assistance is paid directly to the applicable third-party vendor.
**Important note:** In order to qualify for HPS the household must be housed at the time that they are assessed and enrolled. If they are already out of the home, they should be assessed with the VI-SPDAT and referred to the confidential queue for rapid rehousing.

It is possible to use HPS financial assistance dollars to pay for hotel stays under the following circumstances:

1. If an HPS client loses their housing or needs to leave their home due to safety, it is permissible to pay for a hotel stay if there are no safe shelter options available (e.g., DV shelters are full or not appropriate for the household, regular emergency shelters are either full or not safe in this situation, and there are no safe options for temporarily staying with family/friends).
2. It is permissible to pay for short stays (up to 1-2 weeks) while a longer-term solution is developed (either finding permanent housing or getting into a safe shelter option or temporary spot with family or friends). Paying for longer hotel stays is permissible only if absolutely necessary for safety, but securing safe shelter is preferred to reserve financial assistance for support moving into permanent housing. It is imperative to move quickly to get people back into housing, even if it is a temporary place with a plan to move soon to a longer-term option.

### 4.2 Case Management Assistance

The primary focus of case management is to prevent homelessness and maintain permanent housing. Households are strongly encouraged to participate in case management, however, it is not required to receive financial assistance. The HPS provides case management to stabilize households and assist them in accessing supportive services, including: landlord mediation, connections to public benefits, employment assistance, financial literacy, and credit counseling.

During the initial assessment and enrollment into the HPS, case managers will work with households that need more than one-time assistance to develop a Housing Stability Plan, that will include planned financial assistance, the household’s portion of rent or other financial needs, and actions and resources to stabilize the household’s housing situation. Case managers should:

- Actively and consistently reach out to clients to engage them in case management in support of their Housing Stability Plan.
- Work with the household to identify other resources or opportunities for savings to maximize the impact of the available financial assistance. This includes connecting households to other resources within the HPS service provider network or in the community, including: LIHEAP, food pantries, clothes closet, after school programs for child care, etc.

#### 4.2.1 Loss of Contact with Client

If contact with a household is lost, the case manager must make multiple attempts to regain contact, attempting a minimum of three times and multiple types of attempts (e.g. phone, email, in person).
over 30 days prior to exit. If during those 30 days no contact is made with the household, then the case manager should exit the household from the HPS program on HMIS (or the DVAC Spreadsheet) using the date of the last time the case manager had contact with the household. For example, if the last time the case manager had contact was the date the financial assistance was provided, then use the date on the check as the date of exit. If the last time the case manager had contact was a case management session, then use that date as the date of exit. For both instances, select the exit destination that matches where the client was living at the time of last contact.

4.3 Legal Assistance

If a client is facing eviction or other legal action by the landlord, HPS provider staff can refer clients to the Law Foundation of Silicon Valley for assistance. To refer clients, please see Appendix H: Law Foundation of Silicon Valley Referral Form and contact:

Law Foundation of Silicon Valley
4 North Second Street, San Jose, CA 95112
housing@lawfoundation.org or (408) 280-2424
www.lawfoundation.org/housing

5 Allowable Amounts of Financial Assistance Offered Through HPS

The amount of financial assistance provided to each household must be the minimum amount necessary to prevent that household from becoming homeless. The amount provided to each household is determined based on the rent, income, and budget of the household and may be a one-time payment or multiple months of assistance. HPS encourages providing partial rental subsidies when households are able to pay a portion of their rent.

5.1 Amount of Assistance Available

Financial assistance that exceeds a cumulative total of $7,000 or six months of assistance must be approved by the HPS Network Coordination Team at Sacred Heart. Decisions on the amount of financial assistance should always be reviewed through case conferencing with the HPS service provider’s Homelessness Prevention team and/or supervisor.

5.2 Duration of Financial Assistance

Financial assistance may be provided one time in one payment (e.g. one check for past due rent), one time with multiple payments (e.g. checks for past due rent and medical expenses), or multiple times (e.g. multiple months of rental assistance). The length of time during which financial assistance is provided is determined based on the household’s rent, income, and multi-month budgeting. Financial
assistance that exceeds a total of six months of assistance must be approved by the HPS Network Coordination Team at Sacred Heart.

5.2.1 Initial Financial Assistance

HPS service provider agencies must use the budget form and communication with the household and landlord to determine the amount of financial assistance that is needed to resolve the immediate crisis and prevent homelessness. If the household is expected to be able to cover next month’s expenses, assistance will be considered “one-time assistance.” The case manager must follow up with the household within 30 days to confirm that the household is ready to exit or re-assess financial assistance need, if necessary. See Section 4.2.1 Loss of Contact with Client for guidelines on household contact attempts.

If the household is not expected to be able to cover next month’s expenses, the case manager should work with the client to develop a Housing Stability Plan (see Appendix J: Housing Stability Plan) that may include financial assistance for up to two additional months (three months total). The expected amounts and types of financial assistance should be included in the plan. The amount and duration of financial assistance included in the plan is determined based on a three-month budget and taking into consideration the other steps in the Housing Stability Plan. At three months, the case manager should re-assess the household’s situation to determine if further assistance is required. The plan can then be extended, as needed.

Please note that assistance typically should not exceed six months. If after six months assistance is still needed, the agency must connect with the HPS Network Coordination Team at Sacred Heart for approval. Case managers must document assessments of continued need for financial assistance in the case file. Financial assistance should be terminated (and the household exited from the program) when the household is able to sustain their housing without financial assistance, as demonstrated by the household rent, income, and budget.

5.3 Other Available Funding Sources

Households are not prohibited from also receiving other sources of financial assistance available through the HPS agency. Track all other funding and services received by the household in HMIS.

5.4 Benefit Thresholds

The first threshold of assistance through the HPS is up to $7,000 and/or six months of assistance to each household (individual or family). Approval of financial assistance within the first threshold is at the discretion of the program director or executive director of each HPS service provider agency.

Under specific circumstances, exceptions may be made to provide a household with more than $7,000 or more than six months of financial assistance if:
Providing only $7,000/six months of assistance leaves the household at imminent risk of homelessness and they have no other support networks or resources that can fill the gap; and Additional financial assistance (one-time assistance over $7,000 or one more month of multiple months of assistance that puts the total amount of assistance over $7,000 or over six months of assistance) will support the household in regaining housing stability.

If a client requires additional assistance after the first threshold is met and meets the criteria described above, a second threshold of assistance may be approved by the HPS Network Coordination Team. Please contact the HPS Network Coordination Team for approval:

HPS Network Coordination Team
skplusrequests@sacredheartcs.org or (408) 916-5025

The HPS Network Coordination Team may approve a second threshold of assistance up to $12,000/12 months of assistance. Under extremely limited circumstances the HPS Network Coordination Team may request approval from Destination: Home to provide assistance beyond $12,000/12 months.

