

CalWORKs Housing Support Program (CHSP)
Community Services Department Referral

Date:
Case Name:
Case Number:

DEMOGRAPHIC INFORMATION:

Household (HH) Name: Last, First, Middle DOB Phone/Contact Number (Required)
Spouse/Partner: Last, First, Middle DOB Phone/Contact Number (Required)
Primary Language: Total # in HH:

CRITERIA I: Family must be homeless or have a court-order eviction notice.

1. Is family currently homeless? Yes No
2. Does family have a court-order eviction notice? Yes No
3. Address: Street Address/Living Location City Zip Code

STOP*: HH is potentially not eligible for CHSP; file form to FileNet P8, enter case comments, and evaluate HH for other housing programs, e.g., Temporary/Permanent Homeless Assistance and/or HPRP.

CRITERIA II:

1. Does HH have income other than CalWORKs grant? Yes No
2. Total Monthly HH Income/Subsidized Housing \$ Earned Unearned Subsidized Housing

CRITERIA III: Welfare-To-Work (WTW) HH member must be an active participant.

Is there a WTW HH member? Yes No

STOP*: HH is potentially not eligible for CHSP; file form to FileNet P8, enter case comments, and evaluate HH for other housing programs, e.g., Temporary/Permanent Homeless Assistance and/or HPRP.

CRITERIA IV: HH must be willing to engage in the CHSP plan, regardless of responses to Criteria I, II, and III.

Is HH willing to engage? Yes No

STOP*: HH is potentially not eligible for CHSP; file form to FileNet P8, enter case comments, and evaluate HH for other housing programs, e.g., Temporary/Permanent Homeless Assistance and/or HPRP.

RENTAL INFORMATION:

If homeless, projected rent \$ Move-in Deposit \$ Utilities Included: Yes No
If housed, monthly rent \$ Current Past Due Section 8: Yes No
Past Due Amount \$ # of month(s): Month(s):
Utilities: Gas Electricity Water Sewer Trash Current Past Due
Past Due Amount \$ # of month(s): Utility Past Due:

REFERRAL: *(must be made within 48 hours of determination that family meets criteria)*

Community Services Department

Homeless Services Social Worker (HSSW)

Referred by: _____
Worker Name and Title Phone Number Date

Potentially eligible for: Temporary Homeless Assistance: Yes No

Permanent Homeless Assistance: Yes No

Comments:

HSSW DISPOSITION:

Screened by: _____
Worker Name and Title Phone Number Date

Interview: Yes Interview Date and Time:
No Reason:

Assigned to: _____
HSSW Phone Number Date

Case status: Approved Date:
Denied Reason: _____

CSD notified on: _____
Date

Comments: