

**ORANGE COUNTY CONTINUUM OF CARE  
DOMESTIC VIOLENCE COMMITTEE**

Tuesday, October 15, 2024  
9:00 a.m. – 10:00 a.m.

**Location:**  
The Village at 17th Street  
Large Community Room  
1505 17th St, Santa Ana, CA 92705

**Virtual Meeting Option\*:**  
**Zoom Meeting Link:** [Click here for meeting link](#)  
**Join by phone:** +16694449171,97975623556#  
**Webinar ID:** 979 7562 3556

*\*Listen-in option only*

**Committee Chair:** Maricela Rios-Faust, Human Options

**Committee Members:**

- Jude Abusham, Student in Orange County
- Brateil Aghasi, WISEPlace
- Patience Biosah, Individual
- Barbara Burke, Individual
- Deborah Kraft, Lived Experience Advisory Committee, Orange County Family Violence Council's (OCFVC) Homelessness Domestic Violence (DV)-Sexual Assault (SA) Task Force, Housing is a Human Right OC (HHROC), Stronger Women United, DV Policy Advocate
- Mark Lee, Radiant Futures
- Nishtha Mohendra, Families Forward
- Lydia Nationalesta, City of Lake Forest
- Wendy Seiden, OCFVC Homelessness-DV-SA Task Force
- Tianna Terry, Friendship Shelter, Individual Coordinated Entry System (CES)
- Cynthia Thouvenel, Ohlone Tribe Non-Profit
- Katherine Tan, Individual
- Sharon Wie, Interval House

**AGENDA**

**Welcome and Introductions** – Maricela Rios-Faust, Chair

**Public Comments** – Members of the public may address the DV Committee on items listed within this agenda or matters not appearing on the agenda so long as the subject matter is within the

jurisdiction of the DV Committee. Public comments will be limited to three minutes. If there are more than five public speakers, this time will be reduced to two minutes.

To address the DV Committee, members of the public are to complete a Request to Address the Committee form prior to the beginning of each agenda item and submit it to Continuum of Care (CoC) staff. Staff will call your name in the order received. Members of the public may also submit public comment by emailing [CareCoordination@ocgov.com](mailto:CareCoordination@ocgov.com). All comments submitted via email at least 24 hours before the start of the meeting will be distributed to the DV Committee members, and all comments will be added to the administrative records of the meeting. Please include “Domestic Violence Committee Meeting Comment” in the email subject line.

### **CONSENT CALENDAR**

1. Approve the DV Committee Meeting Special Meeting Minutes from August 27, 2024.

### **BUSINESS CALENDAR**

1. **Domestic Violence Awareness Month** – Maricela Rios Faust, Chair
2. **Violence Against Women Act (VAWA) Updates** – Maricela Rios Faust, Chair
3. **Coordinated Entry System (CES) for Survivors Assessment Recommendation** – Sarah Jones, CoC Manager, Office of Care Coordination
  - a. Approve revised CES Pre-Assessment Screening and CES Survivor Assessment Tool.
4. **Domestic Violence Committee Vision Setting** – Sarah Jones, CoC Manager, Office of Care Coordination and Maricela Rios-Faust, Chair
  - a. Continued discussion related to goals and vision for the Domestic Violence Committee.
5. **CoC Updates** – Sarah Jones, CoC Manager, Office of Care Coordination

**Next Meeting:** Tuesday, December 17, 2024, from 9:00 a.m. to 10:00 a.m. at The Village at 17th Street, Large Community Room located at 1505 17th St, Santa Ana, CA 92705