5.4.1 Documentation of Multi-Month Assistance

The HPS Financial Assistance Approval Checklist (see Appendix G: HPS Financial Assistance Approval Checklist) must be completed for each month's assistance, and copies of the signed approval list and check must be submitted to Sacred Heart with the monthly invoice that all HPS service providers are given. All financial assistance must be recorded in HMIS.

5.4.2 Case Management for Multi-Month Assistance

Households receiving multiple months of assistance must be offered case management services. The case manager should actively encourage participation; however, declining to participate is not reason to deny financial assistance. At a minimum, the case manager should connect with the household (in person or via phone/email) to determine whether assistance is still needed prior to each month of assistance that is included in the agreed upon Housing Stability Plan. This includes reviewing the household’s budget to confirm the level of assistance that will be provided. Since all the required documents were collected during the initial assessment it is not necessary to collect that documentation again each month.

At the conclusion of the Housing Stability Plan (for example, at the end of an agreed upon plan to provide three months of assistance), the household’s situation must be reassessed to determine whether an extension is needed, including reviewing the household budget and progress toward housing stability. The Housing Stability Plan (and financial assistance) may be extended an additional one, two, or three months depending on the household’s situation.
6  Financial Assistance Payments

6.1  Processing Rental Assistance Payments

Staff at the HPS service provider agencies must process rental assistance payments by first verifying property ownership. To verify ownership, staff can call the Santa Clara County Tax Assessor or obtain a W-9 directly from the property owner. The Santa Clara County Tax Assessor can be reached at 408-299-5500.

Rental assistance payments must be made by a check or cashier’s check made out to the property owner or verified property management. Checks must be distributed directly to the property owner or property management through the mail (to the verified address) or in-person (with ID). Staff should note that checks can be provided to the property owner by the client if and only if the property owner has authorized it. In addition, clients must provide staff with a receipt of rent payment made by the client, which must be retained in the client’s file (see Appendix N: Rent Receipt for a sample receipt that can be used if the landlord does not have their own receipt).

6.2  Processing Other Types of Assistance

To process payments of other expenses such as:

- Utilities (including deposits);
- Transportation costs (necessary for household members to get to work, school, or medical appointments);
- Medical bills;
- Child care; and
- Moving expenses (if moving to a new unit).

Staff at the HPS agency must:

- Obtain written third-party documentation for the expense;
- Maintain this documentation in the file (e.g. bills or statements);
- Ensure that the Approval Checklist is completed and signed by the authorized agency representative.
- Checks are made out to the vendor and delivered directly to the vendor (by mail or in person).
7 Program Exit

Households should be exited from the program when the household is able to sustain their housing without financial assistance, as demonstrated by the household rent, income, and budget. Households may also be exited if they choose to withdraw from the program or if they lose contact with the agency. If contact with a household is lost, the case manager must make multiple attempts to regain contact, including multiple times and multiple types of attempts (e.g. phone, email, in person) over 30 days prior to exit. If during those 30 days no contact is made with the household, then the case manager must exit the household from the HPS program on HMIS using the date of the last time the case manager had contact with the household. For example, if the last time the case manager had contact was the date the financial assistance was provided, then use the date on the check as the date of exit. If the last time the case manager had contact was a case management session, then use that date as the date of exit. For both instances, select the exit destination that matches where the client was living at the time of last contact.

If an HPS provider is considering exiting a household that is still in financial need and is requesting additional assistance, either because the household has reached a maximum threshold of financial assistance or for any other reason, the HPS provider must first check in with the HPS Network Coordination Team at Sacred Heart Community Service:

HPS Network Coordination Team
5kplusrequests@sacredheartcs.org or (408) 916-5025

7.1 Aftercare Protocol

Case managers will regularly follow-up with clients after they exit from the program to check on housing stability and offer other resources or services, as needed. After care check-ins should be completed at least 30, 90, and 180 days after exit. Check-ins may be completed by phone, email, or in whichever format is preferred by the client. Case managers should make at least three attempts to contact the client at each point (30, 90, and 180 days). Households may re-enroll in the HPS if they are once again at-risk of homelessness and meet HPS eligibility requirements.

8 Data

The proper recording of client data is key to the success of the HPS. Staff must maintain data correctly, so program outcomes and client data can be tracked and analyzed.

8.1 HMIS
HPS data is tracked in the countywide Homelessness Management Information System (HMIS) for purposes of program evaluation.

- **For Pre-screened households that do not receive HPS assistance:**
  - The head of household must be entered into HMIS, including a complete, signed, scanned ROI.
  - The HPAT must be entered into HMIS.
  - Any other financial assistance provided to the household from other funding sources should be documented in HMIS (preferred) or in your agency’s internal database. If it is in an internal database, it must be able to be reported to the funder and evaluator.

- **For Households enrolled in HPS:**
  - All household members must be entered into HMIS, including complete, signed, scanned ROIs.
  - The HPAT must be entered into HMIS.
  - The household must be enrolled into the HPS project in HMIS.
  - Service transactions (financial and non-financial) must be recorded in HMIS.
    - Financial Assistance and Case Management Sessions MUST be entered into HMIS for accurate reporting to HPS funders.
  - Status updates must be completed if the household loses (or regains) housing or experiences an increase or decrease in income (an actual change, not just regular fluctuations from paycheck to paycheck).
  - The household must be exited from the HPS program in HMIS when they exit the program.

- **Timeliness of data entry:**
  - Case managers are encouraged to enter data directly into HMIS as much as possible rather than filling out paper forms and copying the data over later.
  - All data should be entered into HMIS within two business days.
  - All data must be entered no later than the 5th day of the following month to ensure that complete reports can be submitted to funders.

Non-HMIS HPS providers will complete the above data entry steps in the DVAC HPS Spreadsheet.

8.2 Client Files
Documentation must be maintained in case files (may be hard copy files, in HMIS, or in the HPS provider agency’s internal database, as long as it is maintained, is secure and confidential, and is accessible when needed). The following information should be retained in the client’s case file:

- Intake information and ROIs for all household members (must be in HMIS/DVAC Spreadsheet);
- Release of Information for Research and Evaluation;
- HPAT (must be in HMIS/DVAC Spreadsheet);
- HMIS Project Enrollment (must be in HMIS/DVAC Spreadsheet);
- Copies of all required documents for eligibility, including the full lease agreement.
  - Letter or other verified documentation from landlord if rent amount has changed from what is listed in the lease.
- Copies of all required documents for financial assistance;
- Tracking of all services provided to the household;
- Documentation of verification of property owner;
- Receipt for any portion of the rent that is paid by the client;
- Approval Checklist Form - complete and signed by an authorized agency representative;
- Copies of the signed Approval Checklist Form and check must be submitted to Sacred Heart with the monthly invoice. (Discussed in detail below);
- Case notes, including documentation of:
  - Determination of amount/length of time of financial assistance;
  - Review of continued need for financial assistance for multi-month cases; and
  - Determination of need for non-rent/mortgage financial assistance payments (including how it is directly related to preventing homelessness).

