Step Up
YOU ARE THE KEY

DHS – ICMS

ICMS HANDBOOK

Prepared by: DHS Staff

INTRODUCTION

Welcome to the DHS Team! We're excited to have you on board. You'll find this handbook should answer most if not all your questions that you may have as an ICMS.

The ICMS position requires much guidance, the purpose of this handbook is to provide guidance on housing related questions everything to subsidy information, intake process, documentation, CHAMP, and HMIS. You'll also find assistance on personal items such as time off, absence reports, or mileage.

The first step to ICMS requires understanding the programs that created the role (i.e. Housing for Health). Throughout your time as ICMS you'll run into many acronyms referring to certain programs, protocols, or procedures, each of which will be thoroughly explained to better develop an understanding and help you become a better ICMS.

Next, create a basic understanding of your responsibilities, a breakdown of your duties, how to execute them, and how to time manage (i,e, breaking up large tasks to smaller one).

Lastly, you'll how to establish productive working relationships with SUOS mental health programs, DHS county shelter programs, and providers of services and resources to homeless persons.. .

CORE VALUES

Hope

We believe all people have the capacity for positive growth and change. We use hope to inspire and motivate ourselves, our members, our colleagues and our community

Wellness

We believe in promoting a culture that supports healthy and fulfilling lives. We use a supportive environment to foster wellbeing for ourselves, our members, our colleagues, and our community

Voice & Choice

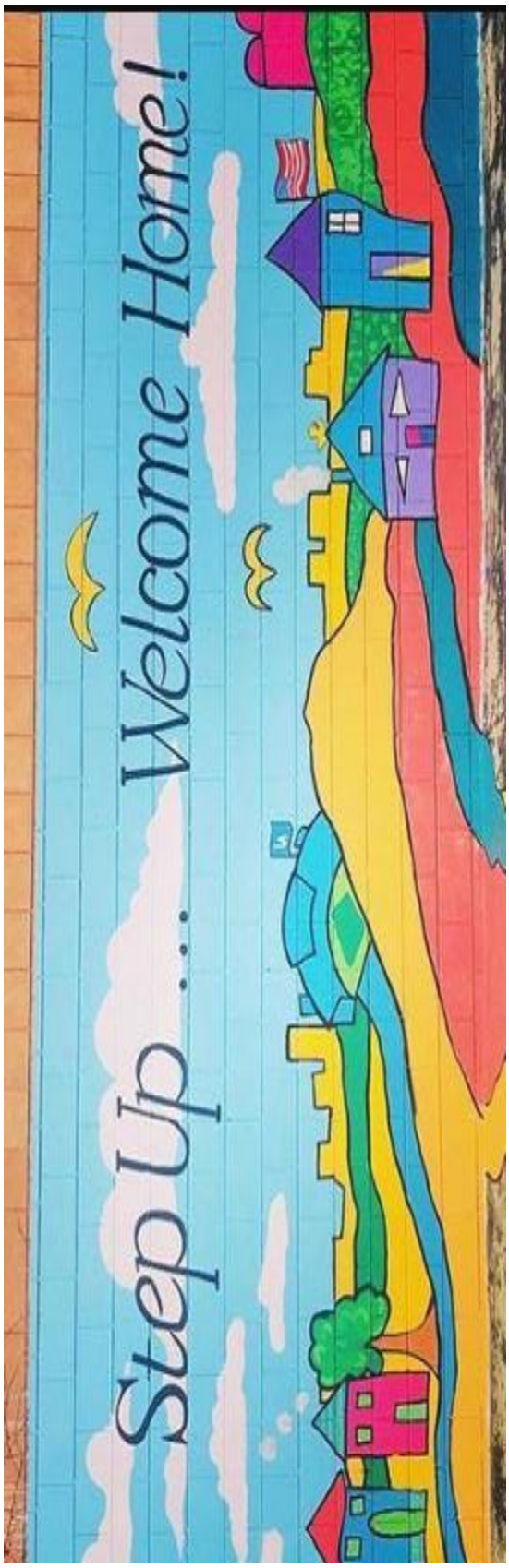
We believe in the right to choose and be heard. We use voice and choice to create meaningful outcomes and empowerment for ourselves, our members, our colleagues, and our community

Respect

We believe in promoting interactions that are non-judgement, transparent, and authentic. We use respect to guide all of our words and actions with ourselves, our members, our colleagues, and our community.

Collaborative Relationships

We believe in forming partnerships to share resources, knowledge and experiences. We use collaborative relationships to strengthen accomplishments for ourselves, our members, our colleagues, and our community.



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Human Resources
Orientation

HR Onboarding @ Santa Monica Office

- **To be completed on first day of employment**
- **Follow up questions, contact human resources HumanResources@stepuponsecond.org**

Time Cards (ADP)

- **Receive ADP log in code from HR, create account**
- **Pay Periods span from the 1st-15th and the 16th-30/31st of each month.**
- **Time Cards are to be entered on ADP, approved by ICMS, and then printed and submitted for program manager approval before the end of each pay period.**

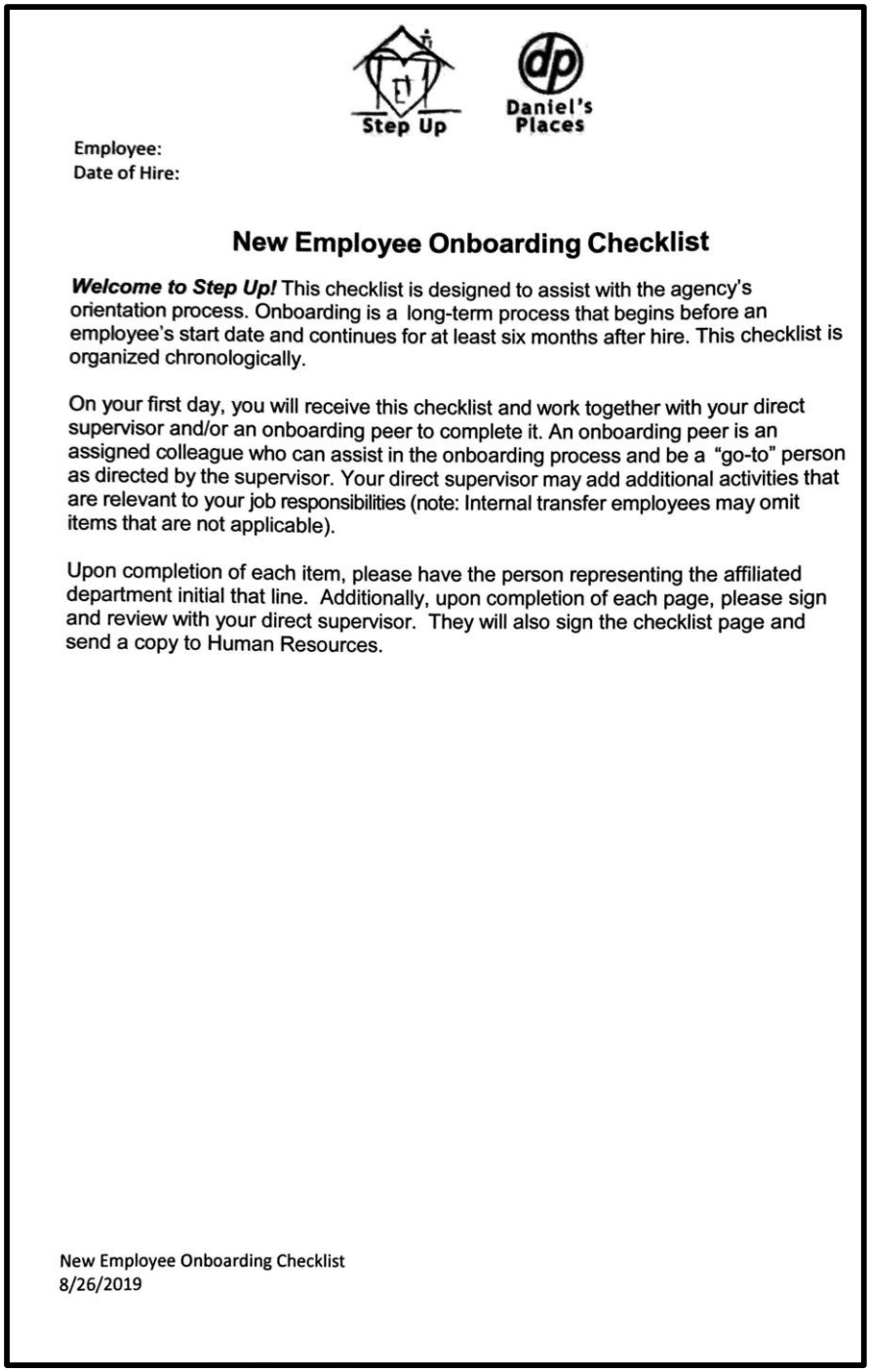
Absence Reports / Time Off Requests

- **Sick Time and Paid Time Off (EPTO) available after 90 Day Provisionary period and accrued time can be viewed on ADP**
- **Utilize *Absence Report* (form on P.7) to request use of Sick Time or EPTO hours by filling out and submitting to program manager**
- **All EPTO requests are expected to be submitted 2 weeks before requested days off occur**

Human Resources
Onboarding Checklist

Once you've attended your HR Orientation, you will be introduced to your department and begin preparing for your role in ICMS.

Step Up has detailed out an Onboarding checklist to ensure that you receive all the training and guidance needed for your role. The coming slides will run over some of the highlights of your Onboarding checklist, but be sure to refer to your physical copy (provided by HR) and your program manager for questions regarding the Onboarding process.



Step Up

Daniel's Places

Employee:
Date of Hire:

New Employee Onboarding Checklist

Welcome to Step Up! This checklist is designed to assist with the agency's orientation process. Onboarding is a long-term process that begins before an employee's start date and continues for at least six months after hire. This checklist is organized chronologically.

On your first day, you will receive this checklist and work together with your direct supervisor and/or an onboarding peer to complete it. An onboarding peer is an assigned colleague who can assist in the onboarding process and be a "go-to" person as directed by the supervisor. Your direct supervisor may add additional activities that are relevant to your job responsibilities (note: Internal transfer employees may omit items that are not applicable).

Upon completion of each item, please have the person representing the affiliated department initial that line. Additionally, upon completion of each page, please sign and review with your direct supervisor. They will also sign the checklist page and send a copy to Human Resources.

New Employee Onboarding Checklist
8/26/2019

Human Resources
Onboarding Checklist

At your HR Orientation you will complete numerous HR forms, multiple basic trainings, and sign up for vital programs such as ADP.

Once you've completed your HR Orientation, you will be introduced to your department through touring the office, reviewing job responsibilities, receiving a shadow partner, and being provided with office supplies and your company phone.

Step Up

Daniel's Places

Employee:
Date of Hire:

1st Day (2nd day, if needed)		Department	Initial
☐	Meet with Human Resources Director to complete HR onboarding check-list; receive Staff Handbook, benefits packet, and Orientation Packet	HR	
☐	Complete online HIPAA Training	HR	
☐	Complete online Sexual Harassment Training	HR	
☐	Complete Van Test, if driving company vehicle	HR	
☐	Receive computer login	HR	
☐	Login to email; Sign-up for ADP – quick tutorial	HR	
☐	Complete DMH Biller Sign-up (if applicable): NPI, Taxonomy, PRM, Medicare/CAQH	QM	
☐	Create Welligent Profile (if applicable) – Personnel, Roles, Profiles	QM	
Department Onboarding (Within one week)			
☐	Receive keys to office and complete key checklist form; Receive parking pass, clicker, etc., if applicable.	Program	
☐	Review agency policies and procedures on scheduling time off, unexpected absences, incident reports, etc.	Program	
☐	Review work schedule, pay schedule and overtime policy (if applicable)	Program	
☐	Receive and review training/shadow schedule and training calendar	Program	
☐	Review job responsibilities, competencies, and expectations	Program	
☐	Receive tour of office building and review Department Safety Plan	Program	
☐	Go over phones, fax, copier, office supplies	Program	
☐	Computer orientation at desk (computer login, H-drive, email, ADP)	Program	
☐	**Register for HMIS Training**		
☐	**Register for CHAMP Training**		

X _____ X _____

Sign and Date Manager

Human Resources
Onboarding Checklist

Within your first 2 weeks you should complete training for HMIS, mileage reports
and CHAMP.

You should also begin
shadowing other ICMS
in order to start getting
experience in the field.
most new ICMS find shadowing to be the most practically helpful part of their onboarding process.

Within your first 2 Months you should register for essential DHS trainings on Documentation, Harm Reduction and Whatever It Takes.

Step Up | Daniel's Places

Employee:
Date of Hire:

Within 2 Weeks	Department	Initial
☐ Step Up Core Values and Agency Philosophy Review	Program	
☐ Review of Patient's Rights and Grievance Procedures	Program	
☐ Train on relevant Program forms (ADP, Mileage, Check Requests, CSS, etc.)	Program	
☐ Receive Billing Expectation for 1st Qtr*	Program	
☐ ^Complete HMIS Training	PM	
☐		
Within 30 days		
☐ Complete Shadowing Checklist **(Get Assigned Shadow Partner)**	Program	
☐	QM	
☐ Train on CES Packet*	Program	
☐ Train/Enroll on relevant Program systems (HMIS, Relias, CPRS, etc.)*	Program	
☐ Receive ID Tag and Business Cards	Program	
☐ Progress meeting with staff and PM – Review and clarify performance objectives and expectations after first month.	Program	
☐ **Complete CHAMP Training**	PM	
☐		
Within 60 days		
☐ Progress meeting with PM and Clinical Development Manager (if needed)	Program	
☐ **Register for DHS Trainings: Documentation, Whatever it Takes, Motivational Interviewing, Harm Reduction**	PM	
☐		

*If applicable to program and position

X _____ X _____

Sign and Date Manager

Human Resources
Onboarding Checklist

Within 3 months of your start you should attend the New Staff Orientation and participate in a 90 day performance review with
your program manager.

By the end of your first year in ICMS you should completed the 10 Week CM Cohort training, the Inclusion & Diversity training and have participated in an annual performance review.

Step Up | Daniel's Places

Employee:
Date of Hire:

	Within 3 months	Department	Initial
☐	Attend New Staff Orientation (including Housing First Training)	Training	
☐	Nonviolent Crisis Intervention (internal)	Training	
☐	Learn how to navigate the benefits process (SSI, Insurance, GR)*	Program	
☐	Attend 3 modules of DMH Paperwork Group*	QM	
☐	90-day Performance Review	Program	
☐			
☐			
	Within 6 months		
☐	Trauma Informed Care (HHYP in person or webinar)* DHS	Training	
☐	Motivational Interviewing (DMH)* DHS	Training	
☐	MORS and Determinants of Care (DMH)*	Training	
☐	Suicide Risk Assessment (DMH and internal)*	Training	
☐	**Register for CM Cohort Training**		
☐			
	Within 1 year		
	Required Trainings:		
☐	Cultural Competency Training	QM	
	Recommended Offered Trainings:		
☐	Mental Health First Aid (DMH and internal)*	Training	
☐	Seeking Safety (DMH and DVDs internal)*	Training	
☐	Critical Time Intervention (DMH)*	Training	
☐	Wellness Recovery and Action Plan (DMH)*	Training	
☐			
☐			

*If applicable to program and position

X _____ X _____

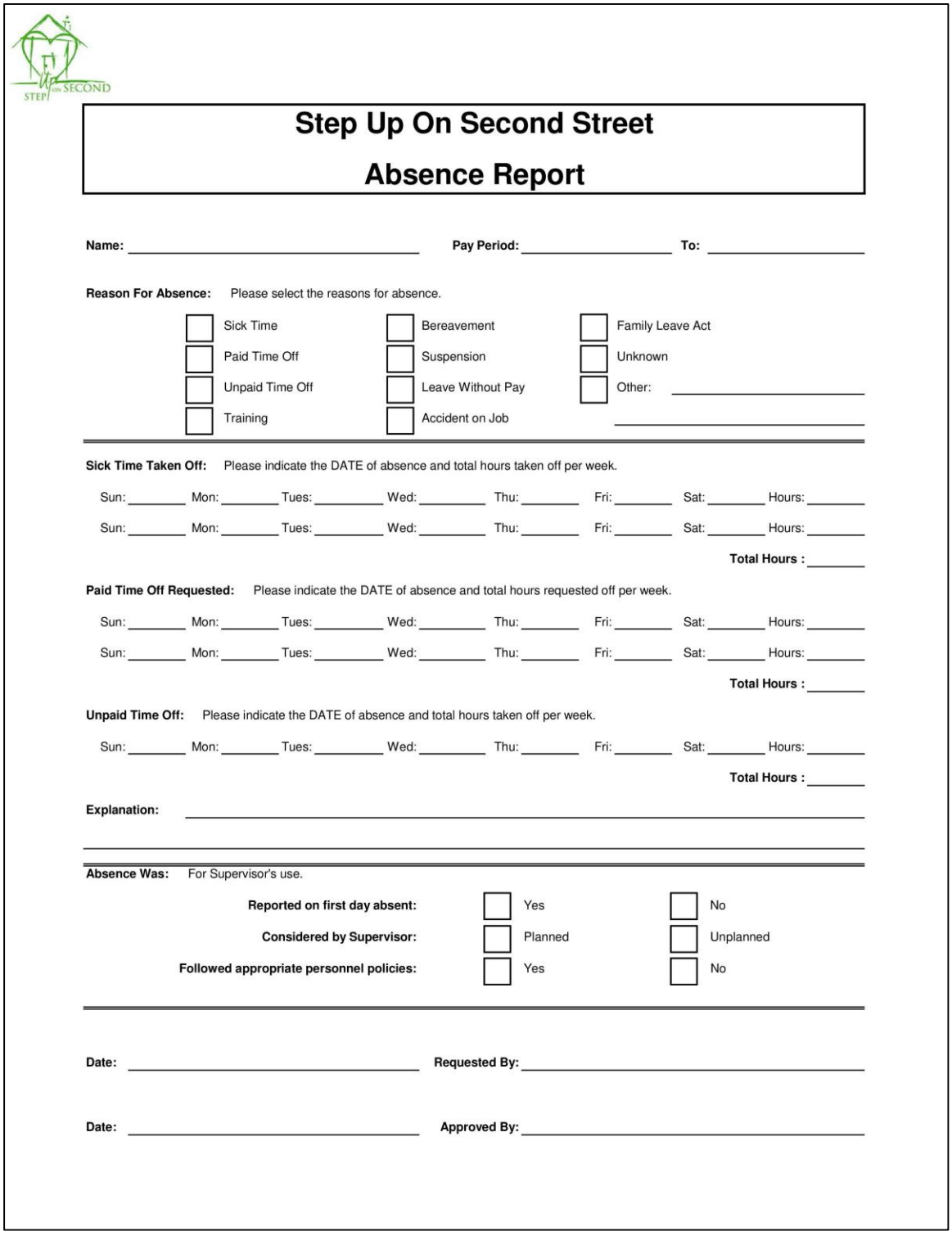
Sign and Date Manager

Human Resources
Absence Reports

Fill out Absence Report and obtain Program Manager approval two weeks before requested days off

Approved *Absence Report* form needs to be <u>stapled</u> to the timesheet corresponding to that pay period.

Access this form on Teams under "Administrative Forms"



Step Up On Second Street

Absence Report

Name: _____ **Pay Period:** _____ **To:** _____

Reason For Absence: Please select the reasons for absence.

☐ Sick Time	☐ Bereavement	☐ Family Leave Act
☐ Paid Time Off	☐ Suspension	☐ Unknown
☐ Unpaid Time Off	☐ Leave Without Pay	☐ Other: _____
☐ Training	☐ Accident on Job	_____

Sick Time Taken Off: Please indicate the DATE of absence and total hours taken off per week.

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____ Hours: _____

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____ Hours: _____

Total Hours : _____

Paid Time Off Requested: Please indicate the DATE of absence and total hours requested off per week.

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____ Hours: _____

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____ Hours: _____

Total Hours : _____

Unpaid Time Off: Please indicate the DATE of absence and total hours taken off per week.

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____ Hours: _____

Total Hours : _____

Explanation: _____

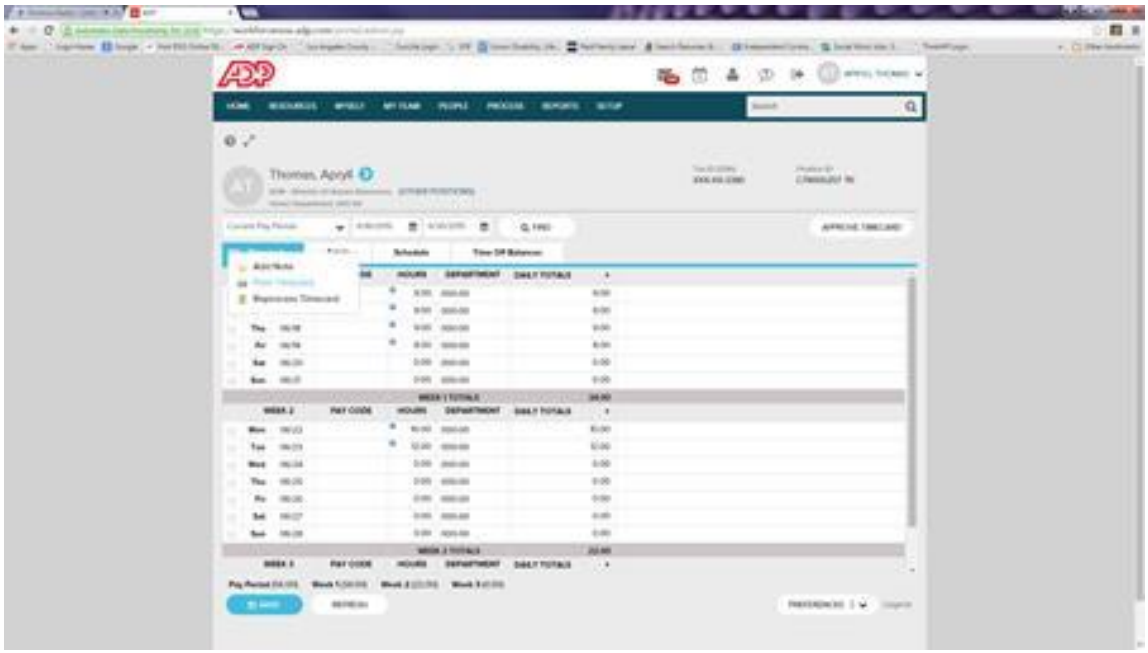
Absence Was: For Supervisor's use.