**ORANGE COUNTY CONTINUUM OF CARE  
DOMESTIC VIOLENCE COMMITTEE  
SPECIAL MEETING**

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Deborah Kraft, Lived Experience Advisory Committee, Orange County Family Violence Council's (OCFVC) Homelessness Domestic Violence (DV)-Sexual Assault (SA) Task Force, Housing is a Human Right OC (HHROC), Stronger Women United, DV Policy Advocate  
Mark Lee, Radiant Futures  
Nishtha Mohendra, Families Forward  
Lydia Nationalesta, City of Lake Forest  
Wendy Seiden, OCFVC Homelessness-DV-SA Task Force  
Tianna Terry, Friendship Shelter, Individual Coordinated Entry System (CES)  
Cynthia Thouvenel, Ohlone Tribe Non-Profit  
Katherine Tan, Individual  
Sharon Wie, Interval House

## MINUTES

### **Welcome and Introductions** – Maricela Rios-Faust, Chair

Present: Chair Maricela Rios-Faust, Brateil Aghasi, Patience Biosah, Deborah Kraft (Virtually), Mark Lee, Nishtha Mohendra, Lydia Nationalesta, Wendy Seiden, Tianna Terry, Katherine Tan, and Sharon Wie

Absent Excused: Jude Abusham and Barbara Burke

Absent: Cynthia Thouvenel

### **1. Request for Virtual Participation**

The Brown Act allows exceptions for members of legislative bodies to participate remotely under two specified circumstances: (1) “just cause” or (2) “emergency circumstances”. At least a quorum of the committee must be participating in-person for the exception(s) to be voted on and enacted. Chair Maricela Rios Faust referenced a request for committee member Deborah Kraft to join virtually due to just cause.

Recommended Action: Allow Deborah Kraft to participate remotely for today’s DV Committee meeting.

Nishtha Mohendra motioned to approve the recommended action. Sharon Wie seconded the motion. Chair Maricela Rios-Faust, Brateil Aghasi, Patience Biosah, Mark Lee, Nishtha Mohendra, Wendy Seiden, Tianna Terry, Katherine Tan, and Sharon Wie voted yes. Motion Passed.

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### **CONSENT CALENDAR**

1. Approve the DV Committee Meeting Minutes from February 20, 2024.
2. Approve the DV Committee Meeting Minutes from April 16, 2024.
3. Approve the DV Committee Meeting Minutes from June 18, 2024.

Mark Lee motioned to approve Consent Calendar, Items 1 - 3. Sharon Wie seconded the motion. Deborah Kraft abstained from voting. Chair Maricela Rios-Faust, Brateil Aghasi, Patience Biosah,

Mark Lee, Nishtha Mohendra, Lydia Nationalesta, Wendy Seiden, Tianna Terry, Katherine Tan, and Sharon Wie voted yes. Motion Passed.

## **BUSINESS CALENDAR**

### **1. Domestic Violence Committee Vision Setting** – Sarah Jones, CoC Manager, Office of Care Coordination and Maricela Rios-Faust, Chair

- i. Discussion related to goals and vision for the Domestic Violence Committee

Felicia Boehringer and Chair Maricela Rios-Faust led a discussion about the DV Committee Vision setting and the responsibilities of the committee, as described in the DV Committee Governance Charter.

#### **Committee Discussion:**

- Lydia Nationalesta shared that a need for services such as hotel vouchers or incentives for people opening their homes to unsheltered individuals.
- Tianna Terry emphasized the need for mandatory training and increased education for providers regarding domestic violence. Tianna Terry highlighted the availability of survivor-specific housing resources, which are facilitated through the Coordinated Entry matching process three times a week, and the inclusion of survivors in all CES opportunities.
- Deborah Kraft inquired about funding for potential vouchers for hotel or motel rooms or compensation for individuals opening up their homes. Deborah Kraft mentioned that this presents a valuable training opportunity to explain the different needs of DV survivors.
- Mark Lee advocated for the committee to support DV funding through housing vouchers. Mark Lee stated the committee should inform the CoC to further address DV.
- Wendy Seiden emphasized the need for improved communication between DV providers, the DV Committee and the CoC. Wendy Seiden suggested implementing annual trainings to ensure that resources and support are readily available. Wendy Seiden stressed the importance of giving voice to male victims and survivors of DV.
- Katherine Tan shared that it is crucial to allocate funding to agencies in order to provide assistance to individuals during their transition to Permanent Supportive Housing (PSH).
- Nishtha Mohendra emphasized the importance of a strong curriculum and prioritizing support for DV survivors. Nishtha Mohendra highlighted the challenge of families establishing chronic homelessness. Nishtha Mohendra suggested focusing on the top five (5) priorities to streamline and provide a clear roadmap for future committee members.
- Sharon Wie emphasized the CoC's focus on addressing chronic homelessness and the committee's commitment to safety. Sharon Wie highlighted the need to find ways to accommodate DV survivors on these priority lists due to their unique circumstances.