9 Reimbursement to HPS Agency

Each participating agency has an individual budget. The funding allocated to each organization will be held by Sacred Heart and at the beginning of each fiscal year the HPS service providers are given individualized reimbursement forms that includes relevant budget information.
To provide financial assistance to clients, the case managers must:

- Complete the Approval Checklist Form; and
- Write the landlord a check.

HPS service providers will invoice Sacred Heart for the amount owed and Sacred Heart will reimburse that amount based on the information captured in the Approval Checklist Form.

10 Participate in the Homelessness Prevention System

Other social service agencies may participate in the HPS by referring households for homelessness prevention services or providing services directly. If you are an organization interested in participating, please call:

Jessica Orozco
Office of Supportive Housing
jessica.orozco@hhs.sccgov.org or (408) 793-0503

or

Chad Bojorquez
Destination: Home
chad@destinationhomesv.org or (408) 513-8745
Appendix A: HMIS and ROI Reminders

When completing an ROI with a client, *always make sure to:*

- Review the document with the client.
- Inform them that they have the right to choose whether or not to authorize entering their information into HMIS.
- Explain the benefits of entering information into HMIS.
- Explain that they will not be denied services if they choose not to enter their data into HMIS.
- Scan the ENTIRE DOCUMENT into HMIS.
- Make sure that the correct, complete, and legible ROI is uploaded onto the client’s account before entering any data.

When completing an ROI, make sure the following are complete:

- **Initials in the Boxes on Page 2** (the client initials the box for each type of information that they are authorizing to be entered into HMIS).
  - If the client chooses not to initial the first box (“identifying information”) they must be entered into HMIS anonymously.
  - You can only enter types of data into HMIS that have been authorized by the client.

- **Expiration Date on Page 3** (the date selected by the client for the ROI to expire).
  - The expiration date should be at least 6 months from the date the ROI is signed.

- **Signature, Date, and Printed Name on Page 5** (you do not need to fill out the bottom half of the page)

**ROIs for Children under age 18:**

- Must be completed by the Parent or Legal Guardian.
- The Parent/Guardian initials the boxes.
- The Parent/Guardian signs the form.
- The Parent/Guardian should write their relationship to the child and the name of the child on the form.

**When a Client already has an ROI in HMIS:**

- Open the PDF of the ROI in HMIS and check the following:
  - The complete document is uploaded (all pages).
• The ROI is for the correct person.
• The ROI is completely filled out (initials, dates, signature).
  ▪ Check if any boxes are not initialed – you cannot enter those types of information into HMIS.
• The ROI does not expire in less than 90 days.
• If any of the above are not true – complete a new one.

Which Date should I Use?

• **ROI Dates**
  - **ROI Start Date** = the Date the ROI was signed (page 5 of the ROI)
  - **ROI End Date** = the Expiration Date selected by the Client (page 3 of the ROI)

• **HPAT Assessment Date** = the date the HPAT was completed

• **Project Start Date (on enrollment tab)**
  - The start date is the date the client was approved to enroll in the program.
    ▪ If the first service is financial assistance, this is the date the first check was approved.
    ▪ If the client starts with case management, it will be the date they start receiving case management services.

• **Project Exit Date**
  - The date of the last contact with the client prior to exit (e.g. last case management session or phone call) or the final service (e.g. check date for final check if it is cut after the last case management session), whichever is later.
    ▪ Hint: the exit date will often match the date of the last service entered in HMIS.
  - If a client is exited because we lost contact with them, you must check in with a manager prior to exiting and the manager will confirm the exit date.

• **Financial Assistance Dates**
  - **Financial Assistance Start Date** = the check date
  - **Financial Assistance End Date** = the check date
  - **Financial Assistance Expense Date** = the check date
Appendix B: Client Consent and the HPAT: What can I enter into HMIS?

Client Consent and the HPAT (Homeless Prevention Assessment Tool):
What information can I enter into HMIS?

A review of the HPAT and the Client Release of Information

This document can be used to help identify what questions from the Client Consent form should not be entered into HMIS if the client does not sign off (initial) on the ROI statement. Current versions of the Client Release of Information (ROI) and the HPAT are located on the SCC HMIS website: scc.bitfocus.com under the Forms & Manuals tab. Should you need further clarity on a question and how it relates to the ROI statement, please do not hesitate to contact SCC OSH.

Client consent must be documented next to each ROI statement listed below (column 1) to permit the assessment information (column 2) to be entered into HMIS. Review the client’s signed ROI prior to entering assessment information in HMIS.

<table>
<thead>
<tr>
<th>Did the client initial next to the ROI statement?</th>
<th>HPAT assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifying information (including: name, birth date, gender, race, ethnicity, social security number, phone number, residence address, or other similar identifying information)</td>
<td>Head of Household Information</td>
</tr>
<tr>
<td>My photograph or other likeness</td>
<td>N/A</td>
</tr>
<tr>
<td>Medical information included in my responses to questions asked as part of the standard HMIS intake and identification as a client or patient of the Santa Clara Valley Health and Hospital System</td>
<td>Current Health Question 5 Question 6 Question 7 Question 8</td>
</tr>
<tr>
<td>HIV/AIDS-related information included in my responses to questions asked as part of the standard HMIS intake</td>
<td>N/A</td>
</tr>
<tr>
<td>Mental health information included in my responses to questions asked as part of the standard HMIS intake and identification as a client receiving mental health services from the County’s Behavioral Health Services Department</td>
<td>Current Health Section Question 5 Question 6 Question 7 Question 8</td>
</tr>
<tr>
<td>ROI Statement: Initials (Y/N)</td>
<td>HPAT assessment</td>
</tr>
<tr>
<td>Substance abuse treatment information included in my responses to questions asked as part of the standard HMIS intake and identification as a client receiving substance abuse or alcohol treatment from the County’s Behavioral Health Services Department</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Bitfocus

Rev. 6.2021
**Client Consent and the HPAT (Homeless Prevention Assessment Tool): What information can I enter into HMIS?**

*A review of the HPAT and the Client Release of Information*

| Financial and benefits information (including: employment status, income verification, public assistance payments or allowances, food stamp allotments, health care coverage, or other similar financial or benefits information) | Question 2  
Question 3  
Question 4 |
| --- | --- |
| Housing information | **HoH Section**  
Question 1  
Question 2  
Question 3  
Question 5  
Question 9  
Question 10 |
| Information about services provided by HMIS Partner Agencies (including: date, duration, and type of service; and other similar service information) | Question 5 |
| Other (specify) | N/A |
Appendix C: HPAT Instructions

When introducing the HPAT, please make sure to include the following key points:

• **WHY you are conducting the survey** – responses to the survey questions will help you determine if the household is eligible for any of the funding programs that you work with.
• The survey questions are very personal. The reason we ask them is that the answers help us understand the risk factors and challenges that the family is facing.
• The questions only require a Yes/No or one word answer. No additional detail is needed.
• You can skip or refuse to answer any question. However, skipping multiple questions could impact the accuracy of the assessment.
• Please do your best to answer all of the questions as honestly and accurately as possible.
• Information that you share about yourself or your family will not be used to disqualify you from receiving any other services at this agency. Please note that disclosing negative experiences, such as substance use or experience with jail or courts will not disqualify you from consideration for assistance.
• The information collected through this survey will be stored in HMIS.
• Please answer the questions on behalf of yourself and all members of your immediate family who live with you.