Reported on first day absent:	☐ Yes	☐ No
Considered by Supervisor:	☐ Planned	☐ Unplanned
Followed appropriate personnel policies:	☐ Yes	☐ No

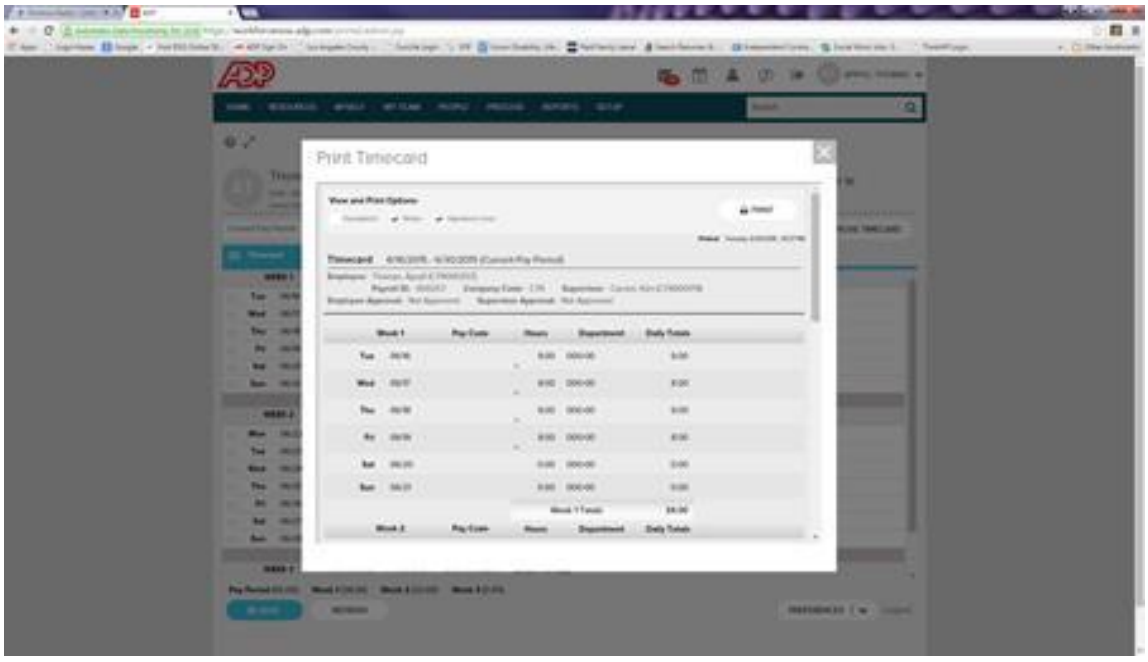
Date: _____ **Requested By:** _____

Date: _____ **Approved By:** _____

Enter your time in the ADP syst em for the pay period. Be sure to click the “Approved Timecard” button.



Ensure that you include signature lines and don't "notes" as you establish the print settings.



Print the Timecard on one sheet, sign and then submit to Program Manager for approval

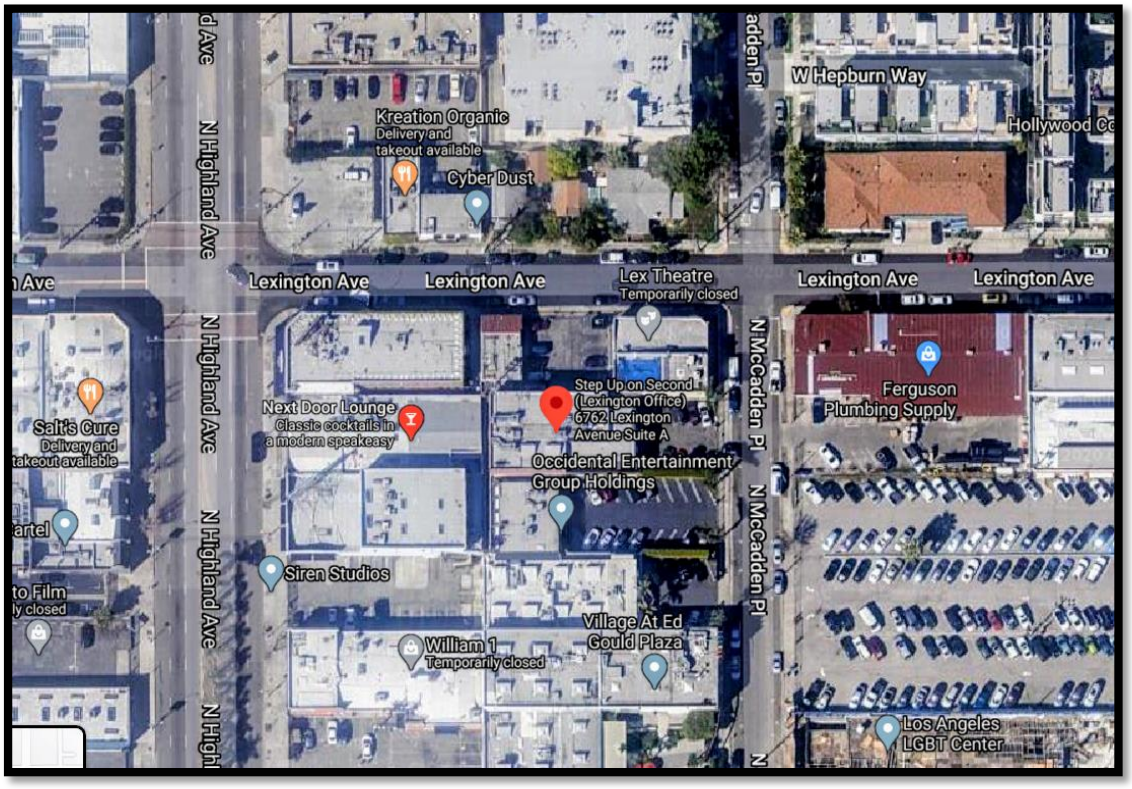
Infrastructure
Office Information

The ICMS role is a field-based position, but our Lexington Office still services many vital functions, such as…

- Team Meetings / Supervisions
- Space for Administrative Tasks
- Storage of Client Files
- Potential Meeting Location for Client Appointments
- Mail Services for Staff and Clients

Parking: Lot on Highland (use clicker), Lot on Lexington (use code), or surround street parking (as available)

Address: 6762 Lexington Avenue Suite A Los Angeles CA 90038



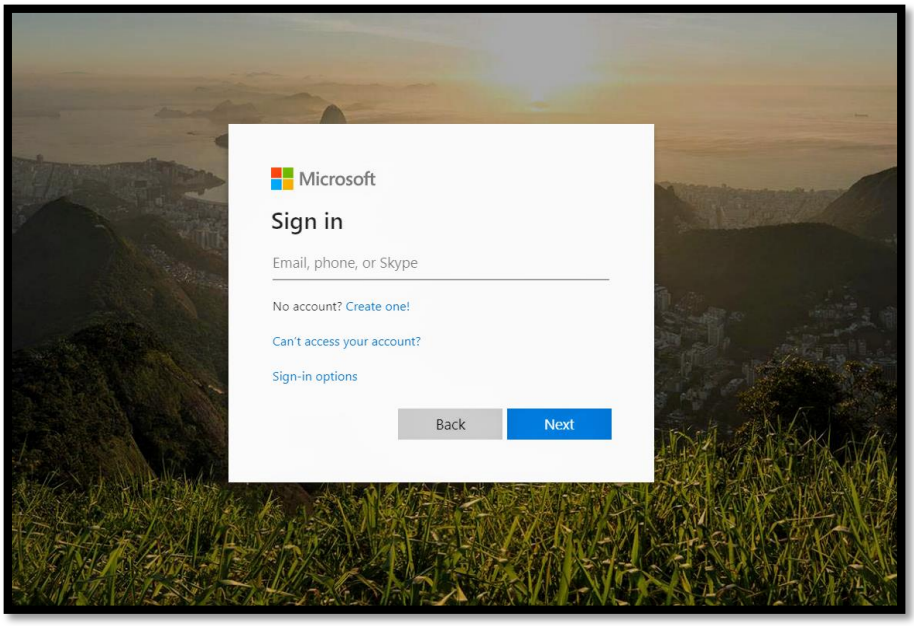
Infrastructure
Microsoft 365

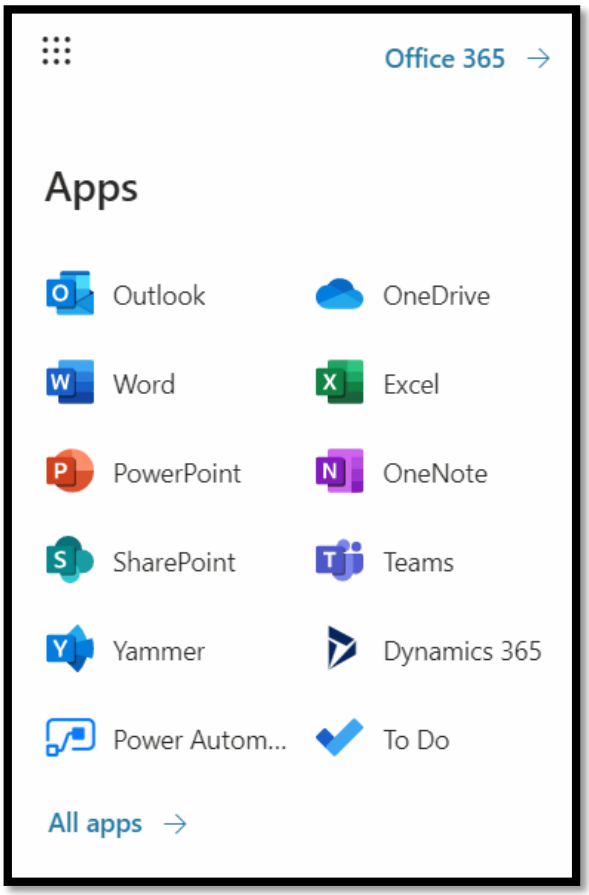
Step Up on Second utilizes the Microsoft 365 (M365) suite of applications for its digital infrastructure. Once you've created your M365 account, utilize the following essential apps for your ICMS work...

- Outlook: Email and Calendar
- Teams: Shared Files, Team Chat and Video Calls
- OneDrive: Individual Files
- To Do: Organizing Case Management Tasks
- Word, Excel, Powerpoint: Full Functions Included in M365 Suite

NOTE: M365 is entirely online, so nothing will be saved onto your laptop and offline versions of the M365 are not available

If you have any questions while getting acclimated to M365, utilize your team for assistance. For persisting issues, contact IT at ABenavidez@stepuponsecond.org





Infrastructure
Databases

Documentation plays a vital role in all ICMS functions. You will be expected to document all case management activities on to the appropriate databases.

Our team utilizes two online databases for documentation:

CHAMP
(Comprehensive Health Accompaniment Management Platform)

HMIS
(Homeless Management Information System)

You will receive detailed instructions on using CHAMP and HMIS in the Case Management portion of this handbook (slide??)

Infrastructure
Company Devices

Step Up on Second ensures that ICMS staff are adequately equipped for effective field-based work by providing company laptop computers and cell phones. Upon starting your role, your Program Manager will assist you with obtaining these devices. Below is helpful information for properly using them...

Laptop Computer

- Avoid downloading additional software, programs on company laptops
- Contact IT at... ABenavidez@stepuponsecond.org for support

Cell Phone

- Company cell phones can only utilize agency-approved, pre-downloaded apps. To add new apps, contact your PM and they will determine if a request to IT is made
- Record a professional, informative voicemail greeting informing clients and partner organizations of your working hours and our team's After Hour Emergency number (310) 901-3020

Methodology
Housing First

Housing First is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry.

Housing First emerged as an alternative to the Housing Readiness approach in which people experiencing homelessness were required to first participate in and graduate from short-term residential and treatment programs before obtaining permanent housing. In the linear approach, permanent housing was offered only after a person experiencing homelessness could demonstrate that they were "ready" for housing. By contrast, Housing First is premised on the following goals:

1

1) Providing immediate access to permanent housing ***and*** the supports people need to address complex problems

2

2) Client preferences direct services: the sequence, type and intensity of service

3

3) Improving quality of life; client-directed treatment and support for community integration

The Five Principles of Housing First

Consumer Choice

All people experiencing homelessness, regardless of their housing history and duration of homelessness, can achieve housing stability in permanent housing. Everyone is "housing ready." Sobriety, compliance in treatment, or even criminal histories are not necessary to succeed in housing.

Separation of Housing & Services

Supportive services are proactively offered to help tenants achieve and maintain housing stability, but tenants are not required to participate in services as a condition of tenancy. Techniques such as harm reduction and motivational interviewing may be useful.

Services to Match Client Needs & Preferences

Reflects the emphasis on choice and control. Services are adapted and organized around the users rather than expecting the user to adjust and adapt themselves to Housing First. Supportive services such as motivational interviewing and harm reduction are geared to creatively engage tenants to maximize and ensure housing stability.

Recovery-Oriented Approach

Focuses on the overall well-being of an individual, promoting education, vocational, and integration into community as opposed to only focusing on psychiatric symptoms. reducing drug/alcohol use, or participation in services, It is about delivering a secure and rewarding life that integrates them in housing and a better social & economic life.

Community Integration / Social Inclusion

Centers around assisting the individual in building community supports and integrating into their neighborhood. Services provide linkage and support for community activities to build a holistic sense of wellness

Methodology
Whatever It Takes

Health Services
LOS ANGELES COUNTY

Per the Department of Health Services, all ICMS workers employ the "Whatever it Takes" model of practice. This methodology will be covered when you attend the Housing for Health 101 Training, but familiarize yourself with the Whatever it Takes through this training slide below.

Whatever it Takes

Do what is necessary to assist and support the client to most effectively reach the goals, resources and/or needs in ways that foster a client's own sense of agency, self –efficacy, and quality of life within an ethical professional case management framework.

Qualities of ICMS:

- Tenacity
- Motivated
- Client Centered
- Strengths focused
- Creative
- Collaborative with client and team mates
- Flexible as changes come up
- Willing to learn and accept support
- Strong Advocate

The "Whatever it Takes" model is meant to distinguish ICMS from traditional case management in so far that ICMS always strives to meet clients where they are at in order to effectively reach client goals.

Methodology
Whatever It Takes

Health Services
LOS ANGELES COUNTY

For a more detailed description from DHS on the responsibilities of the ICMS role and how to implement the "Whatever It Takes" methodology, utilize this ICMS Services Program Guide , found in Teams.

HOUSING FOR HEALTH

HOUSING FOR HEALTH INTENSIVE CASE MANAGEMENT SERVICES PROGRAM GUIDE

Introduction and Purpose

The Intensive Case Management Services (ICMS) model is the foundation that creates timely access to critical services to reduce time spent homeless (or chronically homeless), achieve healthy outcomes for clients and engage in advocacy at the client and systems levels to overcome barriers to care and housing. ICMS shall be designed to assist people who are experiencing homelessness to achieve and maintain good health, provide access to mental health services, and ensure housing stability. ICMS staff shall serve as the central point of contact to coordinate services and care for as long as the client is in their care.

This guide is meant to clarify the ways in which you will apply the "Whatever It Takes" philosophy to your work as an ICMS Case Manager, and help you operationalize the requirements in the contract between your agency and DHS. It is NOT an exhaustive list, but is meant to help your client thrive in housing and advance your skills as your client's case manager and advocate.

Client Outreach and Engagement

Goals: Make contact with your client and build rapport, do Whatever It Takes to help them fulfill their housing and services goals.

☐ Begin outreaching to client within **three (3) business days** of receipt of referral.

☐ Input and/or update client profile in CHAMP within **five (5) business days** of contact with client. Necessary client authorizations will be in CHAMP to download so clients can sign and upload signed copies within five (5) business days.

☐ Provide **weekly updates** in CHAMP by using status updates and case notes.

☐ Identify items that a client may need to successfully navigate the housing process and utilize client Support Funds to pay for them. These can include Identification, replacement Social Security Cards and Birth Certificates, apartment application fees, basic needs, employment or income-related expenses and transportation costs.

☐ If a client cannot be located within **two (2) weeks of referral** inform your HFH Program Manager with an email and on the weekly call.

☐ If a client cannot be located within **one (1) month of referral** and you have checked the hospitals, jails, emergency contact provided by client, DPSS (if client is on GR), the Coroner's office, etc. request to have your client inactivated in CHAMP.

☐ Assisting with Life Domains During Outreach and Engagement

- Is the client safe in their current location? Do they have a means to stay in touch with you? How will you communicate with your client before they are housed?
- Do you notice any indications that the client may struggle to live independently? If you think they may not be able, contact HFH staff.

☐ If your client would like to access Interim Housing to have a safe place to stay while you work with them on permanent housing, submit an Interim Housing application via CHAMP as soon as possible.

ICMS FUNCTIONS

01 Outreach & Engagement

- Outreach
- Warm Handoffs
- PH Updates
- Intake Process

02 Case Management

- Documentation
  - CHAMP
  - HMIS
- Service Coordination
- Case Conferencing
- Housing Navigation
- Housing Subsidies
  - FHSP
  - RAD
  - HACLA
  - LACDA
- Moving Assistance
- Housing Status Form

03 Housing Retention

- Utility Assistance
- Budget Sheets
- Eviction Prevention
- Money Management
- Benefits Attainment
- MIA Protocol
- Medical Accompaniments

Outreach & Engagement

Your Program Manager will assign a variety of clients all of which have been referred by DHS and/or DMH, some will have already been enrolled and intake by your colleagues' others will need to be enrolled and you will conduct the intake process.

Internal referrals
When you inherit a case from a co-worker your first step will be to change the **ICMS provider on CHAMP via a PH Update** and switching the POC on HMIS if client is not a part of RAD; the second step will be conducting a warm hand-off, which consists of attending a meeting between the client and both ICMS workers. Your colleague is responsible for filling you in all the details regarding housing status, housing applications, documentation readiness, and medical and/or mental health status.

New referrals
In the case that you receive a new referral where no ICMS has enrolled or completed an intake, you will be responsible for outreaching the client. For all new referrals, please make sure you…

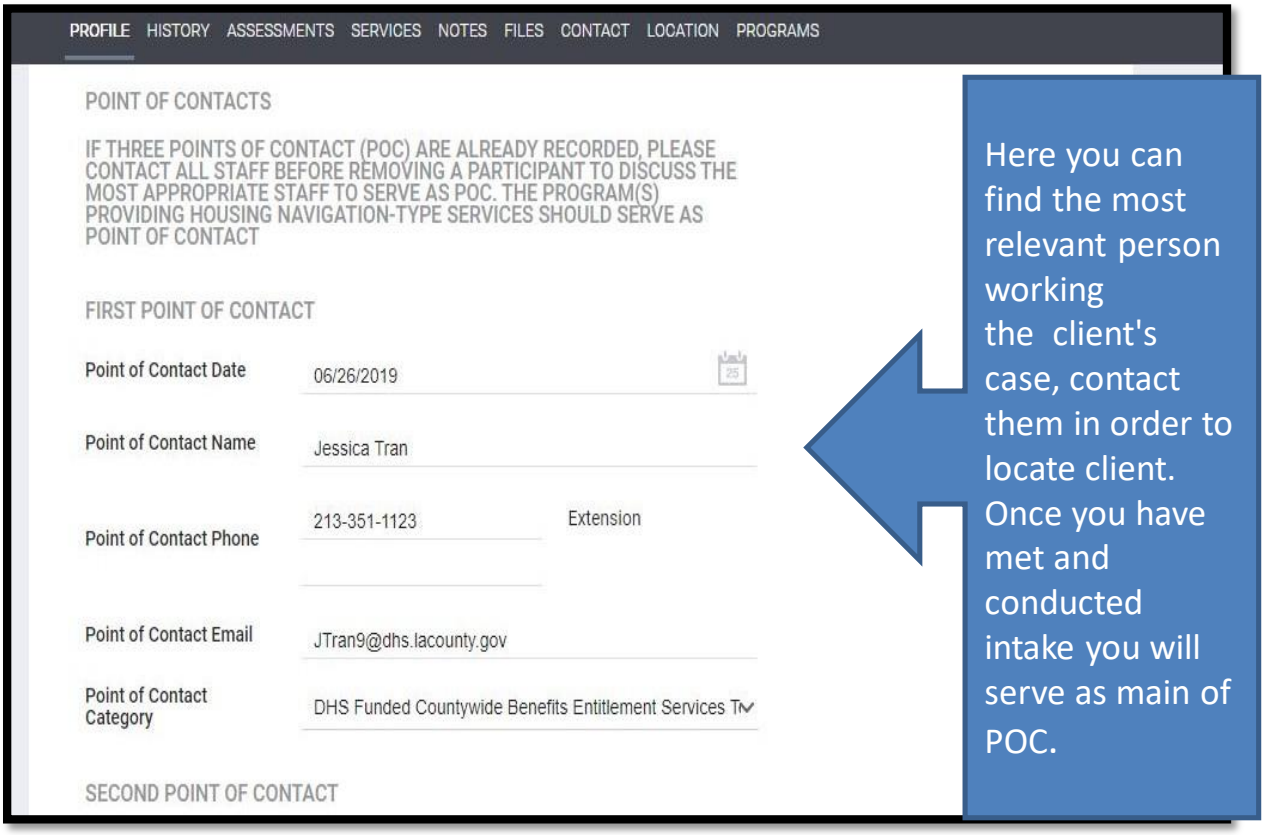
- begin outreaching the client within 3 business days of receipt of referral.
- **Provide PH UPDATE** and input and/or update client profile in CHAMP within 5 business days of contact with client and reverse referral is requested by your Program Manager (only if it's a CES referral not an Internal referral).
- provide weekly updates in CHAMP using status updates and case notes.