### **2. CES for Survivors Update** – Sarah Jones, CoC Manager, Office of Care Coordination

Felicia Boehringer shared an overview and led a discussion on the Survivor CES Dashboard.

#### **Committee Discussion:**

- Nishtha Mohendra observed there are more individuals in RRH and speculated whether this could be attributed to providers informing DV survivors that this might be their first or only option available. Nishtha Mohendra recommended not discontinuing the CES match meetings, even if resources are limited.
- Wendy Seiden requested clarification around the CES dashboard.
- Sharon Wie explained that the issue with exiting numbers is due to a shortage of opportunities within CES, and this limitation is causing difficulties in effectively matching survivors to housing.
- Tianna Terry highlighted the significance of regular case management and the importance of ongoing training to support individuals and families in DV situations.
- Deborah Kraft raised concerns about whether individuals are being monitored after exiting programs, as some survivors may be slipping through the cracks and in need of support.
- Lydia Nationalesta emphasized the importance of training and networking among service providers to facilitate resource sharing.

**3. Orange County 2024 Point In Time Count** – Sarah Jones, CoC Manager, Office of Care Coordination and Maricela Rios-Faust, Chair

*\*Due to time constraints, this item was not presented.*

**4. CoC Program Notice of Funding Opportunity (NOFO) Update** – Felicia Boehringer, CoC Administrator, Office of Care Coordination

Jasmin Miranda presented an update on the CoC Program NOFO, the DV Bonus Funding Recommendations, the DV Bonus Panel, and the FY2024 CoC Bonus, DV Bonus and Reallocation Scoring and Rating Criteria.

**5. CoC Updates** – Sarah Jones, CoC Manager, Office of Care Coordination

*\*Due to time constraints, this item was not presented.*

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# Pre-Assessment Screening

The goal of the Pre-Assessment Screening is to help the CES Virtual Front Door and access points identify whether the individual or family **may be or may have been** a victim or survivor of domestic violence (as defined by HUD) so that staff can offer a referral to victim service providers and/or CES for survivors.

- These questions are intended for adults over age 18.
- Questions should be asked in a private one-on-one setting.

## Introduction

If any urgent safety needs are identified prior to beginning the Pre-Assessment Screening, immediately offer a connection to the local police or a Domestic Violence Hotline. Prior to beginning the Pre-Assessment Screening, provide a brief explanation of the Pre-Assessment Screening.

### Sample Script

*To learn more about your housing situation, I want to ask you some questions about whether you feel safe or are in danger right now. These are questions that I ask everyone because these issues are very common, and I want to ensure that you are connected to services that best fit your individual needs. Based on your answers, I may offer you referrals to specific resources. It is always your choice where you accept a referral to work with another program or continue talking to me about your housing situation. Your answers will not affect your eligibility for housing assistance. You will have the same ability to access housing as anyone else regardless of how you answer these questions.*

*Anything you share today remains confidential. I will not call the police or do anything with this information that you don't want me to do. **DISCLOSE ANY MANDATED REPORTER EXCEPTIONS***

*Do you have any questions for me?*

## Pre-Assessment Screening

Some people find themselves feeling unsafe at home or the place they are currently staying. Do any of the following apply to you or anyone in your household?