**Sample Script (Family Version):**

I am going to go through a survey with you that will provide us with more information about your family’s situation. Your answers will help us determine if you might be eligible for any of the funding programs that we work with. This survey is just one part of the eligibility process and is not the only factor in determining whether or not you will receive assistance.

Some of the survey questions are very personal. The reason we ask them is that your answers will help us understand the stress and challenges that your family is facing. The questions only require a Yes/No or one word answer. I really only need that one word answer. You don’t need to provide more detail. You can also skip or refuse to answer any question. Please keep in mind that skipping multiple questions may make it harder for us to identify if we can provide assistance to you, but it is your right to refuse to answer questions you don’t feel comfortable with.

Please do your best to answer all of the questions as honestly and accurately as possible. Honest, accurate answers are important to help us identify the right services for you. If we are able to provide you with assistance you will still need to complete the eligibility process, including providing required documentation. Please note that disclosing negative experiences, such as substance use or experience with jail or the courts will not disqualify you from consideration for assistance.
The information that I collect with this survey will be stored in HMIS*, the shared community database that we participate in. Access is restricted to authorized individuals and we will not share your information with anyone who is not authorized to view it without your permission.

*Note to surveyor: it is expected that you have already introduced the individual to HMIS when going over the Release of Information and HMIS intake. If not, please do so now.
Appendix D: Required and Key Documents

1. **Identification (ID) for All Household Members:**

   a) Must have full names and dates of birth
   b) Adult IDs must be photo IDs
   c) Options for adults:
      
      i. Driver’s License
      ii. Government issued ID Card (from any state or country, in any language)
      iii. Other photo ID with full name and date of birth
   
   d) Options for children (17 years old or younger):
      
      i. Birth certificate
      ii. Medical or vaccination card
      iii. School enrollment
      iv. Custody agreement

2. **HMIS ROIs for All Household Members:**

   a) ROIs for children can be signed by their parent/guardian. The parent/guardian must indicate their relationship to the minor in the signature portion of the ROI.
   b) ROIs for other adults in the household can be taken home, signed, and brought back in by the head of household.

3. **Lease**

   a) Must be current
      
      i. If the lease has converted to month-to-month and/or the rental amount has changed (or is about to change) from what is written in the lease, the household must also provide a letter or other documentation from the landlord with the current rental amount.
   b) Must provide the full lease document
   c) At least one adult household member must be on the lease
   d) The lease must be with the property owner or property management (if a sublease, see Sublease Policy, below)
   e) Sublease Policy
      
      i. All financial assistance must be provided to the property owner or property management. In a sublease situation, where the person requesting financial assistance is not on the original lease agreement with the property
owner/property management firm, then the person requesting financial assistance must present:

1. A sublease agreement between him/herself and the official property renter AND
2. A copy of the lease agreement between the property owner/property manager and the property renter.

Once a copy of these two agreements are provided, financial assistance can be paid directly to the property owner/manager on behalf of the HPS client.

ii. It is imperative that the person requesting financial assistance understands that all financial assistance is paid directly to the property owner/property management firm. The agency providing assistance will call the property owner/property management firm to confirm ownership of the unit and to verify rental information. The person requesting financial assistance must understand that if the property owner/property management firm is not aware of their presence in the unit, this could place them at risk of eviction. If this is a concern, an alternative option is to pay for other necessary expenses instead, to allow the client to save their income to pay the rent.

iii. IMPORTANT NOTE: This policy is required to determine that we can provide financial assistance for rent/deposit. It is separate from determining whether someone is housed. Someone in a sublease situation could be housed even if we are unable to provide financial assistance (in those situations we can help them with other bills or help them move to different housing).

iv. If a client is living in a sublease or other informal lease arrangement that does not meet the requirements for paying financial assistance and they are not able to be assisted through paying other bills, please contact the HPS Network Coordination Team to determine if any other solution can be reached:

HPS Network Coordination Team
skplusrequests@sacredheartcs.org or (408) 916-5025

4. Proof of Current Income – Provide for each Adult Household Member:

a) Options for Employment Income (must be dated within last 30 days):

   i. Pay stubs
   ii. Copies of pay checks
iii. Offer letter with pay rate and start date (for a new position)
iv. Signed statement from employer on letterhead with pay rate and hours/week.

b) Options for Benefits Income (must be dated within last 12 months):
i. Benefits statement

c) Options for Self-Employed or Business income (must be dated within 30 days)
i. Most recent tax return (may be dated within 12 months)
ii. Statements or letters from clients
iii. Copies of checks or payments
iv. Records of deposits in bank
v. Other third-party verification – e.g. recycling receipts

d) Other Types of Income:
i. Child support income – provide child support agreement
ii. Pensions or other retirement income – provide 1099, statements, or copies of checks
iii. Financial support from friends or family members – provide bank statements showing deposits and a letter from family/friend

e) No Income:
i. **Self-declaration of no income** – should be filled out by any adult in the household with no income source

f) Other Circumstances:
i. As a last resort, a self-declaration form may be used to document unusual types of income that cannot be documented by a third party.

ii. If there are additional adult household members listed on the lease, but no longer living in the unit – provide documentation that they are no longer part of the household and therefore are not contributing to income:

1. New lease with the individual’s name on it at a different address
2. Utilities bill at a different address

Additional Documents:

Additional documents may be requested to assess the household’s financial situation and conduct case management but are NOT required. These documents may include:
• Household bills from the last 30 days, such as:
  o Utilities (gas, electric, water)
  o Car payments, including insurance
  o Phone
  o Cable/internet
  o Child care
  o Transportation, e.g. bus passes
  o Health insurance premiums or other medical expenses
  o Other regular expenses

• Current Bank Statement(s)
  o Provide bank statement(s) covering the past 30 days.
  o If the family does not have a bank account, they can fill out a declaration stating they
do not have an account.