To begin outreach, contact the community-based organization (CBO) that is handling the client's case. To do this, go onto CLARITY/HMIS to find all points of contact pertaining to the CBOs. Once you're in contact with a worker pertaining the client's case, you will email and/or call with an introduction, obtain any necessary information on the client, and set up a time to meet the worker and the client. This portion must all be done within the first three days of the referral. At the meeting, you will conduct the intake and assessment.

Outreach & Engagement

Outreach

HMIS updates for outreach and engagement



Procedure to follow when you cannot find a client

You have up to 3 days to outreach and engage the client. If you have not been able to locate a client and have not conducted the intake and assessment, notify your program manager as soon as possible.

Outreach & Engagement

Intake Process

Participant Intake and enrollment is a crucial ICMS function. Following intake procedures ensures participants in Step Up On Second's DHS Scattered Site Program are eligible for our different programs. The following intake process will be completed by Step Up on Second's ICMS Staff:

1. Upon initial engagement and creation of participant file ICMS Life Skills Coordinators will ensure all eligibility documentation is collected to include the following:

    A. HMIS – Initial Intake
    B. DHS-ICMS Assessment (Biopsychosocial)
    C. DHS-ICMS Consent for Services
    D. DHS-ICMS Confidentiality Form
    E. DHS-ICMS Authorization to Release Information
    F. HMIS Consent ROI
    G. HFH New Universal Consent

    All of these forms will be explained in the coming slides.

2. Once all initial eligibility documentation is collected client data will be entered into the Comprehensive Health Accompaniment Management Program (CHAMP) and the Homeless Management Information System (HMIS) as soon as possible. Also, update current ICMS provider on HMIS and CHAMP.

3. In most cases, a member should have a CA ID, SSI card, and some form of proof of income. These items are to be collected at the intake. If member does not have these items, please assist member in obtaining them.

Outreach & Engagement

Intake Process: HMIS Intake

HMIS Intake and Enrollment Form

Client Name / ID: _____

Identification *- All fields required unless otherwise noted*

HMIS consent? ☐ No (refused) ☐ Written ☐ Verbal (HFSS only) If verbal: Agency_____ Staff_____ Date _____

First Name: _____ **Middle Name** (Optional): _____

Last Name: _____ **Suffix** (Optional): _____

Name Data Quality: Did the client provide their full name?	**Physical Description** (Optional):	**Last Known Permanent Address:** Where have you last lived for 90 days or more? (Not including emergency shelters and transitional hou
☐ Full Name Reported ☐ Partial, street name, or code name reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected		Address: _____ City: _____ County: _____ State: _____ Zip: _____
Date of Birth:	**SSN:**	
_____/_____/_____ ☐ Full DOB reported ☐ Approximate or partial DOB reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	_____-_____-_____ ☐ Full SSN reported ☐ Approximate or partial SSN reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected	Address Quality: ☐ Full Address Reported ☐ Incomplete or Estimated Address Reported ☐ Client Doesn't Know ☐ Client Refused ☐ Data not Collected

Contact Information *- Optional but extremely helpful*

Phone Number (*Do you have a number and email where I can follow-up with you or leave a message?*)	**Phone Type**	**Contact Preference**
Main: (_____)_____-_____ x_____ ☐ Leave message	☐ Home ☐ Work ☐ Cell ☐ Message Center	☐ Phone ☐ Text ☐ Email
Alternate:(_____)_____-_____ x_____ ☐ Leave message	☐ Home ☐ Work ☐ Cell ☐ Message Center	
Email _____@_____	**Notes**	

Demographics *- All fields required unless otherwise noted*

Housing Status:	**Family Type:**

Page **1** of **13**

Modified 10/14/2016

The Intake and Enrollment form is a crucial function of ICMS. This form is the starting point of gathering information about the client. This form mimics the structure shown on Clarity when inputting information about the client onto the system.

Eligibility to ICMS housing programs are determined by these four categories, if the client does not belong to any of these four categories then they are not eligible to the program. However, most of the clients referred to our program will fall into one of these categories.

Outreach & Engagement

Intake Process: ICMS Assessment

DHS- ICMS INITIAL ASSESSMENT
Biopsychosocial

CHAMP ID:

Assessment Date:
Interviewed by:
Location:
Referred by:
Client contact number:

DEMOGRAPHIC INFORMATION		
First Name:	Middle Name:	Last Name:
AKA (alias):	Date of Birth: Age:	
Gender: ☐ Male ☐ Female ☐ Transgender: ☐ Decline to State		
What is your race: (check all that apply) ☐ African American/Black ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Native American or Alaska Native ☐ White ☐ Declined to State ☐ Unknown		
What is your ethnicity: ☐ Non-Hispanic ☐ Hispanic ☐ Declined to State ☐ Unknown		
Primary Language: ☐ English ☐ Other:	Religious Preference: ☐ Christianity ☐ Judaism ☐ Muslim/Islam ☐ Buddhism ☐ None ☐ Other:	
Marital Status: ☐ Single ☐ Significant Other ☐ Married ☐ Widowed ☐ Divorced ☐ Separated	Residency Status: ☐ US Citizen ☐ Undocumented ☐ Legal Resident	
Military Status: ☐ None ☐ Veteran	If applicable, type of military discharge: ☐ Honorable ☐ Dishonorable	

MINI-MENTAL STATUS EXAM
What year is it?
What is the date today?
What day of the week is it?
What is the name of the place that we are in?
What city and state are we in?
Who is the president of the United States?

HO NESS
Where are you currently staying/what is your current
How long have you been homeless?
What led to your homelessness?

The Biopsychosocial form collects client information that will be used when enrolling members into CHAMP. More importantly, ICMS must utilize trauma informed practices as the form goes over sensitive information regarding medical, mental, legal, and various other topics that can potentially trigger clients. Please note that this form can be broken up into several days if you feel the member would benefit. These forms are not only meant to retrieve information, but can also act as a trust building exercise between you and the member.

Outreach & Engagement

Intake Process: Consent for Services

Step Up on Second
DHS-ICMS

Informed Consent for Services

I. NATURE AND DESCRIPTION OF DHS-ICMS:

Step Up on Second (SUOS) has received funding from the Los Angeles County Department of Health Services (DHS) to establish permanent supportive housing and provide supportive services to qualified homeless individuals. You are being asked to participate because you have been identified as a person who meets the criteria for the DHS-ICMS program.

The purpose of the project is to provide you with housing and other supportive services.

Your participation in DHS-ICMS is completely voluntary. Should you choose not to participate, it will have no effect on you, or the services you are currently receiving or may receive in the future. However, the individualized case management and supportive services that are provided to DHS-ICMS participants may not be available to you should you decline to consent to participate in DHS-ICMS.

Individualized case management includes, but is not limited to: assistance with obtaining personal identification and income benefits, linkages to medical care and mental health treatment, help with completing subsidized housing applications, and supportive services once housed.

We may tell people that you are participating in DHS-ICMS.

If you chose to participate in DHS-ICMS, we may tell others that you are a participant in our program in order to improve your housing situation and overall wellness.

We will need to share personal and/or medical information about you.

In order to provide you with effective case management and to coordinate your housing and resource linkages, we will need to discuss your personal and/or health and/or public assistance information with the DHS and its service partners. In some instances, we may need to share this information with agencies outside of DHS and its service providers. We would do this only if necessary to help you obtain housing and supportive resources.

While the law may permit us to share such information without your permission (for example, if for treatment or for payment purposes), we will ask you to sign an Authorization allowing us to do this.

You do not have to sign the form(s) which allow for this, but if you do not sign it, we may not be able to provide you with the most effective case management or with the most appropriate supportive services to assist you.

We will need to obtain personal and/or medical and/or public assistance information about you.

In order to provide you with effective case management we will need to obtain personal information about you to assist in developing and service plan to meet your individual needs.

II. RISKS, PRIVACY, CONFIDENTIALITY, AND USE OF INFORMATION:

In order to protect your private information, your r… e assigned an identification number, and whenever possible, this number will be used on rec… ead of your name or social security number. All confidential information will be stored under lock an… cessible only by designated personnel of DHS-

The consent for services form is vital information to discuss with a client as it describes the participation required of the individual by DHS-ICMS program. Our program requires the participants' consent to receive services from the ICMS provider otherwise the client would forfeit case management and supportive services. Communicating this information is an important function and a great opportunity to explain the program to the client during intake.

Outreach & Engagement

Intake Process: Confidentiality Agreement

STEP UP ON SECOND
CONFIDENTIALITY AGREEMENT

Confidentiality of client records is maintained by Step Up on Second (SUOS) and is protected by Federal law and regulations. SUOS will not report that a person is a SUOS client ***unless***:

1. The client consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency or to a qualified person for research, audit, or program evaluation purposes.

Limits to confidentiality are:

1. Child Abuse,
2. Elder Abuse,
3. Dependent adult abuse,
4. Danger to others (Duty to Warn),
5. Danger to self (Right to Warn).

Clients that participate in case management services and/or individual therapy will have their charts accessible to both their case managers and their therapists on an as needed basis. Progress notes from both case management sessions and therapy sessions will be stored in the same chart. The length of therapy will not exceed past the client's official discharge from Step Up on Second.

Federal law requires that we take necessary and appropriate action under the circumstances to ensure your safety and the safety of others. Such action may require that we notify the appropriate persons/legal authorities.

Federal law and regulations do not protect any information about a crime committed by a client either at the program or against a person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities. (See 42 U.S.C. 290dd-3 42 USC 290ee-3 for Federal laws and CRF Part 2 for Federal regulations.)

I have read and understand the Confidentiality of Client Records Policy and acknowledge this by my signature.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

1328 2ND STREET., SANTA MONICA, C… TEL 310-394-6889 • FAX 310-394-6883

It is important for an ICMS to effectively communicate the information on the confidentiality agreement as it details what information can and cannot be shared. Discussing this information is an important step in building trust with a client

Outreach & Engagement

Intake Process: Release of Information

Step Up On Second
1328 Second Street, Santa Monica, CA 90401
Phone: (310) 394-6889 Fax: (310) 394-6883

AUTHORIZATION FOR USE AND/OR DISCLOSURE OF HEALTH/MENTAL HEALTH INFORMATION

By completing this form, you are authorizing the use and/or disclosure of your individually identifiable health or mental health Information (PHI) as described below, consistent with California and Federal Laws concerning the privacy of this information. (Health Insurance Portability and Accountability Act of 1996 (HIPAA).
Failure to provide all information requested may invalidate the Authorization.

I hereby authorize the use and/or disclosure of my information (PHI) as follows:

Client Name:	Date of Birth:	Social Security:	MIS:

Step Up on Second is authorized to:

☒ **Receive/Obtain information from:** ☐ **Release information to:**

Organization:	Phone:	Fax:

Street Address:	City/State/Zip Code:

The above is authorized to:

☐ **Receive/Obtain information from:** ☒ **Release information to:**

Organization:	Phone:	Fax:
STEP UP ON SECOND	**(310) 394-6889**	**(310) 394-6883**

Street Address:	City/State/Zip Code:
1328 2nd Street	**Santa Monica, CA 90401**

A release of information is used to obtain consent from client to disclose medical and/or mental health information from Mental health provider or primary care provider. Moreover, these releases can be used to obtain consent from client for ICMS to release information to a third party.

Outreach & Engagement

Intake Process: Consent Forms

Los Angeles & Orange County Homeless Management Information System (LA/OC HMI
Collaborative and Participating Organizations
Client Consent to Release Information

The LA/OC Homeless Management Information System (HMIS) is a local electronic database that se
records information (data) about clients accessing housing and homeless services within the Los Ang
Orange Counties. This organization participates in the HMIS and shares information with other organ
that use this database. This information is utilized to provide supportive services to you and your hous

What type of information may be shared in the HMIS?
We collect general and Protected Personal Information about you. This includes but is not limited to:

- Your name and your contact information
- Your social security number
- Your birthdate
- Your basic demographic information such as gender and race/ethnicity
- Your history of homelessness and housing (including your current housing status and where a
  you have accessed services)
- Your self-reported medical history including any mental health and substance abuse i es
- Your case notes and services
- Your case manager's contact information
- Your income sources and amounts; and non-cash benefits
- Your veteran status
- Your disability status
- Your household composition
- Your emergency contact information
- Any domestic violence history
- Your photo, if you choose to provide

How do you benefit from providing your information?
The information you provide for the HMIS helps us coordinate the most effective services for you and
family. By sharing your information, you may be able to avoid being screened more than once, get fa
services, and minimize how many times you have to tell your 'story.' Collecting this information also
better understanding of homelessness in your local area and the effectiveness of the services provide
area.

Who can have access to your information?
The LA/OC Collaborative organizations and other LA/OC HMIS participating organizations can have a
your data. These organizations may include homeless service providers, other social services organiz
housing groups, and healthcare providers. All participating organizations who have access to your inf
have signed an agreement to maintain the security and confidentiality of your information.

How is your personal information protected?
Your information in the HMIS is secured by passwords and encryption technology. In addition, each
participating organization must sign an agreement to maintain the security and confidentiality of the
information. Your information is protected by the federal HMIS Privacy Standards. In some instances
the participating organization is a health care organization, your information may be protected by the privacy
standards of the Health Insurance Portability and Accountability Act (HIPAA).

Version 1.4 *Modified 4/29/2015*

Upon intake the HMIS Form is an important document that details how the member's information will be used in the system. Explaining this information can proved to be useful in building trust with the member.

Outreach & Engagement

Intake Process: Universal Consent

COMPANION TO THE AUTHORIZATION FOR THE USE AND DISCLOSURE OF HEALTH AND SOCIAL SERVICE INFORMATION

Overview of this Form

This document describes what is on the Authorization for the Use and Disclosure of Health and Social Services Information ("Authorization Form").

The County of Los Angeles Department of Health Services ("DHS") operates a social services and health information exchange to allow your information to be shared among partners in the County's Community Health and Integrated Programs (CHIP).

CHIP helps people get resources and services to improve their health. It coordinates health-care related assistance and social services support. CHIP includes:

- Whole Person Care Los Angeles
- Housing For Health
- Office of Diversion and Re-entry
- Countywide Benefits Entitlement Services Team (CBEST)
- Correctional Health Services – Care Transitions Unit

Many types of organizations work with CHIP, some as subcontractors, including:

- Health care providers
- Mental health providers
- Substance Use Disorder providers
- Social services providers
- Housing providers
- Health plans
- Those involved with the Justice system
- Legal Providers
- Community groups

These providers serve participants in CHIP. The goal of these programs is to improve your health.

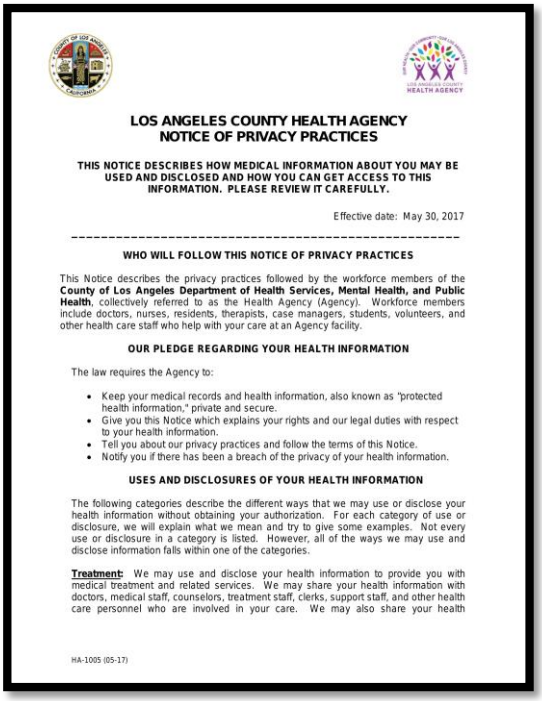
Why do you need to share my information?

- To see if you are eligible for programs or resources
- To enroll you in programs
- To coordinate your care and treatment
- To communicate and work with your treating providers and organizations
- To connect you with social services
- Provide you with services

This form is essential to completing intake and enrollment. ICMS will upload this form, which will allow DHS to access medical information and share within the Community Health and Integration Program.

Outreach & Engagement

Intake Process: Privacy Practices



LOS ANGELES COUNTY HEALTH AGENCY
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective date: May 30, 2017

WHO WILL FOLLOW THIS NOTICE OF PRIVACY PRACTICES

This Notice describes the privacy practices followed by the workforce members of the **County of Los Angeles Department of Health Services, Mental Health, and Public Health**, collectively referred to as the Health Agency (Agency). Workforce members include doctors, nurses, residents, therapists, case managers, students, volunteers, and other health care staff who help with your care at an Agency facility.

OUR PLEDGE REGARDING YOUR HEALTH INFORMATION

The law requires the Agency to:

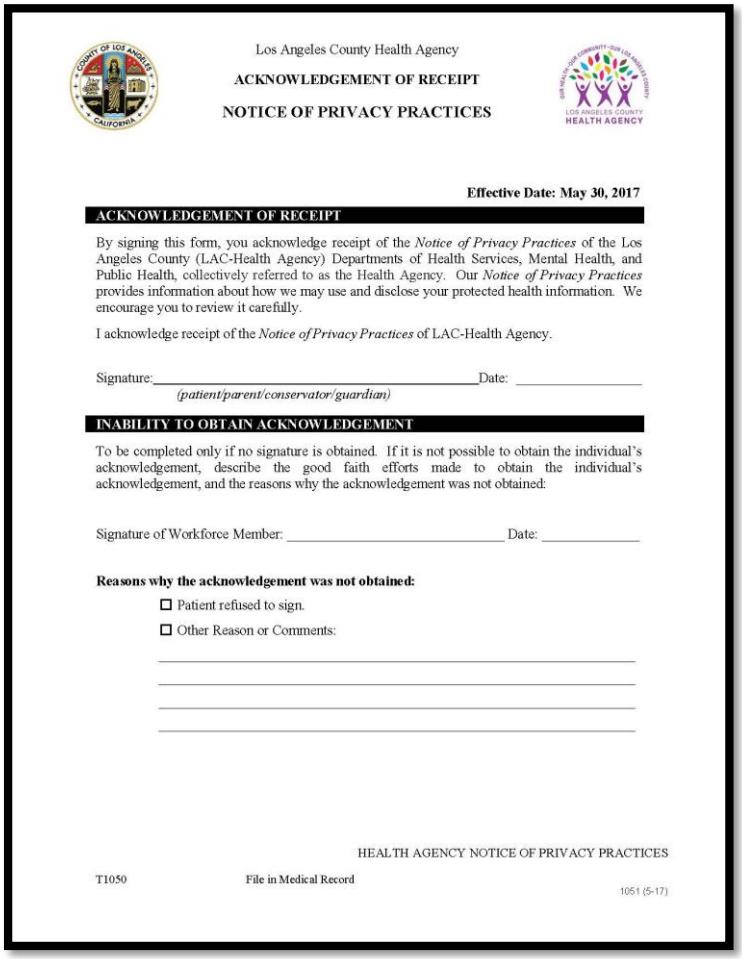
- Keep your medical records and health information, also known as "protected health information," private and secure.
- Give you this Notice which explains your rights and our legal duties with respect to your health information.
- Tell you about our privacy practices and follow the terms of this Notice.
- Notify you if there has been a breach of the privacy of your health information.

USES AND DISCLOSURES OF YOUR HEALTH INFORMATION

The following categories describe the different ways that we may use or disclose your health information without obtaining your authorization. For each category of use or disclosure, we will explain what we mean and try to give some examples. Not every use or disclosure in a category is listed. However, all of the ways we may use and disclose information falls within one of the categories.

Treatment: We may use and disclose your health information to provide you with medical treatment and related services. We may share your health information with doctors, medical staff, counselors, treatment staff, clerks, support staff, and other health care personnel who are involved in your care. We may also share your health

HA-1005 (05-17)



Los Angeles County Health Agency

ACKNOWLEDGEMENT OF RECEIPT

NOTICE OF PRIVACY PRACTICES

Effective Date: May 30, 2017

ACKNOWLEDGEMENT OF RECEIPT

By signing this form, you acknowledge receipt of the *Notice of Privacy Practices* of the Los Angeles County (LAC-Health Agency) Departments of Health Services, Mental Health, and Public Health, collectively referred to as the Health Agency. Our *Notice of Privacy Practices* provides information about how we may use and disclose your protected health information. We encourage you to review it carefully.

I acknowledge receipt of the *Notice of Privacy Practices* of LAC-Health Agency.

Signature:_____ Date: _____
(patient/parent/conservator/guardian)

INABILITY TO OBTAIN ACKNOWLEDGEMENT

To be completed only if no signature is obtained. If it is not possible to obtain the individual's acknowledgement, describe the good faith efforts made to obtain the individual's acknowledgement, and the reasons why the acknowledgement was not obtained:

Signature of Workforce Member: _____ Date: _____

Reasons why the acknowledgement was not obtained:

☐ Patient refused to sign.