- Currently staying with, trying to leave, or used to stay with someone who threatens you or another family member; OR
- Anyone you stay with or used to stay with has hit, choked, or physically hurt you or a family member; OR
- Anyone you stay with or used to stay with has forced you or a family member to do something sexually that you did not want to do; OR
- Anyone you stay with or used to stay with controls your access to money; OR
- Anyone you stay with or used to stay with controls, monitors, or harms you using any form of technology (social media, text message, email, location monitoring, etc.)

Yes  No  Client refused  Client doesn't know  Data not collected

**If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:**

Human Options (877)854-3594

Laura's House (866)498-1511

Interval House (714)891-8121

Radiant Futures (877)531-5522

## Tenant Self - Assessment

Some people are being forced by others to trade sex in exchange for money, shelter, or other items. Is this something **that is** happening to you?

Yes  No  Client refused  Client doesn't know  Data not collected

**If yes, offer help calling one of the 24 hour Domestic Violence hotlines below:**

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Some people are being forced by others to trade work in exchange for shelter or other items. Is this something **that is** happening to you?

Yes  No  Client refused  Client doesn't know  Data not collected

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## CES for Survivors Eligibility

CES for Survivors is a program that provides potential temporary and/or permanent housing resources to the most vulnerable survivors who are fleeing or attempting to flee domestic violence, dating violence, sexual assault, or stalking. Any information shared will be deidentified and only shared with consent.

1. Are you fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking (as defined by HUD, see definition on page 3)?

Yes  No

**If YES, continue to the next question.**

2. Do you have no other safe place to stay?

Yes  No

**If YES, continue to the next question.**

3. Do you have any resources to obtain a safe place to stay?

Yes  No

**If No, you are eligible to be enrolled in CES for Survivors and can be referred to a partnering victim service provider.**

For responses to the eligibility questions that did not move forward, please end the assessment and provide a warm hand-off to another CES partnering agency.

This program is only for temporary/permanent housing. If the survivor is interested in getting resources for emergency shelter or other crisis support resources, offer help calling one of the 24 hour Domestic Violence hotlines referenced above.

CES Victim Service Provider Partners include:

WISEPlace  
(714) 542-3577 ext 200

Human Options  
(877) 854-3594

Interval House  
(714) 891-8121 ext 300

Is there anything else you would like to share about your safety at home or the place where you're currently staying?

## For Reference: HUD DEFINITIONS

### **Definition of Homelessness: Category 4**

Any individual or family who is fleeing, or attempting to flee, domestic violence; has no other residency; and lacks the resources or support networks to obtain permanent housing.

### **Definition of Domestic Violence**

“Domestic Violence” includes dating violence, sexual assault, stalking, and other dangerous life-threatening conditions that relate to violence against the individual or family member that either takes place in, or him or they are afraid to return to, their primary nighttime residency (including human trafficking).

VAWA’s 2022 Reauthorization expanded the definition of “domestic violence” to include any felony or misdemeanor crimes committed by a current or former spouse or intimate partner pursuant to domestic violence laws in jurisdiction receiving grant funding; or the use or attempted use of physical/sexual abuse, or any other coercive behavior used to maintain verbal, psychological, economic, or technological abuse. The abuser can be anyone who is a current or former spouse, intimate partner of the survivor, or a person in the position of a spouse/intimate partner of the survivor; is living with or who has lived with the survivor as a spouse or intimate partner; or commits acts against youth or adult survivor who is protected from acts defined by the jurisdiction’s family or domestic violence laws.

Economic abuse is behavior that is coercive, deceptive, or unreasonably controls/restrains a person’s ability to acquire, use, or maintain economic resources; restricting a person’s access to money, assets, credit, or financial information; unfairly using a person’s personal economic resources for one’s own advantage; or exerting undue influence over a person’s financial economic behavioral or decisions, including exploiting powers of attorney, guardianship, or conservatorship.