• Documentation of Housing Risk: While NOT required for HPS enrollment, the following
documentation might be helpful for understanding the household’s situation and engaging in
case management
  o Change in Family Composition – divorce papers, death certificate, lease showing new
    family composition, lease document showing new address for family member moving
    out, legal paperwork showing family member deported or in jail, custody agreements,
    restraining orders, letters from social workers or legal assistance providers.
  o Fleeing Domestic/Family Violence – letter on letterhead from victim service provider,
    restraining order, police report.
  o Income Loss (job loss or benefits cut off) – termination letter, letter from former
    employer, record of application for unemployment, self-employed may show bank
    statements showing deposits combined with a self-declaration.
  o Income Reduction (work hours reduction, salary reduction, benefits reduction) –
    pay stubs, letter from employer, benefits statement, self-employed may show bank
    statements showing deposits combined with a self-declaration.
  o Medical Emergency (illness or injury to self or family member that impacts ability to
    pay rent) – documentation of family or medical leave, hospital paperwork, letter from
    medical provider or social worker.
  o Rent Increase – lease agreement or notice from landlord
  o Unexpected Major Living Expense – bills demonstrating the expense (vacations or
    other recreational expenses do not qualify).
  o Current Living Situation is Problematic (overcrowded, unsafe living situation or
    asked to leave by co-tenants and must move to new unit) – inspection or report for
    unsafe living conditions, police report or change in individuals on lease for problems
    with co-tenants.
o Other – police report for crime, Red Cross referral for fires or natural disasters.

Appendix E: Interagency Referral for Homelessness Prevention System

TO (Agency Name): ______________________________________________________________________________

Staff Name: __________________________________________ Phone #: _________________________________

Email: _______________________________________________________________________________________________

FROM (Agency Name): ______________________________________________________________________________

Staff Name: __________________________________________ Phone #: __________________________________

Email: _______________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Participant’s Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>HMIS # / Unique Identifier #:</td>
<td>Date of Birth:</td>
</tr>
<tr>
<td>Language:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>□ English</td>
<td>□ Spanish</td>
</tr>
<tr>
<td>□ Mandarin</td>
<td>□ Other:______________________________</td>
</tr>
</tbody>
</table>

HPAT (please circle one)

Completed: Yes or No

Entered into HMIS: Yes or No

For NON-HMIS users only, HPAT Attached to Email: Yes or No

Inter-Agency Release of Information (ROI) | ROI Attached to Email: Yes or No
valid until:______________________________
Documentation Required Reviewed with Participant: Yes or No

Information Management Review:

Has client previously utilized services at  __________________________________________________________________________? Yes or No

(agency being referred to)

Background information:

<table>
<thead>
<tr>
<th>What caused the need for financial assistance?</th>
<th>Comments:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>What resources has the client tried?</th>
<th>Comments:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Are they able to cover next month's expenses on their own?</th>
<th>Comments:</th>
</tr>
</thead>
</table>

Date: _______________  Participant’s Name: ________________________________________________

Email: ____________________________________________  Phone Number: _______________________

Participant’s Signature: ____________________________________________________________________
This referral DOES NOT GUARANTEE that you will receive assistance. Assistance MAY OR MAY NOT be provided depending upon household eligibility and availability of funding.

Interagency Referral for Homelessness Prevention System

Please bring the following documents with you to the agency listed on the front of the page:

1. **IDs for all Household Members**
   - 1. Photo IDs for adult household members
   - 2. ID with full name and full date of birth for children (birth certificate, medical card, vaccination card, etc.)

2. **Lease Agreement**
   - a. At least one adult household member must be on the lease

3. **Proof of current income for all adult household members**
   - a. Employment income – dated within the last 30 days (pay stubs, copies of paychecks, signed employer letter on letterhead with pay rate and hours)
   - b. Benefits Statement – dated within the last 12 months
   - c. Bank statements - must cover the last 30 days
   - d. Other – written verification from a third party
   - e. No Income – Signed self-declaration of no income

4. **Household bills for last 30 days**
   - a. Utilities, car payments, insurance, phone, cable/internet, child care, transportation, medical expenses, etc.

5. **Supporting Documents / Household Risk Factors**
   - a. Late notice
   - b. Eviction notice
   - c. Loss of employment
   - d. Change in household composition
   - e. Any other risk factors disclosed

*Official Self-certification forms must be used.*

**Notes:**
This referral DOES NOT GUARANTEE that you will receive assistance. Assistance MAY OR MAY NOT be provided depending upon household eligibility and availability of funding.

Appendix F: Current HPS Service Provider Agencies

Santa Clara County Homelessness Prevention System Agency Information

*AACI Asian Women’s Home - DV Survivors Only
Address: 749 Story Road, Suite 50, San Jose, CA 95122
Assistance: We serve survivors of domestic violence and human trafficking
24-hour hotline: (408) 975-2739
Languages: English, Mandarin, Vietnamese, Laos, Thai, Mien, Tagalog, Spanish, Korean, Cantonese, Khmer, other Asian and non-Asian languages and dialects available

Amigos de Guadalupe Center for Justice and Empowerment
1897 Alum Rock Ave #35, San Jose, CA 95116 • (408) 341-6080
Call to make an appointment
Hours: M - F: 9a-5p
Service area: 95116, 95122 and 95127
Languages: English and Spanish

Bay Area Community Health
2726 Aborn Road, San Jose, CA 95121 • (510) 290-9297
Call to make an appointment
Hours: M – S: 8a-5p
Service area: Serving communities of southern Alameda County and Santa Clara County
Languages: Vietnamese, Spanish, Chinese (Mandarin)

Community Services Agency
204 Stierlin Rd, Mountain View CA 94043 • (650) 968-0836
Call to make an appointment
Hours: M-F: 9a-12p & 1:30-4p
EAN service area: 94022, 94024, 94040, 94041, 94043
Languages: English and Spanish

*Community Solutions - Survivors of domestic violence, human trafficking, and sexual assault
Morgan Hill Office - 16264 Church Street, Suite 103, Morgan Hill, CA,
Gilroy Office - 9015 Murray Avenue, Suite 100, Gilroy.
Hours: at both locations are Monday-Friday 9am – 5pm.
24-Hour Hotline: (877) 363-7238
Assistance in: South Santa Clara County – including Morgan Hill, San Martin, and Gilroy
Languages: English, Portuguese, Punjabi, and Spanish

Family Supportive Housing
692 North King Road, San Jose CA 95133 · (408) 926-8885  
**Call to make an appointment**

**Hours:** M-F: 9am-5pm  
**Assistance in:** provides temporary housing and targeted support to single- and two-parent families who are experiencing homelessness  
**Languages:** English and Spanish

---

**HomeFirst**  
3180 Newberry Drive, Suite 100, San Jose, CA 95113  
(408) 786-8538  
**Call to make an appointment**

**Hours:** M-F: 8am-5pm  
**Assistance in:** offers a myriad of services and has shelter, transitional housing, and other programs and services all throughout Santa Clara  
**Languages:** English, Spanish, Vietnamese, Mandarin, Tagalog