☐ Other Reason or Comments:

_____
_____
_____
_____

HEALTH AGENCY NOTICE OF PRIVACY PRACTICES

T1050 File in Medical Record

1051 (5-17)

The Notice of Privacy Practices is handout given to members during the initial intake. Please make sure the member signs the receipt section of the Handout and upload it to CHAMP . This forms is also available in Spanish.

Case Management
Overview

The primary goal in case management is to achieve healthy outcomes for clients and assist people who are experiencing homelessness to achieve and maintain good health, provide access to mental health services, and ensure housing stability.

Documentation

This portion of the handbook details the system ICMS use to document and how to enter your case notes on these systems. You may have heard the saying "if it's not documented, it hasn't happened" this is the case as an ICMS. Once outreach and intake are complete, the members will require weekly updates in CHAMP by using status updates and case notes. Case notes are essential to your role as ICMS, but there are other domains in case management that will require much of your attention.

Service Planning

In order to measure outcomes and achieve stability for the member, you must develop an individualized case management plan in collaboration with the client **within 2 business weeks of the initial assessment**. This helps you anchor your focus on meeting the member's wants and needs. For example, a service plan can help you identify what types of documentation the member needs and what steps you both will take to obtain such documentation. After every quarter (3 months) you will update the service plan with new goals. Don't forget, case notes should indicate case management plan development and be available in the client file.

Case Conferencing

Your clients will likely have complex multidisciplinary care needs. Case conferencing in person is used to identify or clarify issues regarding a patient's status, needs, and goals; to review activities including progress and barriers towards goals; to map roles and responsibilities; to resolve conflicts or strategize solutions; and to adjust current service plans. The goal of case conferencing is to provide coordinated and integrated member services and to reduce duplication among those directly involved in the care of the client.

Obtaining & Maintaining Housing

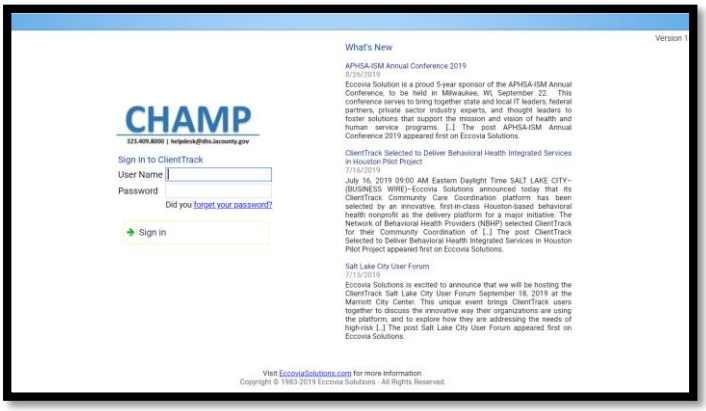
To obtain and maintain housing are an essential function of ICMS, it is your duty to help your client move in and get settled and do Whatever It Takes to provide frequent and regular support during the first several months of tenancy. You must adopt a Whatever It Takes attitude to help your client maintain and enrich their lives in permanent housing.

Case Management
Documentation

Documentation plays a vital role in all ICMS functions. You will be expected to document all case management activities on to the appropriate databases.

Our team utilizes two online databases for documentation:

CHAMP
(Comprehensive Health Accompaniment Management Platform)



Core Functions:
- Case Notes
- Reverse Referrals
- Permanent Housing (PH) Updates
- IH Request

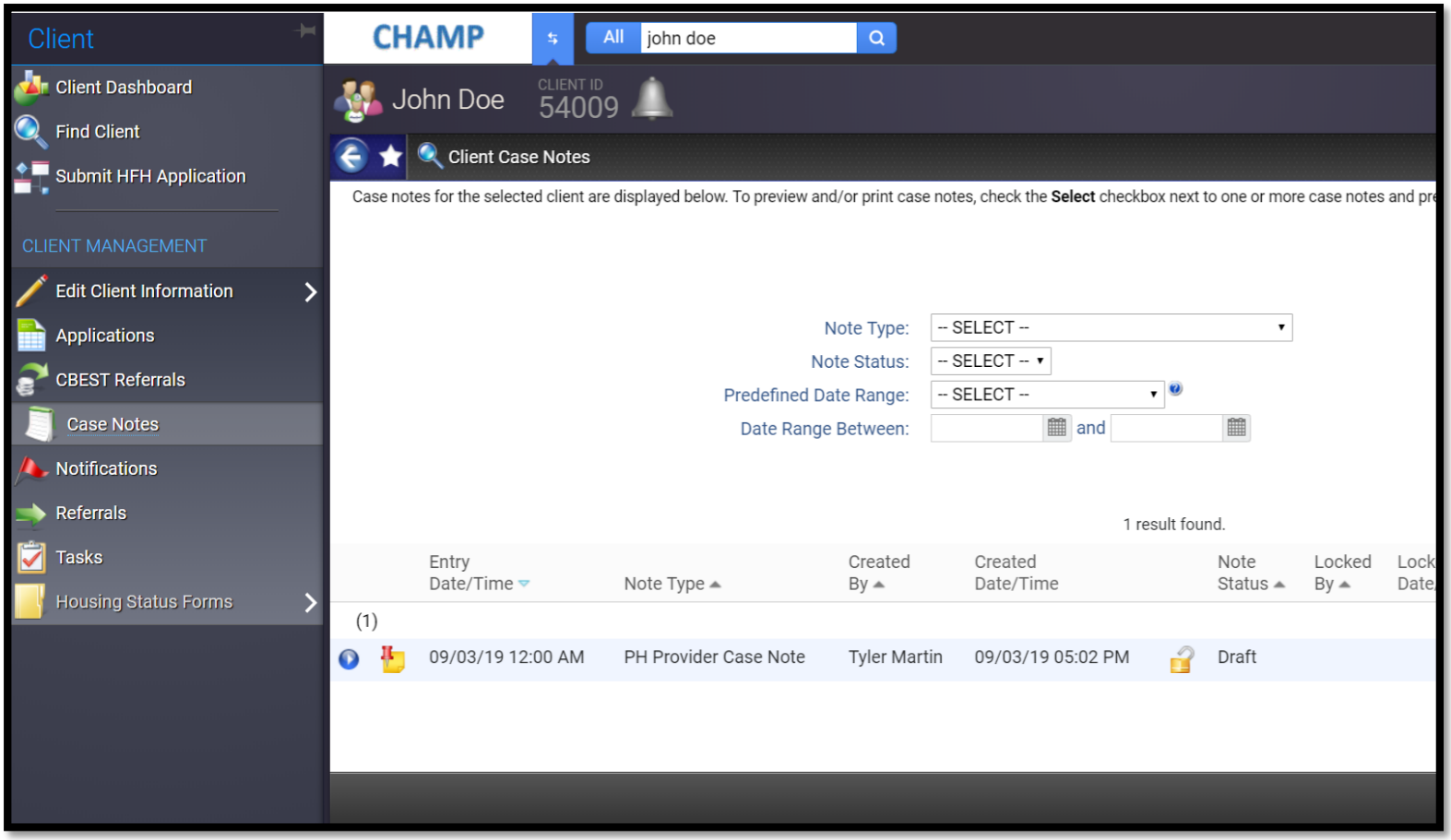
HMIS
(Homeless Management Information System)

Core Functions:
- Case Notes
- Program Entry/Exit
- Annual Assessments

The following pages contain basic instructions for CHAMP and HMIS core functions. For further questions regarding databases, refer to ICMS team members and your Program Manager.

Case Management
CHAMP

Case Notes



- ALL clients require case notes submitted to CHAMP

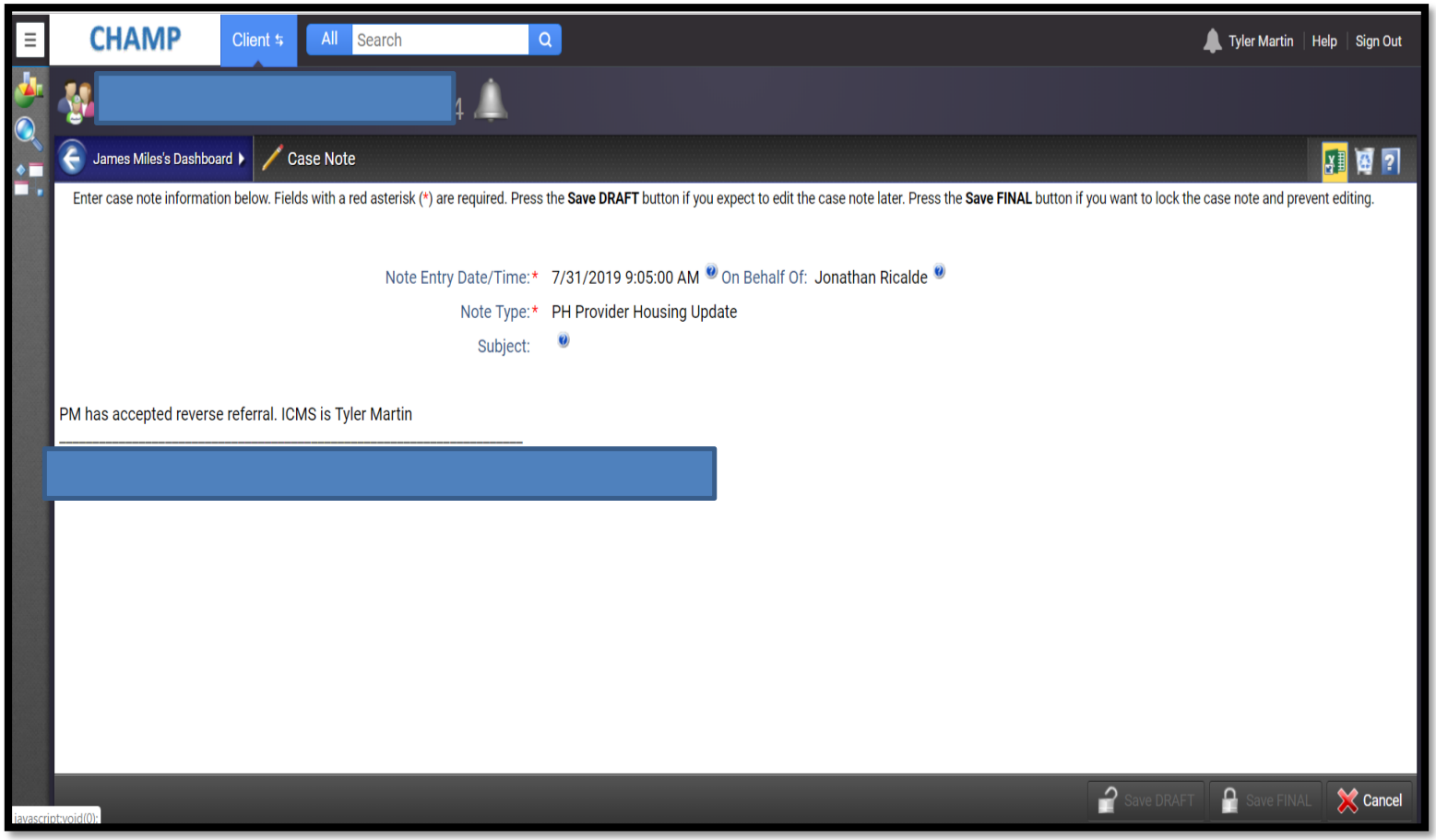
- Note Type will always be "PH Provider Case Note"

- All case notes are expected to be in GIRP format (Goal – Intervention – Response – Plan)

- Case notes can be found under "Case Notes" under the side menu OR in "Client Updates" on the client's dashboard

Case Management
CHAMP

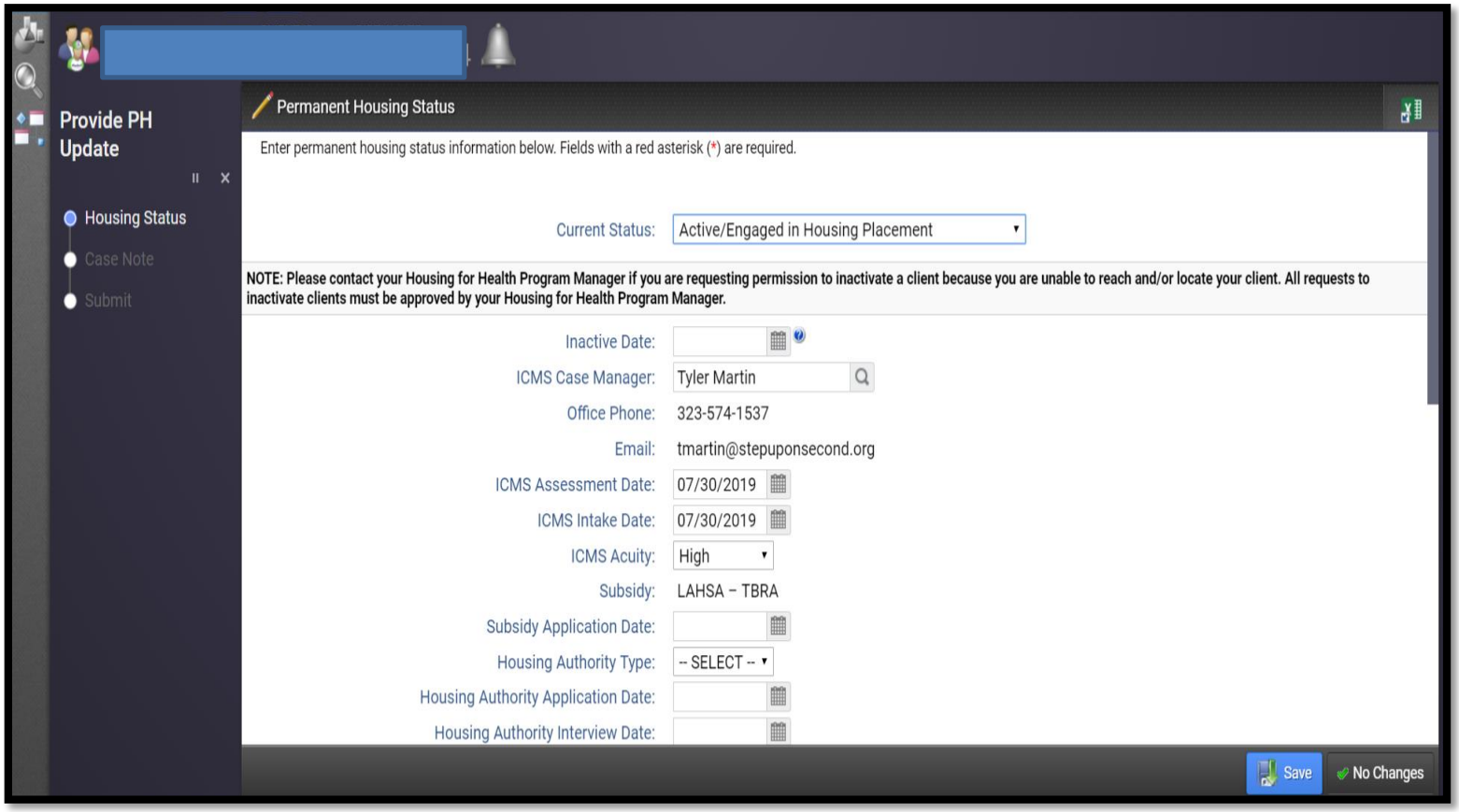
Reverse Referrals



- Receive new client referral email from Program Manager, and then complete ICMS Intake as soon as possible.
- IF client does not have a completed Housing for Health (HFH) application, complete a new HFH application
- Once HFH application is accepted, email Program Manager to initiate Reverse Referral into ICMS Program
- Input client's HFH ID based on client's housing project

Case Management
CHAMP

Permanent Housing (PH) Updates

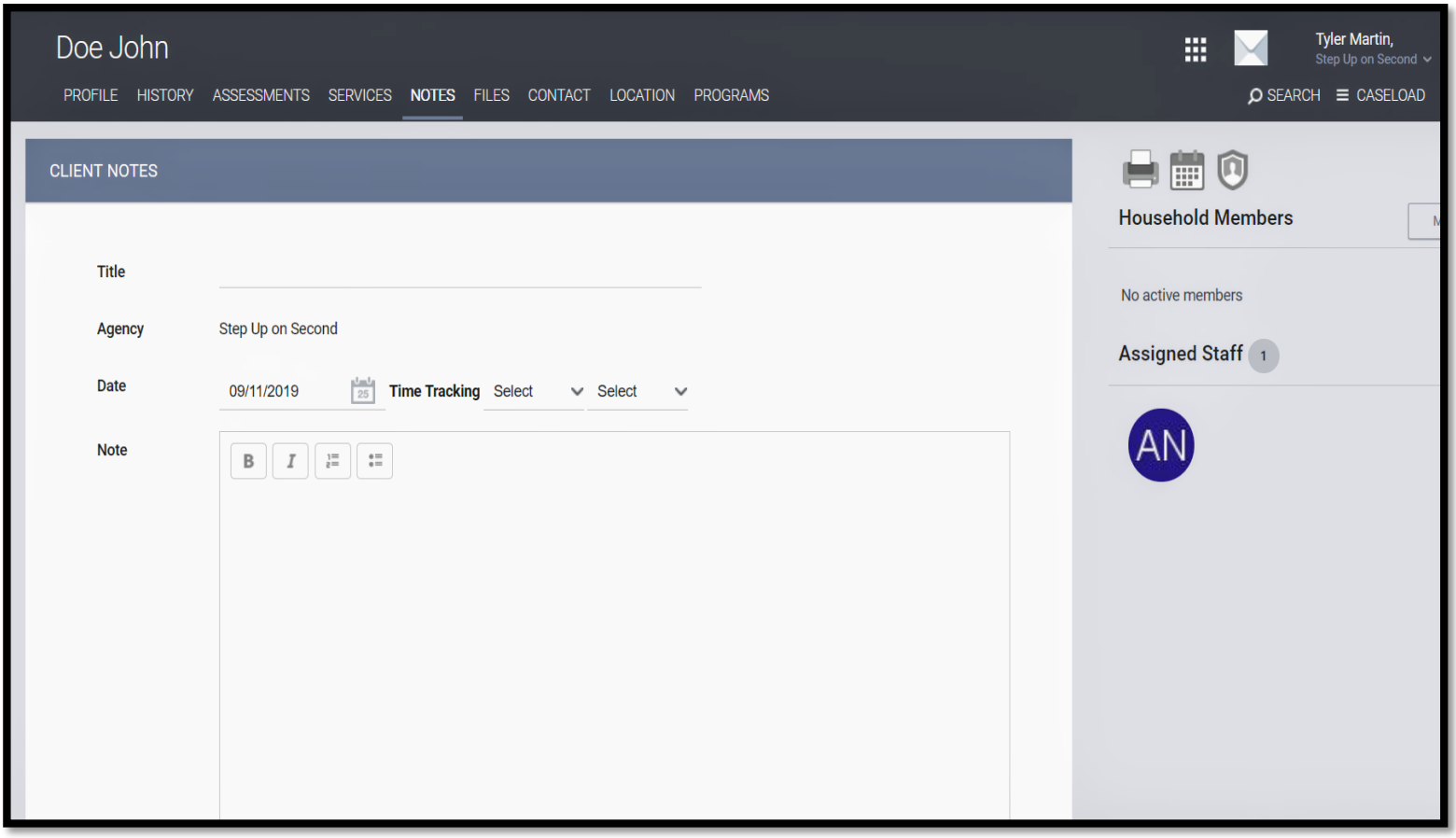


- PH Updates must be logged whenever there is a change in a client's housing status or the client's assigned case manager

- PH Updates can be made via entering the CHAMP Housing portal, searching the client and selecting "Provide PH Update"

Case Management
HMIS

Case Notes



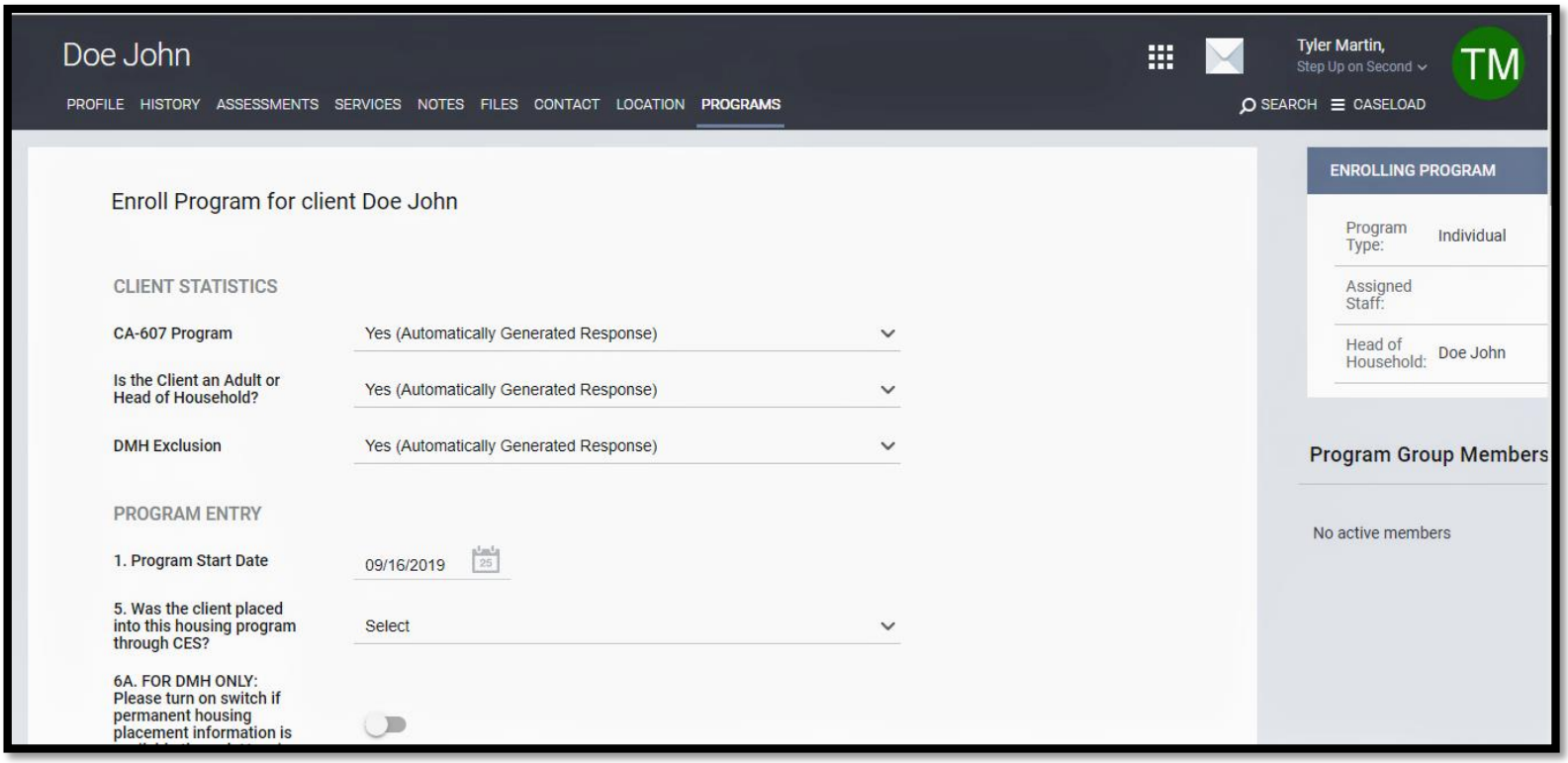
- <u>ONLY</u> clients in RAD Housing Subsidy require Case Notes to be submitted on HMIS