Technological abuse is an act or pattern of behavior that occurs within domestic violence, sexual assault, dating violence, or stalking, and is intended to harm, threaten, intimidate, control, stalk, harass, impersonate, exploit, or monitor another person using any form of technology (i.e. social media, “revenge porn,” emails, WhatsApp messages/texts, location trackers).

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Yes  No  Client refused  Client doesn't know  Data not collected

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Yes  No

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# SURVIVOR ASSESSMENT TOOL

This tool will help determine risk and prioritize resources to the most vulnerable survivors. When used for prioritization, information shared in this assessment tool will be de-identified and only shared with consent.

1

## SURVIVOR INFORMATION

FULL NAME: \_\_\_\_\_ UNIQUE ID: \_\_\_\_\_

## VICTIM SERVICE PROVIDER INFORMATION

STAFF NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## ELIGIBILITY REQUIREMENT

Y / N ~~Is survivor~~ **Are you** fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking as defined by HUD?

**If YES, continue to the next question.**

Y / N ~~Does survivor~~ **Do you** ~~not have any other safe residence~~ **have no other safe place to stay?**

**If YES, continue to the next question.**

Y / N ~~Does survivor~~ **Do you** ~~lack the~~ **have any** resources to obtain ~~other safe permanent housing a~~ **safe place to stay?**

**If NO, continue to the Tenant Self-Assessment section.**

If all eligibility questions are "Y", please complete the assessment below. **For responses to the eligibility questions that did not move forward, please end the assessment and provide a warm hand-off to another CES partnering agency.**

2

## TENANT SELF - ASSESSMENT

	1	2	3	SCORE
Current Housing Situation	Stably housed	Unstable/Temporary housing	Homeless or currently in a shelter-based program	
Other Barriers	0-1 additional barriers	2 additional barriers	3 or more additional barriers	
Support System	Substantial support system	Moderate support system	Low/non-existent support system	
TOTAL				

Description of other barriers and extenuating circumstances that make this referral a high priority per the staff's professional recommendation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ASSESSMENT COMPLETED BY: \_\_\_\_\_ ASSESSMENT DATE: \_\_\_\_\_

ASSESSMENT TYPE:  Phone  Virtual  In-Person

# CLIENT INTAKE

**Age**  18-24 yrs old  25-54 yrs old  55-61 yrs old  62+ yrs  Client doesn't know  Client refused

**Gender**  Woman  Non-Binary  Questioning  Culturally Specific Identity  Client Refused  
 Man  Transgender  Different Identity  Client doesn't know  Data Not Collected

**Race/Ethnicity**

American Indian, Alaska Native, or Indigenous  Black, African American, or African American  Middle Eastern or North African  Client doesn't know  
 Asian or Asian American  Hispanic/Latin/e/o  Native Hawaiian or Pacific Islander  Client Refused  
 White  Data Not Collected

**Social Security Number (optional)**    -   -

**Veteran**

**Have you or anyone in your household served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or ever called into active duty as a member of the National Guard or as a Reservist?**  No  Yes  Client doesn't know  Client refused

