

CONTRA COSTA COUNTY COMMUNITY HOMELESS COURT

Send this completed form with a letter of support to homelesscourt@cchealth.org.

If other transmittal arrangements need to be made, please contact the Homeless Court Coordinator @ (925) 608-6700

AUTHORIZATION TO SHARE PROTECTED PERSONAL INFORMATION

I give authorization for my basic and personal information (including, but not limited to, name, gender, birth date, ethnicity, marital status, household configuration, military status, primary language spoken, and non-confidential services requested and received) to be shared with the organizations with which the Contra Costa Public Health Homeless Program operates and authorized staff of partner agencies in order to assist me in gaining access to services that I may need including housing, employment, financial assistance, vocational services, counseling and medical/mental health treatment.

I understand that authorizing my information to be entered into the HMIS is voluntary. I understand that I have the right to receive a copy of my HMIS information upon written request. I understand that I may cancel this authorization at any time by written request to the County Homeless Program at 2400 Bisso Lane D2, Concord, CA 94520, but that the cancellation will not be retroactive. I understand that this release is valid for three years from the date of my signature below.

APPLICANT INFORMATION:

First Name: _____ MI: _____ Last Name: _____ Phone # _____

Date of Birth: _____ California Driver License No.: _____ SS No.: _____

Is client currently homeless (Y/N)? _____ Was client homeless when ticket(s) received (Y/N)? _____

Gender:

Male Female Transgender to male Transgender to female other don't know refused

Last Permanent Zip Code: _____ (Last Permanent address where client resided for 90 days or more, not including time spent in transitional housing or institutions)

City Slept in Last Night:

<input type="checkbox"/> Alamo	<input type="checkbox"/> Canyon	<input type="checkbox"/> Diablo	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Pinole	<input type="checkbox"/> San Ramon	<input type="checkbox"/> San Mateo County
<input type="checkbox"/> Antioch	<input type="checkbox"/> Clayton	<input type="checkbox"/> Discovery Bay	<input type="checkbox"/> Martinez	<input type="checkbox"/> Pittsburg	<input type="checkbox"/> Walnut Creek	<input type="checkbox"/> Santa Clara County
<input type="checkbox"/> Bay Point	<input type="checkbox"/> Clyde	<input type="checkbox"/> El Cerrito	<input type="checkbox"/> Moraga	<input type="checkbox"/> Pleasant Hill	<input type="checkbox"/> Alameda County	<input type="checkbox"/> Santa Cruz County
<input type="checkbox"/> Bethel Island	<input type="checkbox"/> Concord	<input type="checkbox"/> El Sobrante	<input type="checkbox"/> N. Richmond	<input type="checkbox"/> Port Costa	<input type="checkbox"/> Marin County	<input type="checkbox"/> Solano County
<input type="checkbox"/> Blackhawk	<input type="checkbox"/> Crockett	<input type="checkbox"/> Hercules	<input type="checkbox"/> Oakley	<input type="checkbox"/> Richmond	<input type="checkbox"/> Monterey County	<input type="checkbox"/> Sonoma County
<input type="checkbox"/> Brentwood	<input type="checkbox"/> Crockett	<input type="checkbox"/> Kensington	<input type="checkbox"/> Orinda	<input type="checkbox"/> Rodeo	<input type="checkbox"/> Napa County	<input type="checkbox"/> other CA County
<input type="checkbox"/> Byron	<input type="checkbox"/> Danville	<input type="checkbox"/> Knightsen	<input type="checkbox"/> Pacheco	<input type="checkbox"/> San Pablo	<input type="checkbox"/> SF County	<input type="checkbox"/> other U.S. City

Living Situation Last Night:

<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher	<input type="checkbox"/> Transitional housing for homeless persons (including homeless youth)	
<input type="checkbox"/> Permanent housing for formerly homeless persons (such as SHP, S+C, or SRO Mod Rehab)	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility	
<input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Hospital (non-psychiatric)	
<input type="checkbox"/> Jail, prison, or juvenile detention facility		
<input type="checkbox"/> Rental by client, no housing subsidy	<input type="checkbox"/> Rental by client, with VASH housing subsidy	<input type="checkbox"/> Rental by client, with other (non-VASH) housing subsidy
<input type="checkbox"/> Owned by client, no housing subsidy	<input type="checkbox"/> Owned by client, with housing subsidy	<input type="checkbox"/> Staying or living in a family member's room, apartment or house
<input type="checkbox"/> Staying or living in a friend's room, apartment or house	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Foster care home or foster care group home
<input type="checkbox"/> Place not meant for habitation	<input type="checkbox"/> Long-term care facility or nursing home	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Safe Haven	<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Client refused to answer

Ethnicity:

Hispanic/Latino Other (non-Hispanic/Latino) Don't Know Refused

What BEST describes you? (check all that apply):

Latin heritage should mark American Indian if ancestry is from North, South or Central America. From Far East (including India) should mark Asian. From the Middle East should mark White.

American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander White Black/African American Don't Know Refused

Veteran

yes no

Household Configuration:

Single Couple without Children Female Single Parent Male Single Parent Two Parent Family Other _____

Disability Type: (Check all that apply. Indicate if it is expected to be of long duration, whether or not it's documented & if client is currently receiving services for this condition.)

	Long Term?(Y/N)	Documented?	Services (Y/N)		Long Term (Y/N)	Documented?	Services (Y/N)
<input type="checkbox"/> Mental Illness	_____	_____	_____	<input type="checkbox"/> Physical Disability	_____	_____	_____
<input type="checkbox"/> Alcohol Abuse	_____	_____	_____	<input type="checkbox"/> Developmental Disability	_____	_____	_____
<input type="checkbox"/> Drug Abuse	_____	_____	_____	<input type="checkbox"/> Chronic Health Condition	_____	_____	_____
<input type="checkbox"/> HIV/AIDS & related diseases	_____	_____	_____	<input type="checkbox"/> Other: _____	_____	_____	_____

Are you currently on probation (Y/N): _____ **Probation end date (mm/dd/yy):** ____/____/____

Are you currently on parole (Y/N): _____ **Parole end date (mm/dd/yy):** ____/____/____

Were you released from state prison or sentenced to jail and/or mandatory supervision under California Assembly Bill (AB) 109? (Y/N): ____

RECOMMENDING CASEWORKER INFORMATION:

Caseworker Name: _____

Organization: _____

Address: _____

Phone (required): _____

email (required): _____

(Confirmation receipt of referral and assigned court date will be sent to this email address)