- To properly submit Case Notes on HMIS, select "Programs" on the client profile, find appropriate RAD program, press "Edit," and then select "Notes" within the program task bar

- All case notes are expected to be in GIRP format (Goal – Intervention – Response – Plan)

Case Management
HMIS

Program Entry



- Receive new RAD referral from Program Manager, and then search for client on HMIS

- Select "Programs" under client profile

- Select appropriate RAD program
(either *CA 1686 Step Up LA* OR *Step Up Pasadena*) under "Programs: Available"

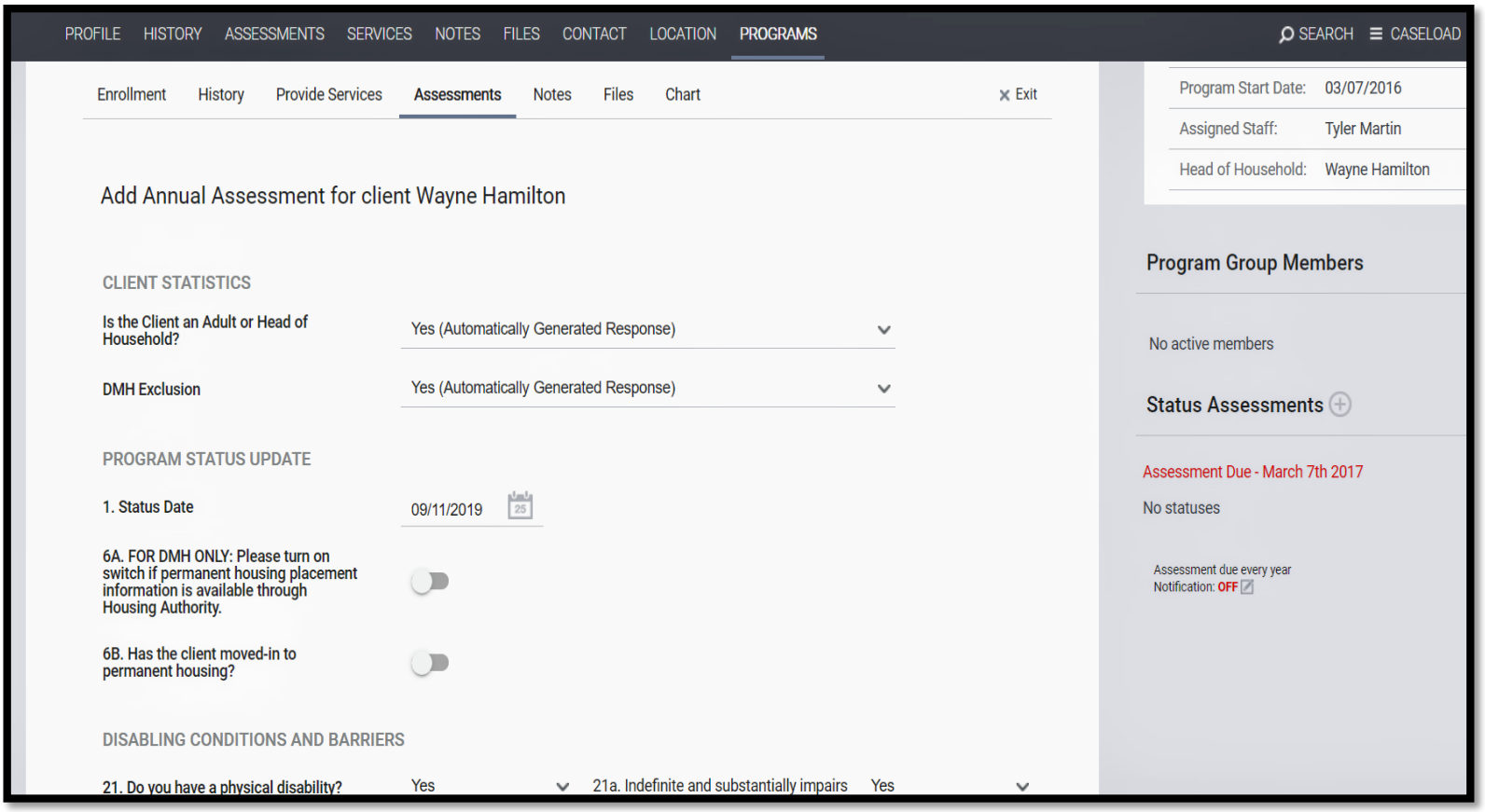
- Press "ENROLL" and then complete client Program Enrollment Assessment for client (pictured above)

- Do not change "Assigned Staff" upon enrolling participant for RAD programs. Should always be RAD Program Manager

- HACLA CoC clients should be enrolled in HACLA HMIS program upon being housed

Case Management
HMIS

Annual Assessments



- **ALL** clients except FHSP need an Annual Assessment

Case Management
Service Coordination

Step Up

DHS-ICMS SERVICE PLAN

□ Initial Service Plan Date:
□ Last Service Plan Date:
□ Quarterly Update Date:

CLIENT NAME: [redacted] **CHAMP ID#:**_____ **Case Manager Name: Kevin Recinos**

Select each category that the Service Plan will address.
[] Mental Health [] Medical/Dental [] Nutrition [] Harm Reduction [] Financial Planning/Management [] Housing/Housing Retention
[] Legal/Advocacy [] Vocation/Education [] Housekeeping [] Transportation [] Utility Assistance [] Social Isolation [] Other_____

START DATE	GOAL	ACTION STEPS	PERSON(S) RESPONSIBLE	TARGET DATE	DATE RESOLVED	CONTINUE DISCONTINUE GOAL	OUTCOME
2/14	Housing Retentions	- Continue to pay bills on time. - Follow lease agreement rules, i.e. no smoking in building, paying maintenance fees owed.	- LSC - CLT	5/14			
2/14	Medical	- Get blood results and do LABS ordered by PCP - Schedule ICMS appt with PCP & CLT in order to follow up with referrals	- CLT - LSC	5/14			
2/14	House keeping	- Obtain signature from PCP certification for IHSS - Obtain IHSS Worker - Schedule IHSS worker for assistance with house keeping	- LSC - CLT	5/14			

*Service Plan must be updated quarterly. Prior Service Plans must remain in the chart.

Client Signature: _____ Date: _____

Case Manager Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

SUOS: 10/23/18

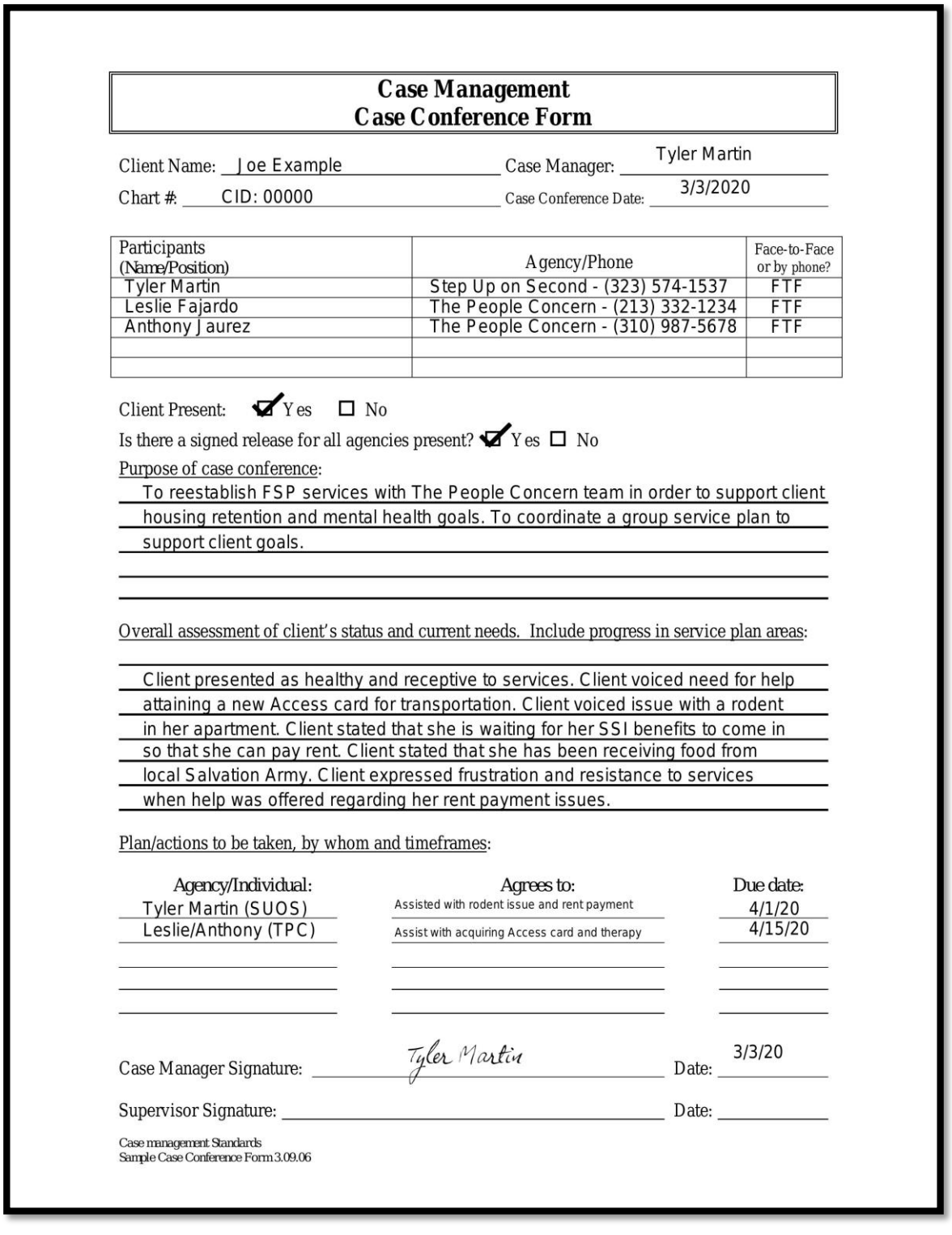
The DHS-ICMS Service Plan is one of the most essential forms you will complete with your clients. This form is where you will record your clients' goals, which will in turn guide your work with them.

- To be completed once every 90 days (quarterly)
- Implement SMART goals in Service Plan (Specific, Measurable, Attainable, Realistic, Time-Based)
- Goals should come from the client, invite them to take ownership
- Refer back to Service Plan in order to remind clients of their goals
- Submit to Program Manager for approval before placing in Chart

Case Management
Case Conferencing

The Case Conference form is used to document instances in which you collaborate with other agencies to provide services to your clients.

- Complete any time you collaborate to work on a client goal, including phone calls with other agencies
- Include contact information for all involved parties
- Submit to Program Manager for approval before placing in client chart



Case Management
Case Conference Form

Client Name: Joe Example Case Manager: Tyler Martin

Chart #: CID: 00000 Case Conference Date: 3/3/2020

Participants (Name/Position)	Agency/Phone	Face-to-Face or by phone?
Tyler Martin	Step Up on Second - (323) 574-1537	FTF
Leslie Fajardo	The People Concern - (213) 332-1234	FTF
Anthony Jaurez	The People Concern - (310) 987-5678	FTF

Client Present: ☑ Yes ☐ No

Is there a signed release for all agencies present? ☑ Yes ☐ No

Purpose of case conference:

To reestablish FSP services with The People Concern team in order to support client housing retention and mental health goals. To coordinate a group service plan to support client goals.

Overall assessment of client's status and current needs. Include progress in service plan areas:

Client presented as healthy and receptive to services. Client voiced need for help attaining a new Access card for transportation. Client voiced issue with a rodent in her apartment. Client stated that she is waiting for her SSI benefits to come in so that she can pay rent. Client stated that she has been receiving food from local Salvation Army. Client expressed frustration and resistance to services when help was offered regarding her rent payment issues.

Plan/actions to be taken, by whom and timeframes:

Agency/Individual:	Agrees to:	Due date:
Tyler Martin (SUOS)	Assisted with rodent issue and rent payment	4/1/20
Leslie/Anthony (TPC)	Assist with acquiring Access card and therapy	4/15/20

Case Manager Signature: Tyler Martin Date: 3/3/20

Supervisor Signature: _____ Date: _____

Case management Standards
Sample Case Conference Form 3.09.06

Case Management
Housing Subsidies Overview

A core function of ICMS is to guide clients in attaining and retaining permanent supportive housing. All clients gain access to such housing through the assistance of **Housing Subsidies**. A Housing Subsidy is essentially a third party which subsidizes housing costs for qualifying participants.

Our clients typically work with 4 primary Housing Subsidies...

HACLA
(Housing Authority of the City of Los Angeles)
- Programs
  - *Tenant Based Supportive Housing (TBSH)*
  - *CoC Bonus (DMH/DHS)*
  - *MVP (DMH)*

LACDA
(Los Angeles County Development Authority)
- Programs
  - *D7 Homeless Section 8*

FHSP
(Flexible Housing Subsidy Pool)
- Programs
  - *Tenant Based Subsidy*
  - *Enriched Residential Care*
  - *DMH Housing for Mental Health*

RAD
(Rental Assistance Department)
- *Programs*
  - *Step Up LA County 2017*
  - *Step Up Pasadena*

Case Management
FHSP – TBV

BRILLIANT CORNERS Where housing and services come together

Introduction

The Flexible Housing Subsidy Pool (FHSP) is a supportive housing rental subsidy program of the Los Angeles County Department of Health Services (DHS). Brilliant Corners, the central coordinating community-based partner for FHSP, works to secure housing via single family homes or individual apartments. Brilliant Corners identifies and secures units County-wide; provides move-in assistance and rental subsidy disbursement; coordinates with case managers; and assists with landlord/neighborhood relations.

Working with FHSP

When you are assigned an FHSP client, you must first set up an account through the FHSP online portal in order to submit their information and application. To set up an account, submit a response to: **http://tiny.cc/icmsportalaccess**. The Brilliant Corners Data team will create your account **within 3 business days**. You'll receive an email from **FHSPPortal@BrilliantCorners.org** with information about how to set up an account. Once you're all signed up you will access the portal here **brilliantcorners.force.com/FHSPonlineportal** to check on your client's application.

Application

FHSP clients must have a CHAMP ID in order to submit an FHSP Application. The Online Portal requires a CHAMP ID in order to gain access to the application. You will not be able to proceed unless the following documents are uploaded and attached.

- Proof of Identification & Social Security Card, or Identity Affidavit
- Proof of Income, or Zero Income Affidavit;
- Pet or Support Animal documentation and immunization records;
- Live-in Attendant Information;
- Program Participant Agreement;
- DMH Verification Form.

Case Management
FHSP – TBV

BRILLIANT CORNERS Where housing and services come together

Housing Search

All program participants will be housed in an appropriately sized unit. See table below

# of Family members	Bedrooms
1-2 members	0-1
3-4 members	2
5-6 members	3
7-8 members	4

Maximum Rent Guidelines

Housing opportunities are restricted to the following guidelines:

Note: Max Rents provided below are intended to be a maximum allowable rent cap and do not provide a final guarantee of rents paid per unit within a given area. Fair market rates for 2019 - 2020

FHSP Maximum Rent Guidelines		
Unit type	LA County	LA City
Shared Room	$500	$600
Private Room	$950	$1000
SRO	$869	$959
Studio	$1,158	$1,279
1 bedroom	$1,522*	$1,668
2 bedroom	$1,791	$2,151
3 bedroom	$2,401	$2,641

*Inclusive of Utilities.

Note: FMR's must always adhere to rent reasonableness for maximum rent; Unit ID's that are above the maximum rate must be reviewed by the Housing Acquisition Specialists team.

Case Management
FHSP – TBV

BRILLIANT CORNERS Where housing and services come together

Lease Up Process

Upon submitting acceptance to the FHSP program, you and yourr member will be appointed a housing coordinator and will enter a joint search status.

1. The ICMS will work with the member to identify a unit that matches program requirements. Once a unit has been identified, ICMS will support the member in submitting a rental application. There are several options for paying the application fee: **a)** encourage your client to pay if they're not zero income; **b)** the landlord can provide W-9 to Brilliant Corners, process the application and BC will pay; **c)** SUOS can pay fee with petty cash *if* member does not income to pay.

2. ICMS will submit the completed *Unit Identification Form, the Self-Inspection Checklist* and *W-9* (if applicable) directly to the assigned Housing Coordinator.

3. Upon notification of unit acceptance to the FHS program, ICMS and the Housing Coordinator will work together to schedule the lease signing date. ICMS will also submit the completed move-in assistance forms to FHSPmovein@brilliantcorners.org. These forms assist member with furniture assistance and utility deposit.

4. ICMS will obtain the move-in letter, program agreement, and RSA and file in member's chart.

Program Features:

FHSP members have access to reasonable accommodations and general requests, these are case by case, check with the housing coordinator for more details.

Case Management
RAD

Introduction

- The Rental Assistance Department (RAD) Subsidy is a Housing Subsidy funded by LAHSA and the City of Pasadena and administered by Step Up on Second.

Programs
- Step Up LA County
- Step Up Pasadena

Price Range
- Studio: Varies between $1100-$1350 depending on area
- 1 Bedroom: Varies between $1300-$1550 depending on area

Program Features
- 2x Rent Security Deposit (provided by Step Up)
- Furniture Assistance (attained through Flex Funds, as available)
- Welcome Home Kits (provided by Step Up)
- No-Hassle Inspections (conducted by ICMS)
- Ongoing Rental Assistance (client pays 30-40% of income to rent)

Program Requirements
- Clients must be enrolled in Step Up on Second DMH FSP Services
- Clients enrolled in Step Up Pasadena must be housed within the City of Pasadena

Application
- Typically RAD clients have already had their RAD intake completed with the RAD Program Director.

Recertification
- Conducted annually, requires signed annual assessment and updated proof of income.

Case Management
RAD

Lease Up Process

- Identify suitable unit, ensuring property management is willing to work with RAD Program
- Apply for unit
- Once client accepted, have property management complete and provide the following forms...
  - Landlord Rental Assistance Agreement Form
  - W-9 Form
  - RAD Security Deposit Form
  - Direct Deposit Entry Form (if desired)
  - Copy of the Property Grant Deed
  - Copy of the Accepted Rental Application
- Once client accepted, ICMS completes the following forms...
  - Unit ID Form
  - Self-Inspection Checklist
- Once all forms complete, submit to RAD Director and await unit approval
- Once unit is approved by RAD Director, obtain Prorated Rent Breakdown and Move-In Letter, submit them to property management and then schedule lease signing and move-in
- Accompany client for lease signing (ensuring that client brings rent portion, if needed) and immediately send a copy of the signed lease to RAD Director for payment to be issued from A&S
- Assist client with attaining furniture through CORT Welcome Home Kits, CES Flex Funds and/or other furniture resources

Case Management
LACDA

Introduction
- The Los Angeles County Development Authority (LACDA) core pillars include affordable housing, and community and economic development. The agency's wide-ranging programs benefit residents and business owners in the unincorporated Los Angeles County areas and in various incorporated cities that participate in different programs (these cities are called "participating cities").