---

**Housing Choices**  
6203 San Ignacio Ave Suite 108 San Jose, CA 95119  
shireen@housingchoices.org  
**Email Shireen to make an appointment**

**Hours:** M-F: 8:30am-5:30pm  
**Assistance in:** provides assistance to identify and apply for affordable housing and related services for households with a disability  
**Languages:** Spanish, Vietnamese, Tagalog, Chinese (Mandarin)

---

**International Children Assistance Network (ICAN)**  
2072 Lucretia Ave, San Jose, CA 95122  
(408) 509-1958  
**Call to make an appointment**

**Hours:** M-F: 9am-5pm  
**Assistance in:** ICAN's mission has always been to raise the next generation of caring leaders. We focus on prevention/early intervention and community education/awareness on issues, especially controversial ones (e.g. mental health, child abuse, domestic violence)  
**Languages:** English and Vietnamese

---

**Latinas Contra Cancer**  
25 N 14th St #670, San Jose, CA 95112  
(408) 280-0811  
**Call to make an appointment**

**Hours:** M-F: 9am-5pm  
**Assistance in:** provides health education, patient navigation, patient advocacy and survivor support. Helps the community access the healthcare system, cancer screenings and cancer care. Offers cancer support groups, 1:1 counseling and a free Wig & Prosthesis Boutique  
**Languages:** English and Spanish

---

**LifeMoves - Opportunity Center (Palo Alto)**  
33 Encina Ave, Palo Alto CA 94301  
(650) 853-8672 x438  
**Call or email to make an appointment**

**Hours:** M-F 9a-1p  
**EAN service area:** 94301, 94303, 94304, 94305, 94306 (Santa Clara County only)  
**Languages:** English

---

**LifeMoves - Georgia Travis House (San Jose)**
260 Commercial St, San Jose CA 95112 · (408) 271-1630

**Call to make an appointment**

**Hours:** No walk ins accepted. Must call ahead to set up an appointment

**EAN service area:** 95035, 95131, 95133, 95134

**Languages:** English and Spanish

**Maitri - DV Survivors Only**

Office physical address is confidential and will only be provided to case managers when calling for a referral

**Assistance:** We provide culturally, linguistically tailored services to South Asian survivors of domestic violence

**By Appointment only:** Please call Maitri Helpline 1-888- 862-4874 Monday-Friday 9 am to 3 pm

**Languages:** English and various South Asian languages

Maitri Helpline - 1-888- 862-4874

**Next Door Solutions To Domestic Violence - DV Survivors Only**

234 E. Gish Road, Ste 200, San Jose, CA 95112

**Assistance:** We serve victims of domestic violence

**Walk-in hours:** Monday-Thursday 9am – 7:30pm & Friday 9am – 4:30pm

**24-Hour Hotline:** (408) 279-2962

**Languages:** English and Spanish

The Salvation Army - San Jose

359 N. 4th St, San Jose CA 95112 · (408) 282-1165

**Call or email to make an appointment**

**Hours:** T-Th: 8-11:30a & 1-2:30p; F: 8a-12p

**EAN service area:** 95013, 95037, 95112 (N. of Santa Clara St.), 95119, 95121,95122, 95127, 95132, 95135, 95137, 95138, 95139, 95141, 95148, 95050, 95051, 95054

**Languages:** English, Spanish & Mandarin

Sacred Heart Community Service

1381 S. 1st St, San Jose CA 95110 · (408) 278-2166

**Call or email to make an appointment**

**Hours:** M-Th 9a-12:30p; F: 9-11a

**EAN service area:** 95008, 95110, 95111, 95112 (S. of Santa Clara St.), 95113, 95116, 95117, 95118, 95120, 95123, 95124, 95125, 95126, 95128, 95136

**Languages:** English and Spanish

St. Joseph’s Family Center

7950 Church St, Suite A, Gilroy CA 95020 · (408) 842-6662 x 21

**Call to make an appointment**

**Hours:** M: 1-4p, T-F: 9-12 & 1-4p

**EAN service area:** 95020, 95046

**Languages:** English and Spanish

Sunnyvale Community Services

1160 Kern Avenue Sunnyvale, CA 94085 · (408) 738-4321

**Call to make an appointment or walk-in**

**Hours:** M-F: 9-11:30a & 12:30-4p

**EAN service area:** 94085, 94086, 94087, 94089, 95002

**Languages:** translation services available for all languages
West Valley Community Services
10104 Vista Dr, Cupertino CA 95014 · (408) 255-8033
Call to make an appointment
**EAN service area:** 95014, 95030, 95032, 95033, 95044, 95070, 95129, 95130
**Hours:** No walk ins accepted. Must call ahead to set up an appointment
**Languages:** English and Spanish (Vietnamese, Mandarin, and Hindi with planned notice)

*YWCA Silicon Valley - Survivors of domestic violence, human trafficking, and sexual assault*
375 S. Third St. San Jose, CA 95112
**Hours:** M-F 9 am – 5 pm · Walk-ins welcome 9am-4:30pm
24 HR Crisis Support Line: 1-800-572-0608
**Assistance:** We serve victims of domestic violence, sexual harassment and human trafficking
**Languages:** English and Spanish

*Important note: only refer survivors of domestic violence, sexual assault and human trafficking to these agencies.*
Appendix G: HPS Financial Assistance Approval Checklist

HPS Financial Assistance Approval Checklist

Agency: ___________________________ Date: __________________

Head of Household Initials: ___________________________ HMIS #: __________________

Name of Property Owner: ___________________________

Amount of Assistance: $_________ Type of Assistance: ___________________________

☐ The household meets all HPS eligibility criteria:
  o The household is currently housed and considers themselves at risk of homelessness.
  o Household income is no more than 80% AMI.
  o The household has a PR-VI-SPDAT score of 12+.

☐ All required documents for eligibility verification are maintained in the client file or database:
  o IDs for all household members.
  o HMIS ROIs for all household members.
  o Current lease – Full lease agreement and a letter or other verified documentation from the landlord if the rental amount has changed from what is listed in the lease.
  o Current bank statement(s)
  o Household bills

☐ The amount of financial assistance is the minimum necessary to prevent homelessness.

☐ The property owner/property management has been verified and verification is documented in the client file or database.

I certify that, to the best of my knowledge and belief, the above information and statements are true.