**Does your household include any minor children?**  Yes  No  Client doesn't know  Client Refused

**Is anyone in the household currently pregnant?**  Yes  No  Client doesn't know  Client Refused

**Are you in the process of reunifying with any minor children?**  Yes  No

**If YES, how many?** \_\_\_\_\_

**Total Number of minor children (17 or younger) in household?** \_\_\_\_\_

**Total Household Size (Including yourself, how many people are in your household?)** \_\_\_\_\_

**PRIOR LIVING SITUATION**

Type of Residence 3.917A (Type of living arrangement on the night before entering this project)	
HOMELESS SITUATION	
<input type="checkbox"/> Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	
<input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter	
<input type="checkbox"/> Safe Haven	
INSTITUTIONAL SITUATION	
<input type="checkbox"/> Foster care home or foster care group home	<input type="checkbox"/> Long-term care facility or nursing home
<input type="checkbox"/> Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/> Psychiatric hospital or other psychiatric facility
<input type="checkbox"/> Jail, prison or juvenile detention facility	<input type="checkbox"/> Substance abuse treatment facility or detox center
TRANSITIONAL & PERMANENT HOUSING SITUATION	
<input type="checkbox"/> Residential project or halfway house with no homeless criteria	<input type="checkbox"/> Rental by client, with RRH or equivalent subsidy
<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher	<input type="checkbox"/> Rental by client, with HCV voucher (tenant or project based)
<input type="checkbox"/> Transitional housing for homeless persons (including Homeless Youth)	<input type="checkbox"/> Rental by client in a public housing unit
<input type="checkbox"/> Host Home (non-crisis)	<input type="checkbox"/> Rental by client, no ongoing housing subsidy
<input type="checkbox"/> Staying or living in a friend's room, apartment, or house	<input type="checkbox"/> Rental by client, with other ongoing housing subsidy
<input type="checkbox"/> Staying or living in a family member's room, apartment, or house	<input type="checkbox"/> Owned by client, with ongoing housing subsidy
<input type="checkbox"/> Rental by client, with GPD TIP subsidy	<input type="checkbox"/> Owned by client, no ongoing housing subsidy
<input type="checkbox"/> Rental by client, with VASH housing subsidy	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Permanent housing (other than RRH) for formerly homeless persons	<input type="checkbox"/> Client refused
	<input type="checkbox"/> Data not collected

**PRIOR LIVING SITUATION (continued)**

Length of Stay in Prior Living Situation <i>(How long ago did the client start staying in that Type of Residence)</i>		
<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than a year	<input type="checkbox"/> Client refused
<input type="checkbox"/> One week or more, but less than a month	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Data not collected

If Client's Type of Residence is any of the *Institutional Situation* options:

<b>Length of Stay Less than 90 days?</b> <i>(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

If 'Length of Stay Less than 90 days' is YES:

<b>On the night before - stayed on streets, ES, or Safe Haven?</b> <i>(On the night before the client's stay of less than 90 days in an institutional setting, were they on the streets, in an Emergency Shelter or in a Safe Haven?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

<b>Approximate Date Homelessness Started</b> <i>(Approximate date the client's current episode of homelessness began)</i>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

<b>Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today</b> <i>(Regardless of where they stayed last night)</i>
<input type="checkbox"/> One time <input type="checkbox"/> Three times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Two times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client refused

<b>Total number of months homeless on the streets, in ES, or Safe Haven in the past three years</b>
<input type="checkbox"/> One month <input type="checkbox"/> Five months <input type="checkbox"/> Nine months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Two months <input type="checkbox"/> Six months <input type="checkbox"/> Ten months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Three months <input type="checkbox"/> Seven months <input type="checkbox"/> Eleven months <input type="checkbox"/> Client refused <input type="checkbox"/> Four months <input type="checkbox"/> Eight months <input type="checkbox"/> Twelve months <input type="checkbox"/> Data not collected

**DISABLING CONDITIONS AND BARRIERS**

<b>Do you have a disabling condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Do you have a physical disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Physical Disability,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Do you have a developmental disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Do you have a chronic health condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Chronic Health Condition,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

**DISABLING CONDITIONS AND BARRIERS (CONTINUED)**

<b>Have you been diagnosed with AIDS or have you tested positive for HIV?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Do you have a mental health problem?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<i>If yes for Mental Health Problem,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Do you have a substance abuse problem?</b>					
<input type="checkbox"/> No	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected		
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Both Alcohol and Drug	<input type="checkbox"/> Client refused			
<i>If you have any Substance Abuse Problem,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	
			<input type="checkbox"/> No	<input type="checkbox"/> Client refused	
			<input type="checkbox"/> Data not collected		

**PRIOR CITY**

*The last city in which the client was permanently housed prior to entry into this project*

