

# CONTRA COSTA COUNTY COMMUNITY HOMELESS COURT

Send this completed form with a letter of support to [homelesscourt@hds.cccounty.us](mailto:homelesscourt@hds.cccounty.us)

If other transmittal arrangements need to be made, please contact the Homeless Court Coordinator @ (925) 313-7700

## 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 1350 Arnold Drive, Suite 202, Martinez, CA 94553, 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.

Print Name of Participant \_\_\_\_\_

Signature of Participant \_\_\_\_\_

Date \_\_\_\_\_

## APPLICANT INFORMATION:

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

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:

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

### Living Situation Last Night:

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