Case Manager:

__________________________________________  Signature  ____________________________________________________________  Date

Authorized Agency Representative for Approval of Financial Assistance:

__________________________________________  Signature  ____________________________________________________________  Date
Appendix H: Law Foundation of Silicon Valley Referral Form

LAW FOUNDATION OF SILICON VALLEY
152 N. Third Street, 3rd Floor, San Jose, CA 95112
Fax (408) 293-4790 • Telephone (408) 293-3135 • TDD (408) 294-5667

AUTHORIZATION TO RELEASE INFORMATION AND RECORDS

Name: ____________________________________________
Address: ____________________________________________
Birthdate: ________________ Phone: ________________

I hereby authorize the organizations, agencies and/or persons listed below to release information and records to:

Law Foundation of Silicon Valley, 152 N. Third Street, 3rd Floor, San Jose, CA 95112

Organizations, agencies and/or persons to Release Information: (check all that apply)

☐ Adult Protective Services ☐ Child Protective Services
☐ Code Enforcement ☐ Collection Agency
☐ Community Care Licensing ☐ County Dept. of Social Services
☐ Dept. of Fair Employment and Housing ☐ Dept. of Housing and Urban Development
☐ Employment ☐ Financial
☐ Housing Authority ☐ Medical Records
☐ Health Care Provider: ____________________
☐ Police/Jail Records
☐ Representative Payee
☐ Social Security Administration
☐ Tenancy
☐ The HealthTrust
☐ Other: ____________________

Records include: ☐ Drug/Alcohol Info. ☐ HIV Disease Info. ☐ Mental Health Records (Initial: _____)
Records to be released: ☐ entire record ☐ record from ___ (date) to ___ (date)
Purpose of Disclosure: advocacy, investigation and/or legal representation

I understand that health care information disclosed pursuant to this release is no longer protected by federal health privacy laws, but may be protected by confidentiality laws governing lawyers and law offices.

I also authorize the Law Foundation of Silicon Valley to receive and to disclose information and records from and to the organizations, agencies, and/or persons listed above for the purpose of Law Foundation consultation, advocacy, investigation and/or legal representation.

I further authorize the Law Foundation to communicate with the health care provider who referred me to the Law Foundation and with other health care providers who treat me, as necessary to further advocacy, investigation and/or legal representation.

I understand that this authorization is voluntary and that I may cancel this authorization in writing at any time by contacting my advocate at the Law Foundation, except to the extent that the Law Foundation has already taken action in reliance on this authorization.

Signed: ____________________________ Date: ____________

Print name: ____________________________

Expiration Date: ________________ (one year from the date of the signature if not specified)

I further understand that I have the right to receive a copy of this authorization upon my request. _____ (Initial)
Appendix I: Release of Information Between non-HMIS Agencies

HOMELESSNESS PREVENTION SYSTEM (HPS)
AUTHORIZATION TO RELEASE & EXCHANGE
CONFIDENTIAL INFORMATION

I hereby authorize the organizations, agencies and/or persons listed below to release and exchange confidential information and records.

I, ________________________________________________ (with date of birth: ______________), confirm that I authorize the release and exchange of confidential information between ____________________________________________ (agency referring)

and ____________________________________________ on my behalf and regarding myself, my dependents, my extended family, other individuals living in my household or other persons or matters as they pertain to my case.

PURPOSE OF RELEASE: Coordination of services, advocacy and case management for the specific purpose of household stabilization.

Additional individuals covered by this authorization (List names and DOB for all adults and children):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

I understand that this authorization is voluntary and that I may cancel this authorization in writing at any time by contacting my Homelessness Prevention System case manager.

Signed: ________________________________________ Date: ______________________

Print name: ______________________________________

Expiration Date: ______________________ (one year from the date of the signature if not specified)
## Appendix J: Housing Stability Plan

<table>
<thead>
<tr>
<th><strong>WHO?</strong></th>
<th>Who is involved in developing the Housing Stability Plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A Housing Stability Plan is created with a household’s case manager and the head of household. The household has the primary role in establishing their goals. If the household is involved with multiple services (i.e. mental health services, child welfare, etc) it may be a good idea to ask the household if their other case managers can be involved in the discussion to ensure that each provider is aligned with the household’s goals. <em>The role of the case manager is to support the follow through and achievement of the goals defined in the plan.</em></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>WHAT?</strong></th>
<th>What is a Housing Stability Plan?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Housing Stability Plans document all the steps both the household and the case manager will take to support the household in moving towards stable housing. The plan addresses the steps needed to build on a household’s resources and addresses their housing barriers. There are clear benchmarks and timelines so that when the plan is developed, everyone knows what happens next, when things need to be done, and who is responsible for each action step. It is meant to be flexible and can adjust to account for changes in a household’s circumstances.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>WHEN?</strong></th>
<th>When should a Housing Stability Plan be created?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A Housing Stability Plan should be created for all HPS families receiving more than one month assistance. It should be created at the moment that multiple-months of assistance is determined.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>WHY?</strong></th>
<th>Why is a Housing Stability Plan created?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Housing Plans create a clear road map for both the household and the case manager. By establishing the goals from the very beginning, households are immediately engaged and motivated. Breaking down the goal of stability into concrete and attainable steps provides opportunities to celebrate success and helps households feel their goals are manageable. Everyone (the client and case manager) knows who is working on what and why. It is not meant to be punitive. If a household is struggling in completing tasks, the plan should be modified to adjust for the challenges they are facing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>HOW?</strong></th>
<th>How is a Housing Stability Plan created?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Housing Stability Plans are developed with the household and after their PR-VI-SPDAT and intake are completed. They reflect the participant’s voice and expressed goals. They include medium to short term goals. They have timelines and note who is responsible for completing each action item. Again, they can be updated or changed as needed. A strong Housing Plan supports and works with the information learned in the intake interview and PR-VI-SPDAT.</td>
</tr>
</tbody>
</table>
A Housing Stability Plan (HSP) is created by participant with guidance from assigned staff. HSPs is client centered and must be agreed upon by the participant and assigned staff.

<table>
<thead>
<tr>
<th>Participant’s Name:</th>
<th>HMIS #:</th>
<th>Phone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Today’s Date:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Factors That Threaten Housing Stability:

Strengths/Skills:

Resources:

## ACTION PLAN

**Objective 1:**

<table>
<thead>
<tr>
<th>ACTION STEP</th>
<th>PURPOSE</th>
<th>WHO</th>
<th>BY WHEN</th>
<th>Date Completed OR Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Objective 2:**

<table>
<thead>
<tr>
<th>ACTION STEP</th>
<th>PURPOSE</th>
<th>WHO</th>
<th>BY WHEN</th>
<th>Date Completed OR Notes</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Objective 3:

<table>
<thead>
<tr>
<th>ACTION STEP</th>
<th>PURPOSE</th>
<th>WHO</th>
<th>BY WHEN</th>
<th>Date Completed OR Notes</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Plan for review (circle one): Weekly  Bi-Weekly  Monthly  Other:  

Next Review Date:  

Notes:  

☐ By checking the box participant(s) agrees with Housing Stability Plan created above.