Programs
- LACDA- TBV- D7

Price Range
- Studio: Up to $1279
- 1 Bedroom: Up to $1668
- 2 Bedroom: Up to $2151

Bedroom Size
- The Los Angeles County Development Authority's occupancy standards are based on two persons per bedroom

Los Angeles County Development Authority
700 West Main Street
Alhambra, CA 91801
(626) 262-4511

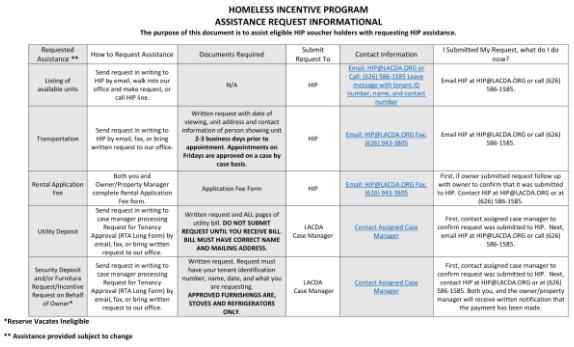
Case Management
LACDA

Program Features

- Ongoing Rental Assistance
  (Client pays 30% of income)
- 2x Rent Security Deposit Assistance (through HIP)
- Furniture Essentials Assistance (through HIP)
  *Forms can be found:
  Teams>DHS ICMS FORMS>HACOLA

➢ *Contact Information*
Phone: (626) 586-1585 | Email: HIP@lacda.org

- Annual Recertifications/Inspections for program retention
- LACDA Case Worker for each client



HOMELESS INCENTIVE PROGRAM
ASSISTANCE REQUEST INFORMATIONAL
The purpose of this document is to assist eligible HIP voucher holders with requesting HIP assistance.

Requested Assistance **	How to Request Assistance	Documents Required	Submit Request To	Contact Information	I Submitted My Request, what do I do now?
Listing of available units	Send request in writing to HIP by email, walk into our office and make request, or call HIP line.	N/A	HIP	Email: HIP@LACDA.ORG or Call: (626) 586-1585 Leave message with tenant ID number, name, and contact number	Email HIP at HIP@LACDA.ORG or call (626) 586-1585.
Transportation	Send request in writing to HIP by email, fax, or bring written request to our office.	Written request with date of viewing, unit address and contact information of person showing unit **2-3 business days prior to appointment. Appointments on Fridays are approved on a case by case basis.**	HIP	Email: HIP@LACDA.ORG Fax: (626) 943-3805	Email HIP at HIP@LACDA.ORG or call (626) 586-1585.
Rental Application Fee	Both you and Owner/Property Manager complete Rental Application Fee form.	Application Fee Form	HIP	Email: HIP@LACDA.ORG Fax: (626) 943-3805	First, if owner submitted request follow up with owner to confirm that it was submitted to HIP. Contact HIP at HIP@LACDA.ORG or at (626) 586-1585.
Utility Deposit	Send request in writing to case manager processing Request for Tenancy Approval (RTA Long Form) by email, fax, or bring written request to our office.	Written request and ALL pages of utility bill. **DO NOT SUBMIT REQUEST UNTIL YOU RECEIVE BILL BILL MUST HAVE CORRECT NAME AND MAILING ADDRESS.**	LACDA Case Manager	Contact Assigned Case Manager	First, contact assigned case manager to confirm request was submitted to HIP. Next, email HIP at HIP@LACDA.ORG or call (626) 586-1585.
Security Deposit and/or Furniture Request/Incentive Request on Behalf of Owner*	Send request in writing to case manager processing Request for Tenancy Approval (RTA Long Form) by email, fax, or bring written request to our office.	Written request. Request must have your tenant identification number, name, date, and what you are requesting. **APPROVED FURNISHINGS ARE, STOVES AND REFRIGERATORS ONLY.**	LACDA Case Manager	Contact Assigned Case Manager	First, contact assigned case manager to confirm request was submitted to HIP. Next, contact HIP at HIP@LACDA.ORG or at (626) 586-1585. Both you, and the owner/property manager will receive written notification that the payment has been made.

*Reserve Vacates Ineligible
** Assistance provided subject to change

Program Requirements

- LACDA- TBV- D7 clients must be housed within City of Los Angeles.
  *Form can be found:
  Teams>DHS ICMS FORMS>HACOLA

HOUSING AUTHORITY OF THE COUNTY OF LOS ANGELES
AREAS SERVED
The Housing Authority serves the unincorporated areas of Los Angeles County (areas that are not part of a city) and 62 incorporated cities. Renters with a Section 8 Voucher may look for housing within the eligible areas below. Please note: **VASH vouchers may also be used in the Cities of Los Angeles, Pasadena, Inglewood, Baldwin Park, Norwalk, Burbank, Redondo Beach, and Long Beach jurisdictions.**

REGION (Cities/Unincorporated Areas)
CENTRAL REGION
Alhambra
Arcadia
Arcadia (UI)
Artesia
Athens (UI)
Azusa
Azusa (UI)
Baldwin Hills (UI)
Bassett (UI)
Bell
Bell Gardens
Bellflower
Carson
Carson (UI)
Cerritos
Charter Oak (UI)
City Terrace (UI)
Claremont
Claremont (UI)
City of Commerce
Compton (UI)
Covina
Cudahy
Diamond Bar
Downey
Duarte
East Los Angeles (UI)
El Monte
Florence (UI)
Gardena
Glendora
Glendora (UI)
Hacienda Heights (UI)
Hawthorne (UI)
Huntington Park
Irwindale
La Habra Heights
La Mirada
La Puente
La Verne
La Verne (UI)
Ladera Heights (UI)
Lakewood
Lawndale
Lawndale (UI)
Lennox (UI)
Lynwood
Los Angeles (UI)
Maywood
Montebello

REGION (Cities/Unincorporated Areas)
Monterey Park
Paramount
Rancho Dominguez (UI)
Rosemead
Rowland Heights (UI)
San Dimas
San Gabriel
San Gabriel (UI)
Santa Fe Springs
Sierra Madre
Temple City
Torrance (UI)
Valinda (UI)
Walnut
West Covina
West Covina (UI)
Whittier
Whittier (UI)
Willowbrook (UI)
Windsor Hills/View Park (UI)
COASTAL REGION
Agoura Hills
Agoura (UI)
Avalon (Catalina Island)
Catalina Island (UI)
Cornell (UI)
El Nido (UI)
El Segundo
Hermosa Beach
Lomita
Los Angeles (UI)
Malibu
Malibu Bowl (Malibu)
Malibu Lake (UI)
Manhattan Beach
El Porto (Manhattan Beach)
Marina Del Rey (UI)
Miraleste (UI)
Rancho Palos Verdes
Rolling Hills
Rolling Hills (UI)
Rolling Hills Estates
Signal Hill
Topanga (UI)
VALLEY REGION
Altadena (UI)
Beverly Hills
Bouquet Canyon (UI)
Calabasas
Calabasas Park (Calabasas)
Calabasas Highlands (UI)

REGION (Cities/Unincorporated Areas)
Castaic (UI)
Fernwood (UI)
Forest Park (UI)
Glenview (UI)
La Canada Flintridge
La Crescenta (UI)
Lang (UI)
Los Angeles (UI)
Mint Canyon (UI)
Monte Nido (UI)
Montrose (UI)
San Fernando
San Marino
Santa Clarita
Canyon Country (Santa Clarita)
Newhall (Santa Clarita)
Saugus (Santa Clarita)
Stevenson Ranch (Santa Clarita)
Valencia (Santa Clarita)
South Pasadena
Sulpher Springs (UI)
Universal City (UI)
Val Verde (UI)
West Hollywood
Westlake Village
NORTH COUNTY REGION
Acton (UI)
Antelope Acres (UI)
Agua Dulce (UI)
Elizabeth Lake (UI)
Green Valley (UI)
Lake Hughes (UI)
Lake Los Angeles (UI)
Lancaster
Leona Valley (UI)
Little Rock (UI)
Llano (UI)
Los Angeles (UI)
Palmdale
Palmdale (UI)
Pearblossom (UI)
Pinetree (UI)
Quartz Hill (UI)
Soledad (UI)
Valyermo (UI)
Vasquez Rocks (UI)
Wilsona Gardens (UI)

AH-Areas Served (Revised 02-14-2018)
*** Owners with available units in the Cities of Los Angeles, Pasadena, Inglewood, Baldwin Park, Norwalk, Burbank, Redondo Beach, Long Beach, and HACoLA's regular jurisdictions may also participate in the Landlord HIP.**

Application

- An up-to-date housing application will be received upon referral. Application instructions will be found on the first page of the packet
- All LACDA issuance appointments will require in-person submission with your client at the LACDA office for an Application Interview
- Once the eligibility process is complete, you and the applicant will be scheduled for a voucher briefing/issuance session and receive the voucher and RTA
- If a voucher is near expiration, request a "request for voucher extension" from LACDA Case Worker
  *Form can be found:
  Teams>DHS ICMS FORMS>HACOLA

HOUSING ASSISTANCE DIVISION
SITE: ANTELOPE VALLEY OFFICE - 2323 E. Palmdale Blvd, Suite B Palmdale, CA 93550 Tel: 661-575-1511

REQUEST FOR VOUCHER EXTENSION

Submit this form if you are a Los Angeles County VOUCHER holder, and you wish to extend the time on your voucher.

Name of Head of Household: _____ ID #: _____
Current Address: _____
Home Phone Number: _____ Message/ Cell Number: _____
Voucher Expiration Date: _____

Please check the reason you have been unable to locate a unit during the term of the voucher (check all that apply):

- ☐ Finding suitable housing for family size
- ☐ Locating a unit affordable for your family
- ☐ Finding vacant units in the areas you wish to live
  Please indicate the areas/cities you looked in:
- ☐ Locating landlords and property owners willing to accept Section 8 vouchers
- ☐ Credit problems/evictions
- ☐ Transportation to view potential units and meet with landlords
- ☐ Lack of money to pay for credit checks
- ☐ Lack of move-in money (deposit and first month rent)
- ☐ Health issues
- ☐ Other:

Signature of Head of Household: _____ Date: _____

LACDA – Main Office	LACDA – Antelope Valley Office
P.O. Box 1503	2323 E. Palmdale Blvd. Ste B
Alhambra, CA 91802	Palmdale, CA 93550
Fax: 626.943.3850	Fax: 661.266.1874

Request for Voucher Extension (Revised 05-16-2019)
LF-1170

Request For Tenancy Approval (RTA)

- RTA must be submitted prior to the voucher expiration date
- When a Request for Tenancy Approval (RTA) is received by LACDA office, the time on the voucher stops
- The RTA must be filled out completely and signed by the owner and the participant- no blanks
- The Unit must be ready for inspection within 14 days after the RTA was submitted

Reasonable Accomodation

- The Reasonable Accommodation requirement helps to insure equal participation in the program by people with disabilities. Changes in policies or procedures are referred to as "reasonable accommodation."
- Clients can request a reasonable accommodation at any time. Please complete the Reasonable Accommodation Form with your client and send it to LACDA's Case Worker. You must fill in all information on the form as LACDA may have to verify that the client has a disability and that the request is necessary to remove any potential barriers to housing.

*Form can be found:
Teams>DHS ICMS FORMS>HACOLA

LOS ANGELES COUNTY DEVELOPMENT AUTHORITY
700 W. Main Street • Alhambra, CA 91801

Tenant ID:

REQUEST FOR REASONABLE ACCOMMODATION

INSTRUCTIONS: The REQUESTOR completes and signs Section I. A qualified professional who has knowledge of the disability completes and signs Section II. The Los Angeles County Development Authority (LACDA) will review your request as soon as we receive this completed form.

SECTION I: REASONABLE ACCOMMODATION REQUEST

Name of Disabled Individual: | Address:

Last Four Digits of Social Security Number: XXX-XX- | Phone number:

Please describe the accommodation you are requesting:

CERTIFICATION

The person filling out this form is:
☐ The individual in need of an accommodation
☐ An authorized representative of the Disabled Individual in need of an accommodation

I certify that by signing below, the person in need of the accommodation is a person with disabilities under the following definition:
(1) An individual with a mental or physical impairment that limits one or more major life activities; or
(2) An individual who is regarded as having such an impairment; or
(3) An individual who has a record of such impairment.

Release of Information Authorization (completed by disabled individual or authorized representative)
I hereby authorize the release of information regarding the need for a reasonable accommodation. I understand that the information LACDA obtains will be kept confidential and used solely to determine if an accommodation should be provided.

Print Name | Signature | Date

SECTION II: STATEMENT OF KNOWLEDGEABLE PROFESSIONAL

The above individual has indicated you are a qualified professional who is knowledgeable about his/her disability. He/she has signed the release above, authorizing you to confirm his/her statement of disability and resulting need for the reasonable accommodation stated above. Please take a moment to complete this portion of the form. You may use the back if necessary. Since you may be called for to confirm the necessity of this request, please keep a record of this form on file.
Once complete, mail back to:

Los Angeles County Development Authority
700 W. Main Street
Alhambra, CA 91801

1. Is the accommodation requested necessary for the requestor to enjoy the use of their home or common grounds and/or have meaningful access to housing programs? (Please be specific):
2. Without disclosing confidential medical information or diagnoses, please explain the connection between the individual's disability and the requested accommodation:
3. Is there an alternative accommodation that would be as effective as the requested accommodation in removing any barriers to the requestor's housing?
4. If the disability is temporary in nature, please provide an estimated date you expect the disability to end: _____

I certify that the individual in need of the above stated accommodation is a disabled individual who at minimum meets the definition of disability listed below:
(1) An individual with a mental or physical impairment that limits one or more major life activities; or
(2) An individual who is regarded as having such an impairment; or
(3) An individual who has a record of such impairment.

By signing below, I certify that the foregoing information is true and correct to the best of my knowledge.
Warning: Any person who signs this statement and who willingly states as true, any matter which he/she knows to be false, is subject to the penalties prescribed for perjury in Section 118 of the California Penal Code and Section 11104 of the Welfare and Institutions Code.

Print Name and Title | Signature | Date

Street Address | City, State, and Zip | Phone/Contact number

HA-56 Request (Revised 05-16-2019)

Recertification

- All LACDA clients are recertified on an annual basis via a Recertification Packet they will receive in the mail.
- The Recertification Packet requires multiple ICMS signatures
- The Recertification Packet also requires updates on the client's income, which ICMS should assist the client in acquiring
- Once the Recertification Packet is complete, mail the package back into HACLA before the stated due date

Portability

How do I request to use portability?
If clients are eligible for portability and would like to move to another jurisdiction, you must submit a written request to transfer. You can use the "Request to Transfer form", or write your own letter, as long as it includes information for the housing authority in the area where your client wishes to move). To obtain a form contact your clients LACDA Case Worker.

- *Contact Information for questions and inquires*
  Phone: (626) 586-1660 / Email: Portability@lacda.org

Case Management
HACLA

Introduction
- The Housing Authority of the City of Los Angeles (HACLA) administers multiple Section 8 housing subsidies throughout the incorporated areas of Los Angeles

Programs
- Tenant Based Supportive Housing (TBSH) - (DHS funded)
- Continuum of Care (CoC) Bonus - (DMH/DHS funded)
- Mainstream Voucher Program (MVP) - (DMH funded)

Price Range
- Studio: Up to $1279
- 1 Bedroom: Up to $1668
- 2 Bedroom: Up to $2151

Program Features
- Ongoing Rental Assistance (Client pays 30% of income)
- 2x Rent Security Deposit Assistance (through HIP)
- Furniture Essentials Assistance (through HIP)
- Annual Recertifications/Inspections for program retention
- HACLA Case Worker for each client

Program Requirements
- TBSH clients must be housed within City of Los Angeles
- MVP clients must be housed within City of Los Angeles
- CoC Bonus clients can be housed in City of Los Angeles AND County of Los Angeles

Case Management
HACLA

Application

- HACLA applications are typically the most intensive application process out of all the subsidies, and each HACLA program has a different process. Thus, specific instructions on completing the application is best obtained from your Program Manager and/or Lead ICMS.
- All HACLA applications will require in-person submission with your client at the HACLA office for an Application Interview
- After the HACLA application is approved, you and your client will attend a Voucher Issuance at the HACLA office to receive the voucher and the RFTA Packet (ICMS can offer to hold client RFTA during housing search if desired)

Recertification

- All HACLA clients are recertified on an annual basis via a Recertification Packet they will receive in the mail.
- The Recertification Packet requires multiple ICMS signatures
- The Recertification Packet also requires updates on the client's income, which ICMS should assist the client in acquiring
- Once the Recertification Packet is complete, mail the package back into HACLA before the stated due date

HOUSING AUTHORITY OF THE CITY OF LOS ANGELES
SECTION 8 SPECIAL PROGRAM OPERATIONS
Mainstream Voucher Program

MVP

APPLICATION COVERSHEET AND CHECKLIST

The following forms are required for every applicant under the **Mainstream Voucher Program**. In order for the Housing Authority to expedite the process of reviewing and approving your referrals, please fill in all the forms thoroughly. Place a check mark next to the document included in this application packet and stack forms in the following order:

Application Coversheet and Checklist Transmittal Form

1. ☒ Transmittal Form **(Received at time of referral)**
2. ☐ Application Coversheet/Checklist
3. ☐ CES / HFSS / TAY / Other Referral Form
4. ☒ RE – 73 For Each Adult **(Received at time of referral)**
5. ☐ SPO Application ☐ Authorization For Release of Information ☐ HUD – 9886 Authorization for Release of Information / Privacy Act Notice ☐ HUD – 92006 Supplement to Application for Federally Assisted Housing ☒ PHA Authorization to Release Information ☐ HUD – 52675 Debts Owed to Public Housing Agencies and Terminations ☐ NC – 100 Declaration of Citizenship / Eligible Immigration Status ☐ NC – 101 Consent Form To Verify Immigration Status with USCIS
6. ☐ Third Party Verification of Homeless Status Form (Form ID 1444)
7. ☐ Observation of Homeless Status Form (Form ID 2199)
8. ☐ Certification of Disability (Special Programs Dis.-1)
9. ☐ HAPP – 13 For Each Adult
10. ☐ RE – DPSS
11. ☐ ANC – CW – 1 (And confirmation email if sent to DPSS)
12. ☐ NCLA/NC – 12 Applicant Agreement to Live in the City of Los Angeles
13. ☐ ANC – 19 Certified Statement (Income and Assets List)
14. ☐ S504 – 2 Reasonable Accommodation Questionnaire
15. ☐ HUD – 1141 – OIG Things You Should Know
16. ☐ HAPP – 149 Section 8 Family Obligations
17. ☐ LEP – 02 Limited English Proficiency Notice

Provide the following documents for ALL that apply for each family member. All verification letters must be dated within 60-days of the voucher issuance. To ensure this, all verifications submitted at time of interview must be dated within 30-days of interview date.

☐ **Employment:** Two most recent and consecutive check stubs
☐ **AFDC/Cal Works and/or General Relief/CAPI/Cal-Fresh:** Current Notice of Action / Verification of Benefits
☐ **Social Security/Supplemental Security Income:** Current Award Letter
☐ **Pension/Annuity:** Current Award Letter
☐ **Unemployment/State Disability Insurance:** Current Award Letter Most recent and consecutive check stubs
☐ **Child Support:** Payment History Chart / Most recent and consecutive check stubs
☐ **Adoption/Foster Care/Kin-Gap:** Assistance Payment Letter
☐ **Self Employed/Own Business:** All pages of most recent year Tax Returns W-2s & 1099s
☐ **Bank Accounts -** Most recent bank statement for all accounts (All Pages)
☐ **Life Insurance -** All pages of each policy

Identification Documents

☐ **Valid Government Issued Identification (All Adults 18 & over)**
☐ **Permanent Residence Card (If Applicable)**
☐ **Social Security Card (All House Hold Members)**
☐ **Birth Certificates (All Minors)**

HACLA makes Reasonable Accommodations for Persons with Disabilities TDDs for the Hearing Impaired (213) 252-1639

Case Management
HACLA

Lease Up Process

- Identify suitable unit, ensuring property management is willing to work with HACLA
- Apply for unit
- Once client accepted, the property management and the client must complete all sections of the Request for Tenancy Approval (RFTA) Packet (received at Voucher Issuance)
- Once RFTA Packet is completed, packet must be submitted in-person to the HACLA office in order to be approved by an Eligibility Worker
- Once RFTA Packet is approved, the Eligibility Worker will schedule an Inspector view the unit
- Once unit has passed Inspection, HACLA case worker and property management will commence rent negotiation process
- Once HACLA case worker and property management have agreed upon the rent, then you can schedule a lease signing / move-in date for the client
- Accompany client for lease signing (ensuring that client brings rent portion, if needed) and immediately send a copy of the signed lease to HACLA case worker in order for payment to be processed by HACLA
- Assist client with attaining furniture through HACLA's HIP program (explained in *Move-In Assistance*)
- Immediately report any income changes to HACLA worker in order to adjust rent portion appropriately

Case Management

Housing Navigation

Introduction

Housing Navigation can is one of the most important (and most intensive) services we provide to our clients. Housing Navigation is the process by which you assist your client in identifying and securing housing. Below are guidelines for effective Housing Navigation at each step in the process.

Understand Client Needs/Preferences

To ensure housing search is effective, start with a conversation with your client to establish the following...

- Your client's preferred geographic area
- Your client's preferred type of unit (Studio, 1 BR, etc..)
- Your client's required amenities (first floor, A/C, pet-friendly, etc..)

Setting Accurate Expectations

To ensure a positive working relationship with client during housing search, set the following expectations on the housing search...