**Participant**

Participant Name:  
Participant’s Signature:  
Date:  

Participant Name:  
Participant’s Signature:  
Date:  

**Case Manager**

Case Manager Name:  
Case Manager’s Signature:  
Date:  


## $7K+ Request Form

<table>
<thead>
<tr>
<th>Staff Name &amp; Agency:</th>
<th>Request Submission Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client HMIS/Unique Identifier:</td>
<td>Enrollment Date:</td>
</tr>
<tr>
<td>Number of Adults:</td>
<td>Number of children:</td>
</tr>
</tbody>
</table>

### HOUSEHOLD INCOME INFORMATION

<table>
<thead>
<tr>
<th>HoH</th>
<th>Adult #2</th>
<th>Adult #3</th>
<th>Adult #4</th>
<th>Adult #5</th>
<th>Adult #6</th>
<th>Adult #7</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly income</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income source(s)</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### FINANCIAL ASSISTANCE

- Previous enrollment dates & total financial assistance to date:  
- Total monthly rent:

- Requested amount & type (arrears or current):
  
  (if requesting assistance for arrears, provide breakdown of each month past due with portion paid by client/other assistance)

- Financial need due to Covid-19? (Y/N):

- If Covid-19 impacted, has household notified landlord? (Y/N)

- Challenges/barriers (please include information from previous $7k+ requests, and add submission date of each request):

### Expenses impacting stability:

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
<th>Steps to reduce expense</th>
<th>Status/Update</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

### HOUSING STABILITY PLAN

1. Steps to increase income:
<table>
<thead>
<tr>
<th>Goal</th>
<th>Deadline</th>
<th>Status/Update</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

2. Steps to reduce other expenses:

<table>
<thead>
<tr>
<th>Goal</th>
<th>Deadline</th>
<th>Status/Update</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

3. Resources provided:
   
a.
Self-Declaration of Cash Income

(To be completed by adults in the household who receive income from any source)

Complete the information below only if you have no other way to document your income. All of the boxes below must be checked and all questions answered. Failure to complete this form may result in denial of your application.

Please select one:

- I get paid in cash
- I do not get pay checks
- I do not get pay stubs
- I cannot get a letter from my employer

Explain why: _____________________________________________________________

________________________________________________________________________

My cash income is $_____________________

Frequency I receive this income (weekly, every other week, monthly etc.) _________________

Current Employer (if applicable): ___________________________________________________

By signing this form I declare that all information provided on this Self-Declaration of Cash Income is true and accurate to the best of my knowledge and belief. I understand that inquiries may be made to verify the statements herein. I certify that I have no other way to document my income and I understand that this information is to be used to determine eligibility for housing assistance.

Signature: ____________________________________________  Date: ____________

Print Name: ___________________________________________
Declaration of Zero Income

(To be completed by adults in the household who receive no income from any source)

I, _____________________________ (with DOB ____________________) do hereby declare that for the month(s) of _________________, _________________, and _________________ I have received no income from any sources, including income from employment, public benefits (TANF/SSI/SSA/SSP/SSDI/GA), self-employment, retirement benefits, unemployment insurance benefits, workers compensation benefits, child support, social security, alimony, VA benefits, or any other source(s) of income.

Please explain how you are paying for your household needs below (do NOT list dollar amounts). Common household expenses include: rent/mortgage, food, utilities, transportation, phone, and other household necessities.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Choose one:
- o I currently have no income of any kind and while I am seeking employment, there is no definite job offer at this time.
- o I currently have no income of any kind and I will not be seeking employment at this time.

By signing this form I declare that all information provided on this Declaration of Zero Income is true and accurate to the best of my knowledge and belief. I understand that inquiries may be made to verify the statements herein.

Signature: ____________________________________________  Date: ___________
## Appendix N: Rent Receipt

<table>
<thead>
<tr>
<th>RENTAL PROPERTY</th>
<th>TENANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _____________________________</td>
<td>Name: _____________________________</td>
</tr>
<tr>
<td>Address: ___________________________</td>
<td>Address: ___________________________</td>
</tr>
<tr>
<td>Phone: _____________________________</td>
<td>Phone: _____________________________</td>
</tr>
</tbody>
</table>

Rent for the period of: ________________________________________________

Amount received: _____________________________________________________

Property address: _____________________________________________________

Date: _______________________________________________________________

Paid by: ______________________________  Signature: __________________________

Received by: __________________________  Signature: __________________________
Appendix O: Emergency Assistance Network Information

Community Services Agency of Mountain View & Los Altos
204 Sterlin Rd.
Mountain View, CA 94043
(650) 968-0836

Assistance in:
94022 Los Altos
94024 Los Altos
94035 Mountain View
94040 Mountain View
94041 Mountain View
94043 Mountain View

Sacred Heart Community Service
1381 S. First St.
San Jose, CA 95110
(408) 278-2160

Assistance in:
95008 Campbell
95110 San Jose
95111 San Jose
95112 San Jose
(S. of Santa Clara St.)
95113 San Jose
95116 San Jose
95117 San Jose
95118 San Jose
95120 San Jose
95123 San Jose
95124 San Jose
95125 San Jose
95126 San Jose
95128 San Jose
95136 San Jose

LifeMoves
Georgia Travis House
260 Commercial Street
San Jose, CA 95112
(408) 271-1630

Assistance in:
95035 Milpitas
95131 San Jose
95133 San Jose
95134 San Jose

LifeMoves
Opportunity Center
33 Encina Avenue
Palo Alto, CA 94301
(650) 853-8672

Assistance in:
94301 Palo Alto
94303 Palo Alto
94304 Palo Alto
94305 Stanford
94306 Palo Alto

Salvation Army
359 North 4th Street
San Jose, CA 95109
(408) 282-1165

Assistance in:
95013 Coyote
95037 Morgan Hill
95112 San Jose
(N. of Santa Clara St.)
95119 San Jose
95121 San Jose
95122 San Jose
95127 San Jose
95132 San Jose
95135 San Jose
95137 San Jose
95138 San Jose
95139 San Jose
95141 San Jose
95148 San Jose

Sunnyvale Community Services
725 Kifer Rd.
Sunnyvale, CA 94086
(408) 738-4321

Assistance in:
94085 Sunnyvale
94086 Sunnyvale
94087 Sunnyvale
94089 Sunnyvale
95002 Alviso

Salvation Army
3090 Homestead Road
Santa Clara, CA 95051
(408) 247-4588

Assistance in:
95050 Santa Clara
95051 Santa Clara
95054 Santa Clara

St. Joseph’s Family Center
7950 Church St., Suite A
Gilroy, CA 95020
(408) 842-6662

Assistance in:
95020 Gilroy
95046 San Martin

West Valley Community Services
10104 Vista Drive
Cupertino, CA 95014
(408) 255-8033

Assistance in:
95014 Cupertino
95030 Monte Sereno/Los Gatos
95032 Los Gatos
95033 Los Gatos
95044 Redwood Estates
95070 Saratoga
95129 San Jose
95130 San Jose