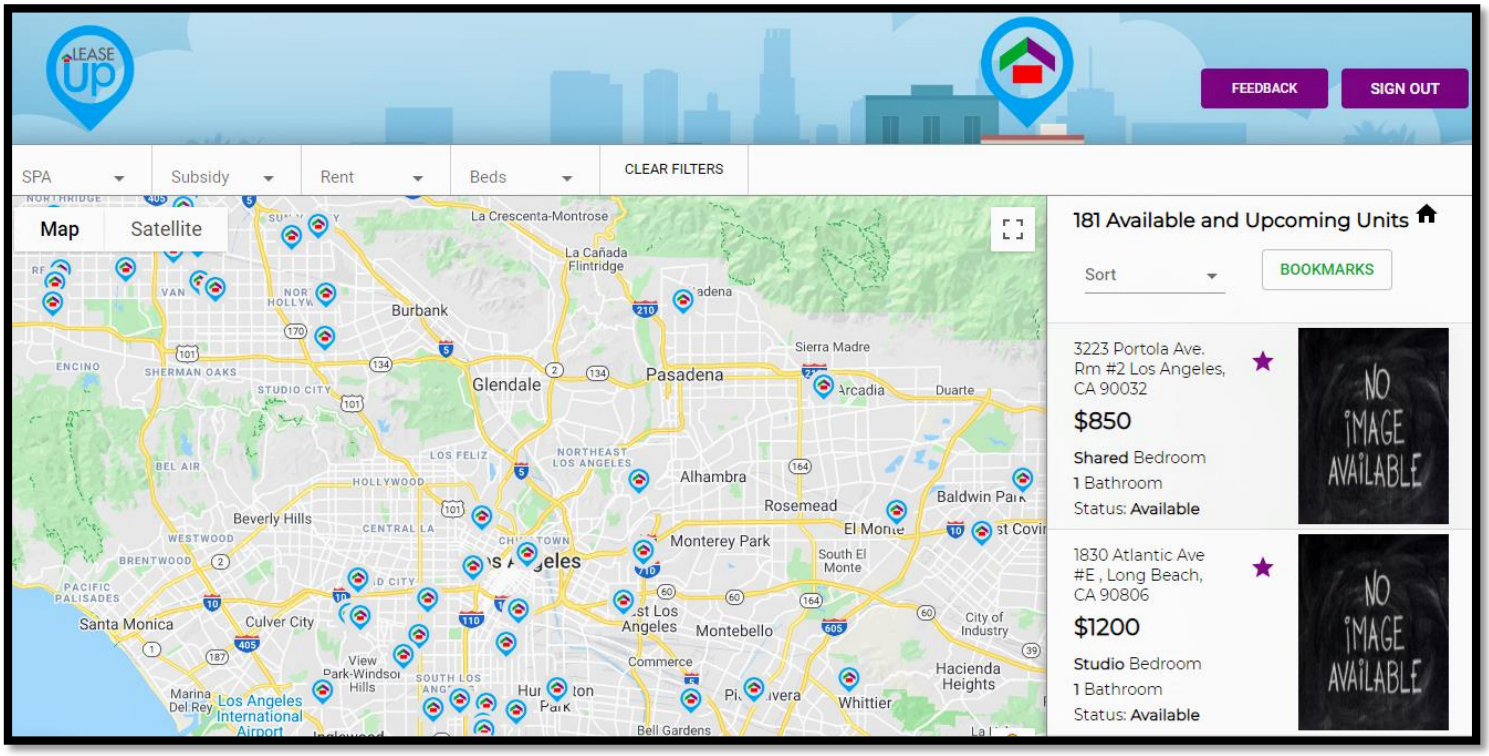
- The search is a **collaboration** between the client and the case manager. The client is expected to engage in the process and provide listings alongside the case manager.
- The housing market in Los Angeles County is extremely limited, especially for those utilizing housing subsidies. Patience with the process and openness to each potential unit is vital.
- Most housing subsidies have an expiration date, therefore always keep your expiration date in mind when searching.
- If any client is not engaging in the housing process please talk to your manager.

Case Management
Housing Navigation

Searching for Units

To ensure that you and your client are able to find as many units as possible, utilize the following resources while searching...

- **Online Housing Search Engines**
  - LeaseUp by PATH (pictured below)
  - GoSection8.com
  - Apartments.com
  - Zillow.com
- **Coworkers** (ask about leads)
- **Landlords of Housed Clients** (ask about availabilities)
- **Client Connections** (ask if client has any connections to apartments or any family/friends willing to assist with search)



Case Management

Housing Navigation

Participating in Unit Viewings

To ensure that your client is able to successfully participate in a unit viewing, consider the following tips...

- Before scheduling, make sure the property management is willing to work with client subsidy and that the rent amount matches subsidy
- Coordinate transportation with client to unit viewing
- Prepare your client for the unit viewing by coaching them on questions to ask and proper etiquette
- Request an application at end of viewing if client expresses approval

Submitting a Rental Application

To ensure your client successfully submits an application with as high of a chance of getting accepted as possible, consider the follow tips...

- Always be prepared to complete and fill out rental application immediately following unit viewing
- Inquire about application fees beforehand in order to have funds prepared. If client cannot pay, check with program manager regarding petty cash
- Always have necessary documentation ready to supplement application
    - Copy of client's ID and Social Security Card
    - Copy of client's Housing Subsidy (voucher)
    - Copy of client's up to date Proof of Income
    - Copy of client's most recent Bank Statements (if requested)
    - Letter of Advocacy on Step Up on Second letterhead
- When filling out application, be mindful of presenting information in a way that strengthens client's case
- After submitting complete application, follow up with property management in proceeding days to obtain updates

Case Management

Move In Assistance

3 primary areas of
Move-In Assistance

Furniture | Security Deposit | Utility Deposit

Each Housing Subsidy has a different process for attaining Move-In Assistance...

FHSP

Request assistance via the Move-In Assistance Form, submitted to fhspmovein@brilliantcorners.org

- Furniture:
  - *Request Furniture on request form, fill out and submit accompanying CORT Furniture Order*
- Security Deposit:
  - *FHSP pays for security deposit, just be sure to include security deposit amount in Unit ID Packet*
- Utility Deposit:
  - *Request Utility Assistance on request form, submit with itemized utility bill*

RAD

- Furniture:
  - *Welcome Home Kit* available through Check Request per Program Manager approval
  - *CORT Furniture Order* available through CES Flex Funds, per funds availability
- Security Deposit:
  - Covered by RAD Program, include amount in Unit ID Packet
- Utility Deposit:
  - Assistance available through CES Flex Funds, per funding availability

Case Management

Move In Assistance

3 primary areas of
Move-In Assistance

Furniture | Security Deposit | Utility Deposit

Each Housing Subsidy has a different process for attaining Move-In Assistance...

LACDA (HIP)

Upon Lease Signing contact hip@lacda.org to confirm that client qualifies for HIP assistance

- Furniture:
  - *None available through HIP, seek furniture through Flex Funds Request, per funding availability*
- Security Deposit:
  - *Submit written request for Security Deposit assistance with RTA packet to LACDA case manager*
- Utility Deposit:
  - *Submit written request for Utility Deposit assistance and itemized utility bill with RTA Packet to LACDA case manager*

HACLA (HIP)

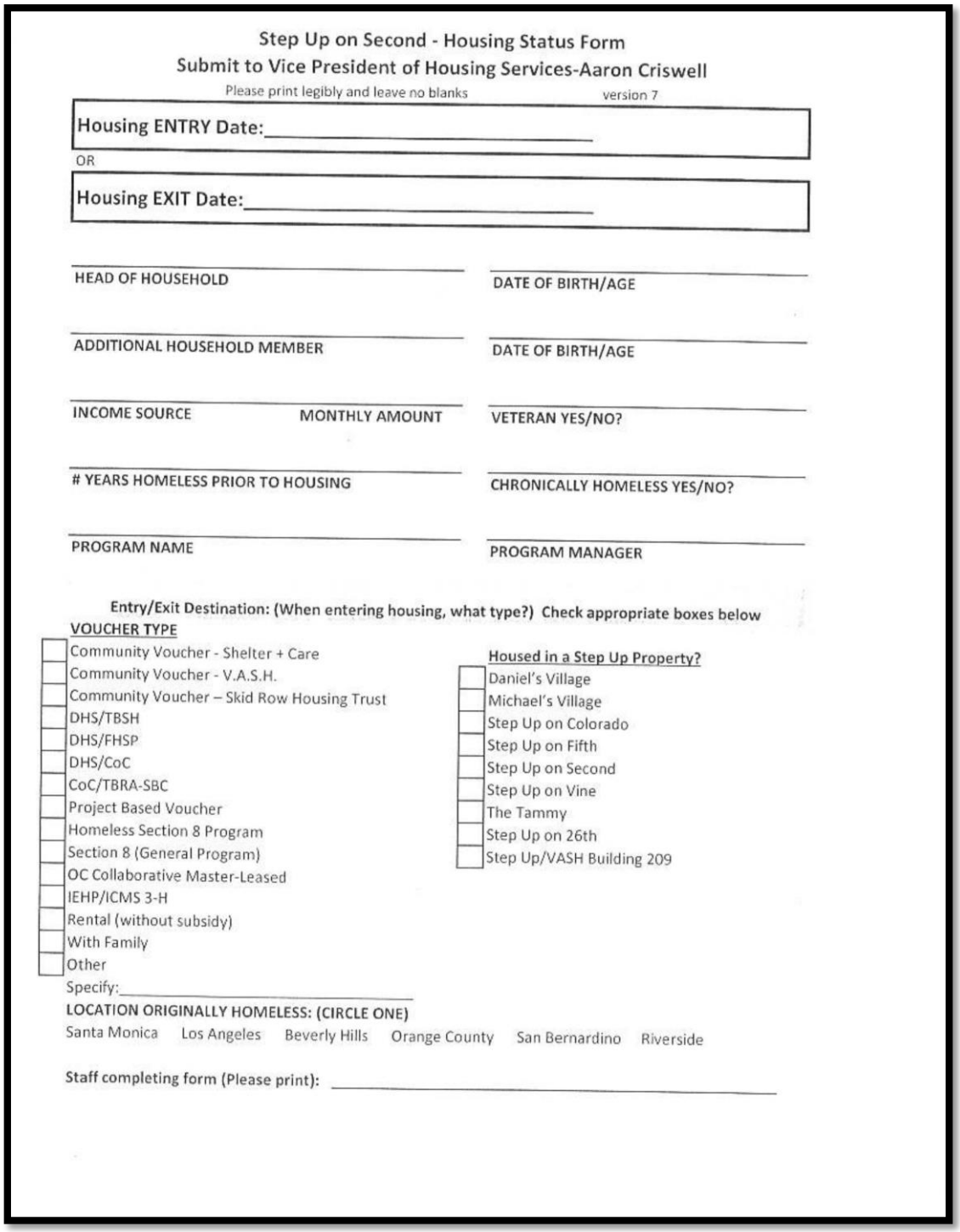
Upon Lease Signing, contact hip@hacla.org to confirm that client qualifies for HIP assistance

- Furniture:
  - *Fill out HIP (NuWave) Furniture Order and submit to hip@hacla.org (limit $1000)*
- Security Deposit:
  - *Once RFTA submitted, request for Security Deposit assistance, then HIP will generate a Promissory Note for property manager*
- Utility Deposit:
  - *Submit HIP Utility Deposit Request form to hip@hacla.org*

Case Management

Housing Status Update

Complete the Housing Status Update form whenever a client moves in or moves out of permanent housing. Submit to your Program Manager.



Step Up on Second - Housing Status Form
Submit to Vice President of Housing Services-Aaron Criswell
Please print legibly and leave no blanks version 7

Housing ENTRY Date:_____
OR
Housing EXIT Date:_____

HEAD OF HOUSEHOLD _____ DATE OF BIRTH/AGE _____

ADDITIONAL HOUSEHOLD MEMBER _____ DATE OF BIRTH/AGE _____

INCOME SOURCE _____ MONTHLY AMOUNT _____ VETERAN YES/NO? _____

YEARS HOMELESS PRIOR TO HOUSING _____ CHRONICALLY HOMELESS YES/NO? _____

PROGRAM NAME _____ PROGRAM MANAGER _____

Entry/Exit Destination: (When entering housing, what type?) Check appropriate boxes below

VOUCHER TYPE

- ☐ Community Voucher - Shelter + Care
- ☐ Community Voucher - V.A.S.H.
- ☐ Community Voucher – Skid Row Housing Trust
- ☐ DHS/TBSH
- ☐ DHS/FHSP
- ☐ DHS/CoC
- ☐ CoC/TBRA-SBC
- ☐ Project Based Voucher
- ☐ Homeless Section 8 Program
- ☐ Section 8 (General Program)
- ☐ OC Collaborative Master-Leased
- ☐ IEHP/ICMS 3-H
- ☐ Rental (without subsidy)
- ☐ With Family
- ☐ Other

Specify:_____

Housed in a Step Up Property?

- ☐ Daniel's Village
- ☐ Michael's Village
- ☐ Step Up on Colorado
- ☐ Step Up on Fifth
- ☐ Step Up on Second
- ☐ Step Up on Vine
- ☐ The Tammy
- ☐ Step Up on 26th
- ☐ Step Up/VASH Building 209

LOCATION ORIGINALLY HOMELESS: (CIRCLE ONE)
Santa Monica Los Angeles Beverly Hills Orange County San Bernardino Riverside

Staff completing form (Please print): _____

Housing Retention

Overview

Importance of Housing Retention

Housing retention is an essential function of ICMS role. Many ICMS workers will tell you, this is where the real work begins. At this step it crucial to begin implementing a member's individual service plan. You must ensure that you are doing WHATEVER IT TAKES to enrich and maintain the member in their permanent housing. In this section several service components will detail medical accompaniments, mental health linkage, financial education, transportation resources, and tenant rights and responsibilities.

Ensuring Client Needs

Once the member has been housed, you must focus on the basics i.e. ensure move-in items such as basic furniture, appliances (when possible), and pots/pans. It's best practice to ensure the electricity/gas is turned on prior to move-in date and when possible, linking the member with utility assistance. If the member struggles with food insecurity, connect them with ongoing food access such as food banks or other services that provide meals to low income households.

Medical accompaniments help clients to make their appointments with health, mental health and other care providers assist clients with maintaining medication and treatment regimens. Increasing income and managing income are vital to a member's success in our program. Programs such as CBEST provide targeted advocacy to assist individuals in obtaining sustainable income through programs such as Social Security Income (SSI) or Social Security Disability Insurance (SSDI).

SUOS also offers vocational training programs and job specialist that assist members in job training and employment. When a member has income it is important to assist with budgeting and money management such as helping with household budgeting, arranging for representative payees for clients who require assistance or are at-risk for non-payment of rent.

Housing Retention

Utility Assistance

Most clients will be required to pay select utilities for their units, and supporting clients in managing these expenses is a crucial piece of housing retention.

ELECTRICITY

Providers:

- Los Angeles Department of Water & Power (DWP)
- SoCal Edison (SCE)

Low-Income Programs:

- DWP: Request LIDR application via phone, complete with income verification and mail to DWP
- SCE: Complete CARE application online or phone

GAS

Provider:

- Southern California Gas (SCG)

Low-Income Programs:

- SCG: Complete CARE application online or via phone, with proof of public assistance

Low-Income Home Energy Assistance Program (LIHEAP)

Provides utility credits for individuals facing shutoffs

Utitlize the California Department of Services & Development website or phone number 866-675-6623 to determine nearest field office and complete application. Typically a 2-3 month process.

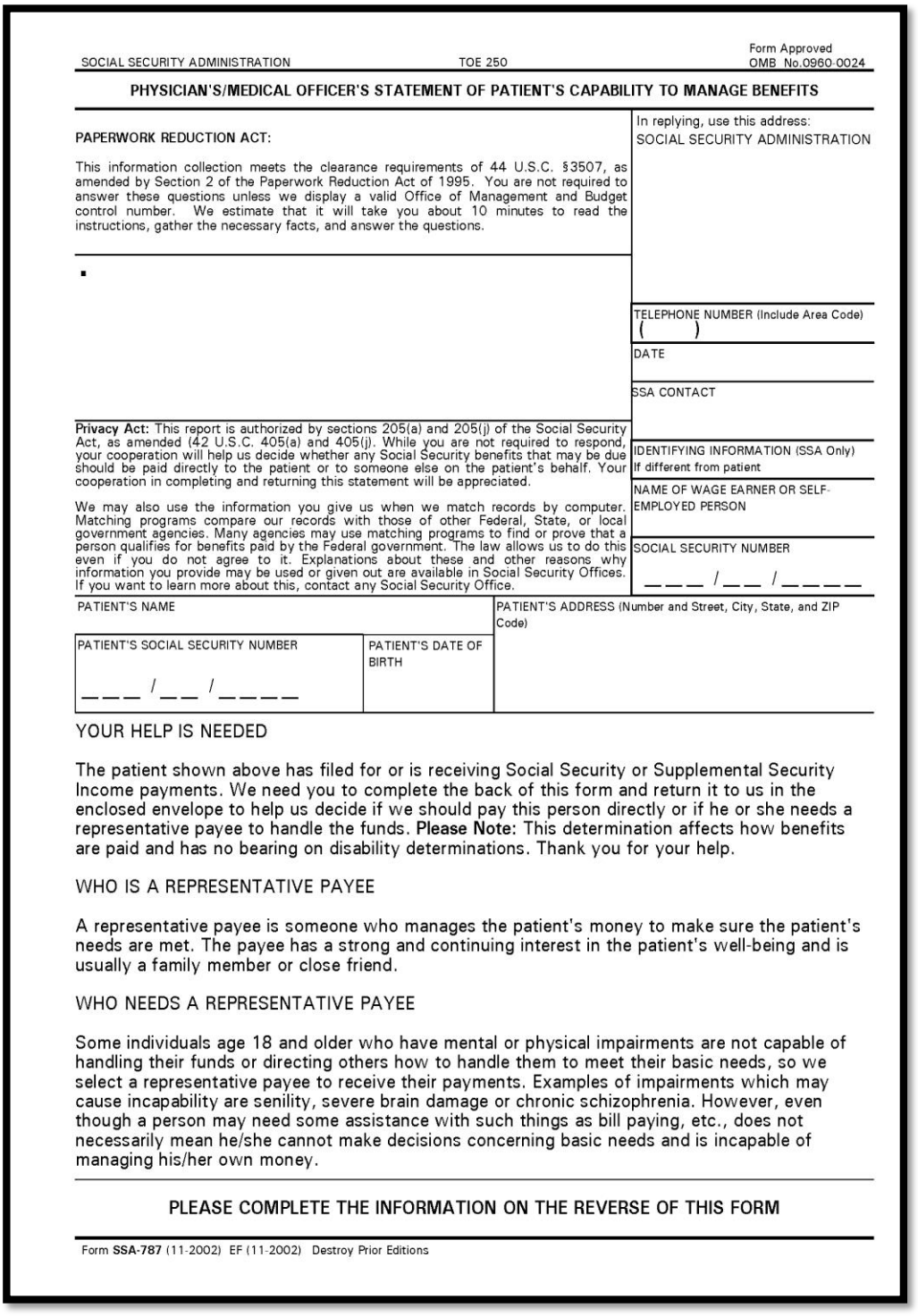
Housing Retention

Money Management

Referring members to money management is a useful resource to utilize when members are struggling with managing finances. There is a specific criteria needed for a member to qualify for money management.

1. Email Melissa Meza (mmeza@stepup) to arrange intake & enrollment.

2. Once that step is complete, accompany member to primary care physician to complete SSA-787 form and submit to Melissa.



SOCIAL SECURITY ADMINISTRATION TOE 250 Form Approved OMB No.0960-0024

PHYSICIAN'S/MEDICAL OFFICER'S STATEMENT OF PATIENT'S CAPABILITY TO MANAGE BENEFITS

PAPERWORK REDUCTION ACT:

This information collection meets the clearance requirements of 44 U.S.C. §3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 10 minutes to read the instructions, gather the necessary facts, and answer the questions.

In replying, use this address:
SOCIAL SECURITY ADMINISTRATION

TELEPHONE NUMBER (Include Area Code)
( )

DATE

SSA CONTACT

Privacy Act: This report is authorized by sections 205(a) and 205(j) of the Social Security Act, as amended (42 U.S.C. 405(a) and 405(j). While you are not required to respond, your cooperation will help us decide whether any Social Security benefits that may be due should be paid directly to the patient or to someone else on the patient's behalf. Your cooperation in completing and returning this statement will be appreciated.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide may be used or given out are available in Social Security Offices. If you want to learn more about this, contact any Social Security Office.

IDENTIFYING INFORMATION (SSA Only)
If different from patient

NAME OF WAGE EARNER OR SELF-EMPLOYED PERSON

SOCIAL SECURITY NUMBER
___ / __ / ____

PATIENT'S NAME

PATIENT'S ADDRESS (Number and Street, City, State, and ZIP Code)

PATIENT'S SOCIAL SECURITY NUMBER
___ / __ / ____

PATIENT'S DATE OF BIRTH

YOUR HELP IS NEEDED

The patient shown above has filed for or is receiving Social Security or Supplemental Security Income payments. We need you to complete the back of this form and return it to us in the enclosed envelope to help us decide if we should pay this person directly or if he or she needs a representative payee to handle the funds. **Please Note:** This determination affects how benefits are paid and has no bearing on disability determinations. Thank you for your help.

WHO IS A REPRESENTATIVE PAYEE

A representative payee is someone who manages the patient's money to make sure the patient's needs are met. The payee has a strong and continuing interest in the patient's well-being and is usually a family member or close friend.

WHO NEEDS A REPRESENTATIVE PAYEE

Some individuals age 18 and older who have mental or physical impairments are not capable of handling their funds or directing others how to handle them to meet their basic needs, so we select a representative payee to receive their payments. Examples of impairments which may cause incapability are senility, severe brain damage or chronic schizophrenia. However, even though a person may need some assistance with such things as bill paying, etc., does not necessarily mean he/she cannot make decisions concerning basic needs and is incapable of managing his/her own money.

PLEASE COMPLETE THE INFORMATION ON THE REVERSE OF THIS FORM

Form **SSA-787** (11-2002) EF (11-2002) Destroy Prior Editions

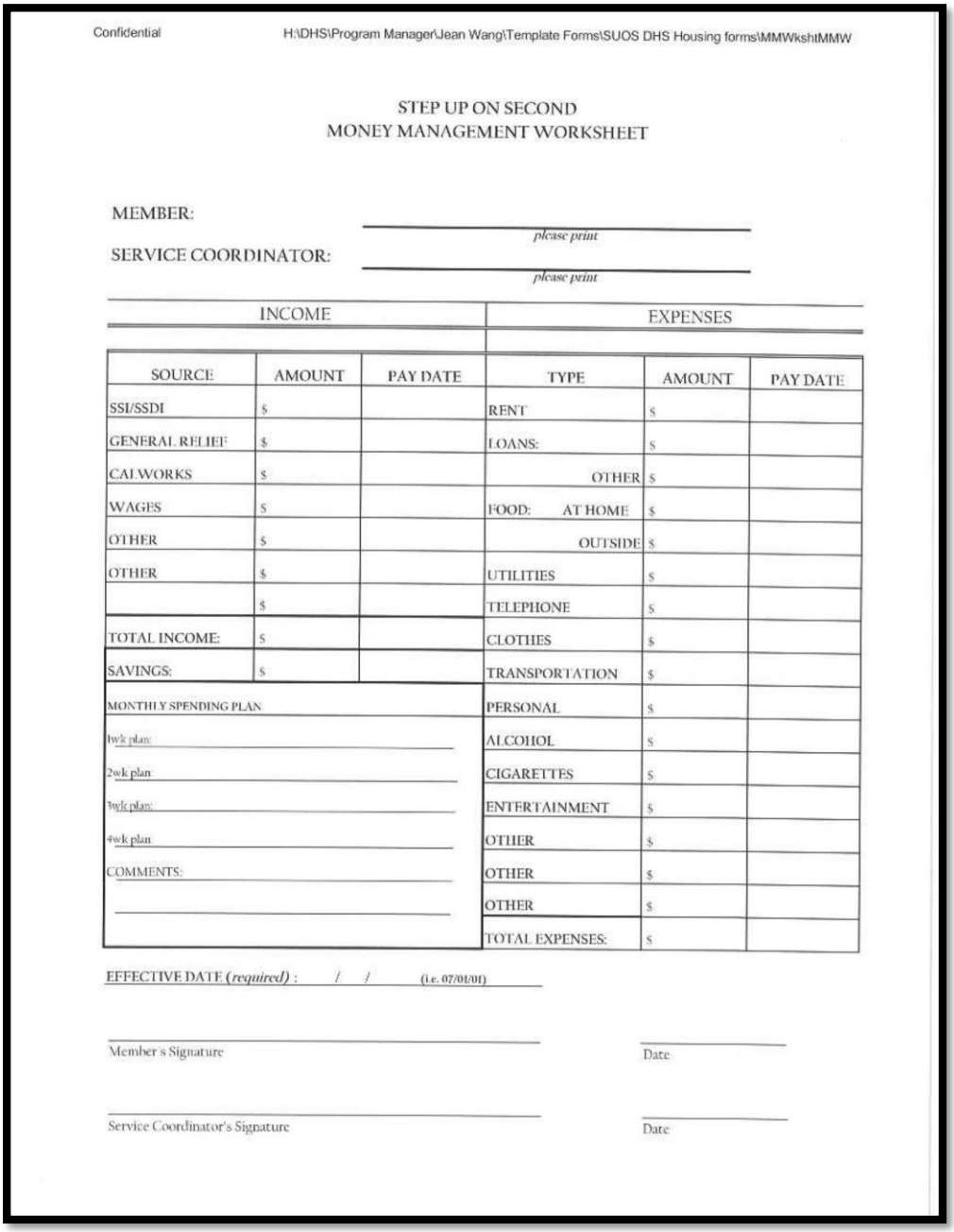
Housing Retention

Budget Planning

Assisting clients in effectively utilizing their financial resources is a major component of Housing Retention.

Part of your role as an ICMS is to complete these quarterly Budget Plans with clients.

Newly housed clients often experience difficulty adjusting to the financial pressures of paying and utility bills, so this tool is invaluable in setting your clients up for success with their housing retention.



Confidential H:\DHS\Program Manager\Jean Wang\Template Forms\SUOS DHS Housing forms\MMWkshtMMW

STEP UP ON SECOND
MONEY MANAGEMENT WORKSHEET

MEMBER: _____ *please print*

SERVICE COORDINATOR: _____ *please print*

INCOME			EXPENSES		
SOURCE	AMOUNT	PAY DATE	TYPE	AMOUNT	PAY DATE
SSI/SSDI	$		RENT	$	
GENERAL RELIEF	$		LOANS:	$	
CALWORKS	$		OTHER	$	
WAGES	$		FOOD: AT HOME	$	
OTHER	$		OUTSIDE	$	
OTHER	$		UTILITIES	$	
	$		TELEPHONE	$	
TOTAL INCOME:	$		CLOTHES	$	
SAVINGS:	$		TRANSPORTATION	$	
MONTHLY SPENDING PLAN:			PERSONAL	$	
1wk plan:			ALCOHOL	$	
2wk plan:			CIGARETTES	$	
3wk plan:			ENTERTAINMENT	$	
4wk plan:			OTHER	$	
COMMENTS:			OTHER	$	
			OTHER	$	
			TOTAL EXPENSES:	$	

EFFECTIVE DATE (*required*) : / / (i.e. 07/01/01)

Member's Signature _____ Date _____

Service Coordinator's Signature _____ Date _____

Housing Retention

Benefits Attainment

A key piece of housing retention is assisting clients in increasing their income via benefits attainment. This page will provide guidance for all the most utilized public benefits programs for our clients...

General Relief (GR)
Disbursed by Department of Public Social Services (DPSS)

Description: Provides financial assistance to indigent adults who are ineligible for federal or State programs. An average GR case consists of one person, living alone, with no income or resources.

Assistance: Monthly $221 cash benefits

Application: Online through DPSS Application

CalFresh (Food Stamps)
Disbursed by Department of Public Social Services (DPSS)

Description: CalFresh is a Nutrition Assistance Program that can help people in low-income households purchase food by increasing their food-buying power.

Assistance: Maximum $196 for individuals

Application: Online through DPSS Application

Social Supplemental Income/Disability Income (SSI/SSDI)
Disbursed by Social Security Administration (SSA)

Description: SSDI provides benefits to disabled or blind persons who are "insured" by workers' contributions to the Social Security trust fund. The SSI program makes cash assistance payments to aged, blind, and disabled persons (including children) who have limited income and resources.

Application: Refer to CBEST Service Provider for Benefits Advocacy

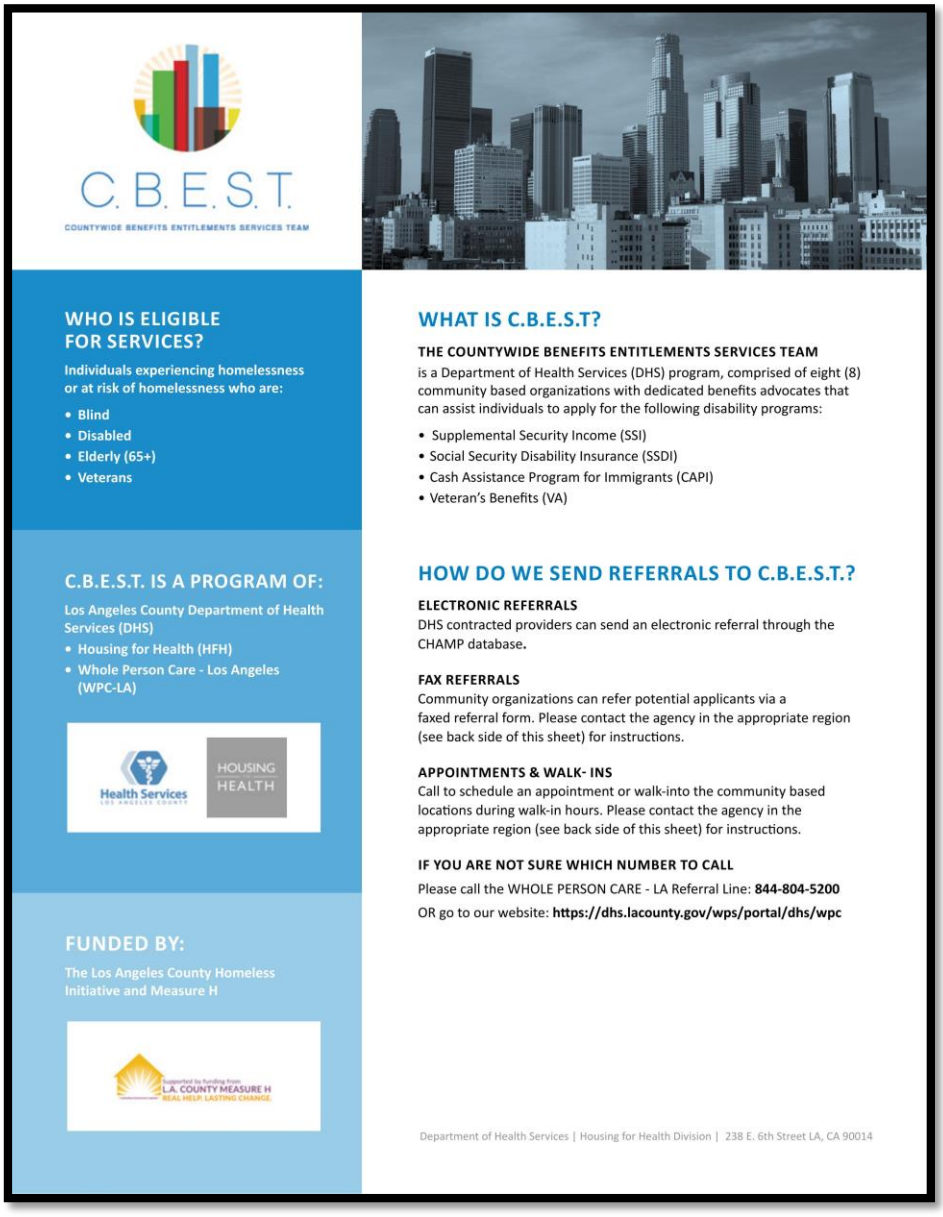
Housing Retention

CBEST

DHS has an entire program, titled CBEST designed for assisting our participants with applying for SSI/SSDI benefits.

When a client indicates interest in applying for SSI/SSDI (often generically referred to as "disability"), complete the CBEST Referral packet (found on Teams) and submit to your Program Manager.

Once enrolled, you will need to coordinate with your client's CBEST worker to cooperate with the SSI/SSDI application process via submitting paperwork and obtaining medical records as needed.



C.B.E.S.T.

COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM

WHO IS ELIGIBLE FOR SERVICES?

Individuals experiencing homelessness or at risk of homelessness who are:

- Blind
- Disabled
- Elderly (65+)
- Veterans

C.B.E.S.T. IS A PROGRAM OF:

Los Angeles County Department of Health Services (DHS)

- Housing for Health (HFH)
- Whole Person Care - Los Angeles (WPC-LA)

Health Services LOS ANGELES COUNTY | HOUSING HEALTH

FUNDED BY:

The Los Angeles County Homeless Initiative and Measure H

Supported by funding from LA COUNTY MEASURE H REAL HELP. LASTING CHANGE.

WHAT IS C.B.E.S.T?

THE COUNTYWIDE BENEFITS ENTITLEMENTS SERVICES TEAM is a Department of Health Services (DHS) program, comprised of eight (8) community based organizations with dedicated benefits advocates that can assist individuals to apply for the following disability programs:

- Supplemental Security Income (SSI)
- Social Security Disability Insurance (SSDI)
- Cash Assistance Program for Immigrants (CAPI)
- Veteran's Benefits (VA)

HOW DO WE SEND REFERRALS TO C.B.E.S.T.?

ELECTRONIC REFERRALS
DHS contracted providers can send an electronic referral through the CHAMP database.

FAX REFERRALS
Community organizations can refer potential applicants via a faxed referral form. Please contact the agency in the appropriate region (see back side of this sheet) for instructions.

APPOINTMENTS & WALK- INS
Call to schedule an appointment or walk-into the community based locations during walk-in hours. Please contact the agency in the appropriate region (see back side of this sheet) for instructions.

IF YOU ARE NOT SURE WHICH NUMBER TO CALL
Please call the WHOLE PERSON CARE - LA Referral Line: **844-804-5200**
OR go to our website: **https://dhs.lacounty.gov/wps/portal/dhs/wpc**

Department of Health Services | Housing for Health Division | 238 E. 6th Street LA, CA 90014

Case Management

MIA Protocol

What do you do when you lose contact with a client?
This will inevitably happen in ICMS and responding proactively is key to ensuring the client's safety and program participation. *If you have been unable to reach a client for more than week, take the following steps.*

INFORM YOUR PROGRAM MANAGER
- Communicate that you are having difficulties reaching the client and develop a strategic contact plan. Regularly update program manager on search status.

REACH OUT TO ALL INVOLVED PARTIES
- Utilize all possible ways of reaching the client. Phone calls, texts messages, emails, letters or any other means. Contact not only the client, but **all** involved parties. Clearly communicate the importance of client reaching you in order to maintain program participation.

CONDUCT A COMMUNITY SEARCH
- If a client is unhoused or frequents certain areas, conduct a community search for the client by driving around the community and scanning for client.

CHECK IF CLIENT IS INCARCERATED
- Utilize the Los Angeles Sheriff Department Inmate Search (app5.lasd.org/iic/ajis_search.cfm) to determine if client was possibly arrested.

CHECK IF CLIENT IS DECEASED
- Utilize the Los Angeles County Morgue Search (mec.lacounty.gov/) to determine if client passed away.

CHECK IF CLIENT IS HOSPITALIZED
- Utilize DHS Clinic Search (dhs.lacounty.gov/wps/portal/dhs/locations/search) and call surrounding facilities to determine if client is hospitalized.

DOCUMENT ALL CONTACT ATTEMPTS
- Ensure that **all** contact attempts are documented in case notes. In the case that the client is inactivated, showing due diligence to reach out will be crucial.

PROCESS INACTIVATION (if necessary)
- If client is MIA for 30 days and you have implemented all steps in due diligence, inform your program manager and consult for potential inactivation.

Housing Retention
Medical Accompaniments

Another crucial element of housing retention and of DHS' Housing for Health program is supporting participant health outcomes via conducting Medical Accompaniments...

What is a Medical Accompaniment?

A medical accompaniment is any instance in which you accompany a participant to a medical appointment for the purpose of providing support and advocacy for health goals

How often do I conduct Medical Accompaniments?

To determine the frequency of Medical Accompaniments for participants, our team utilizes the 5x5 Risk Stratification Tool (pictured to the right, found on Teams) to differentiate between medically High and Low acuity participants.

Participants who rate at 4 or above on multiple categories are High acuity and therefore require **quarterly medical accompaniments**

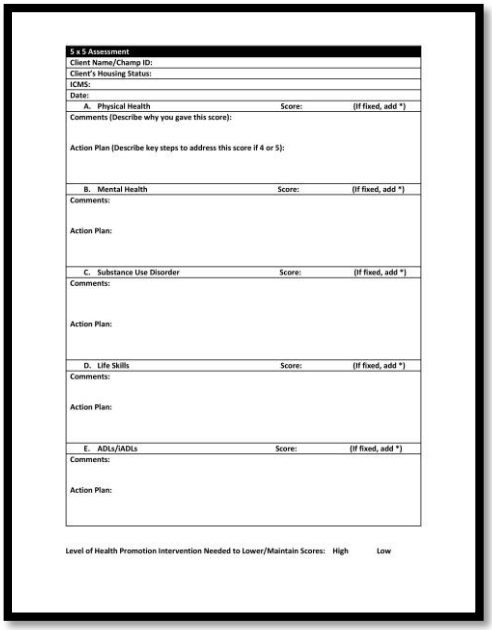
Participants who do not rate at 4 or above on multiple categories are Low acuity and therefore only require **annual medical accompaniments**

How do I document Medical Accompaniments?

By completing the Accompaniment Case Note template (pictured to the right, found on Teams) and submitting on CHAMP

What if I have more questions?

Additional information found in this ICMS Health Promotion Presentation from DHS



5 x 5 Assessment
Client Name/Champ ID:
Client's Housing Status:
ICMS:
Date:

A. Physical Health — Score: — (If fixed, add *)
Comments (Describe why you gave this score):
Action Plan (Describe key steps to address this score if 4 or 5):

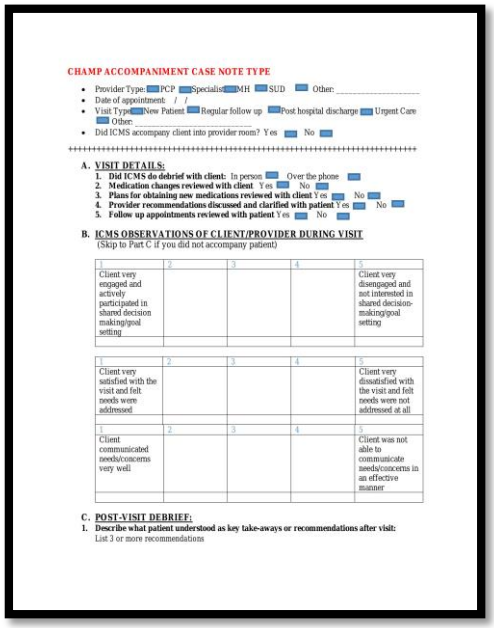
B. Mental Health — Score: — (If fixed, add *)
Comments:
Action Plan:

C. Substance Use Disorder — Score: — (If fixed, add *)
Comments:
Action Plan:

D. Life Skills — Score: — (If fixed, add *)
Comments:
Action Plan:

E. ADLs/IADLs — Score: — (If fixed, add *)
Comments:
Action Plan:

Level of Health Promotion Intervention Needed to Lower/Maintain Scores: High Low



CHAMP ACCOMPANIMENT CASE NOTE TYPE

- Provider Type: PCP Specialist MH SUD Other: _____
- Date of appointment: / /
- Visit Type: New Patient Regular follow up Post hospital discharge Urgent Care Other: _____
- Did ICMS accompany client into provider room? Yes No

A. VISIT DETAILS:
1. Did ICMS do debrief with client: In person Over the phone
2. Medication changes reviewed with client Yes No
3. Plans for obtaining new medications reviewed with client Yes No
4. Provider recommendations discussed and clarified with patient Yes No
5. Follow up appointments reviewed with patient Yes No

B. ICMS OBSERVATIONS OF CLIENT/PROVIDER DURING VISIT
(Skip to Part C if you did not accompany patient)

1	2	3	4	5
Client very engaged and actively participated in shared decision making/goal setting				Client very disengaged and not interested in shared decision-making/goal setting

1	2	3	4	5
Client very satisfied with the visit and felt needs were addressed				Client very dissatisfied with the visit and felt needs were not addressed at all

1	2	3	4	5
Client communicated needs/concerns very well				Client was not able to communicate needs/concerns in an effective manner

C. POST-VISIT DEBRIEF:
1. Describe what patient understood as key take-aways or recommendations after visit:
List 3 or more recommendations

RESOURCES

01 Linkage Guide

02 Acronym Index

03 Certificate of Completion

Linkage Guide

Who can I contact when my client needs help with...

Paying Utilities
- HEAP Utility Assistance
(www.csd.ca.gov/Pages/Assistance-PayingMyEnergyBills.aspx)

Going Back to School
- Step Up on Second Educational Specialists
(check company directory)

Finding Suitable Employment
- Step Up on Second Vocational Services
(check company directory)

Getting Healthcare Services
- Find a DHS Clinic
(dhs.lacounty.gov/wps/portal/dhs/locations/)
- Connect Client to DHS Outreach Nurse
(Submit Medical Assistance Request Form to DHS)

Attaining Furniture
- Utilize HIP program (HACLA and LACDA)
(home.hacla.org/hip)
(btc.lacdc.org/section-8/homeless-programs/hip)
- Submit Flex Fund Request
(contact cesflexfunds@thepeopleconcern.org)
- Utilize furniture warehouse at Interior Removal Specialists
(receptionist@irsdemo.com)

Finding Food
- Connect Client to a Food Pantry
(www.lafoodbank.org/find-food/pantry-locator/)

Acronym Index

What does _____ stand for?

AGENCIES
SUOS: Step Up on Second
LAHSA: Los Angeles Homeless Services Authority
DHS: Department of Health Services
DMH: Department of Mental Health
HUD: Department of Housing and Urban Development

HOUSING
HACLA: Housing Authority of the City of Los Angeles (*Subsidy*)
LACDA: Los Angeles County Development Authority (*Subsidy*)
FHSP: Flexible Housing Subsidy Pool (*Subsidy*)
SUOS RAD: Step Up on Second Rental Assistance Department (*Subsidy*)
PSH: Permanent Supportive Housing (*Type of Housing Resource*)
TBV: Tenant-Based Voucher
PBV: Project-Based Voucher
TBSH: Tenant-Based Supportive Housing
MVP: Mainstream Voucher Program

RESOURCES:
DPSS: Department of Social Services
GR: General Relief
CAPI: Cash Assistance Program for Immigrants
SNAP: Supplemental Nutrition Assistance Program (Cal Fresh, Food Stamps)
IHSS: In-Home Supportive Services
SSA: Social Security Administration
SSI: Supplemental Security Income
SSDI: Social Security Disability Insurance
CBEST: County-Wide Benefits Entitlement Services Team
HEAP: Home Energy Assistance Program

ADMIN:
ADP: Automatic Data Processing
EPTO: Employee Paid Time Off
CHAMP: Comprehensive Health Accompaniment Management Program
PH Update: Permanent Housing Update
HMIS: Homeless Management Information System

MISCELLANEOUS:
ICMS: Intensive Case Management Services
FSP: Full-Service Partnership
CBO: Community Based Organization

I, name, assure that I have read through this handbook and have revised all the materials provided.

Submit this page to Program Manager as proof of completion

PROOF OF COMPLETION

Signature:

Name:

Program Supervisor