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<b>What city were you in immediately prior to entry into this project?</b>			
<i>The city in which the client spent the night prior to entry into this project</i>			
<input type="checkbox"/> Aliso Viejo	<input type="checkbox"/> Huntington Beach	<input type="checkbox"/> Newport Beach	<input type="checkbox"/> Westminster
<input type="checkbox"/> Anaheim	<input type="checkbox"/> Irvine	<input type="checkbox"/> Orange	<input type="checkbox"/> Yorba Linda
<input type="checkbox"/> Brea	<input type="checkbox"/> La Habra	<input type="checkbox"/> Placentia	<input type="checkbox"/> Unincorporated Orange County
<input type="checkbox"/> Buena Park	<input type="checkbox"/> La Palma	<input type="checkbox"/> Rancho Santa Margarita	<input type="checkbox"/> Outside Orange County, but in California
<input type="checkbox"/> Costa Mesa	<input type="checkbox"/> Laguna Beach	<input type="checkbox"/> San Clemente	<input type="checkbox"/> Outside of California
<input type="checkbox"/> Cypress	<input type="checkbox"/> Laguna Hills	<input type="checkbox"/> San Juan Capistrano	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Dana Point	<input type="checkbox"/> Laguna Niguel	<input type="checkbox"/> Santa Ana	<input type="checkbox"/> Client refused
<input type="checkbox"/> El Modena	<input type="checkbox"/> Laguna Woods	<input type="checkbox"/> Seal Beach	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Fountain Valley	<input type="checkbox"/> Lake Forest	<input type="checkbox"/> Stanton	
<input type="checkbox"/> Fullerton	<input type="checkbox"/> Los Alamitos	<input type="checkbox"/> Tustin	
<input type="checkbox"/> Garden Grove	<input type="checkbox"/> Mission Viejo	<input type="checkbox"/> Villa Park	
<b>Which access point is serving this household?</b>			
<input type="checkbox"/> Human Options	<input type="checkbox"/> <del>Radiant Futures</del>		
<input type="checkbox"/> Interval House	<input type="checkbox"/> WisePlace		

## HOUSING INTERESTS

**Of the housing opportunities the household is eligible for, which of the following housing types is the household interested in?**

**Transitional Housing-Rapid Re-Housing (TH-RRH)** provides transitional housing operated by a victim service provider agency and/or time-limited rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in TH-RRH. The goal of TH-RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends. *This is the only survivor specific housing resource available through CES.*

Transitional Housing-Rapid Re-Housing  Yes  No

**Rapid Re-Housing (RRH)** provides time-limited rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in RRH. The goal of RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends.

Rapid Re-Housing  Yes  No

**Other Permanent Housing (OPH)** includes ongoing rental assistance with tenant paying 30% of their income towards housing. This housing assistance comes with limited to no supportive services.

Other Permanent Housing  Yes  No

**Permanent Supportive Housing** provides ongoing rental assistance with intensive ongoing supportive services. Participation in supportive services is voluntary. Household experiencing chronic homelessness are primarily prioritized for PSH.

Permanent Supportive Housing  Yes  No

Is there anything else we should know about you or your needs? \_\_\_\_\_

## ACCESSIBILITY NEEDS

If you, or anyone in your household, have a disability, you may need accessible housing. This may mean you need ramps or wider entrances, space for medical equipment or a wheelchair, or special light switches, electrical outlets, and other fixtures.

These questions are about some common needs. If you have needs not covered by these questions, please list them at the end of the assessment.

1. Do you require a mobility accessible unit due to a physical disability?  Yes  No

2. Do you require a sensory accessible unit due to loss of hearing or sight?  Yes  No

3. Do you require some accommodations but not all the features of an accessible unit?  Yes  No

Please indicate your needs below:

a. no stairs  Yes  No

b. grab bars  Yes  No

c. seat in tub or shower  Yes  No

d. other  Yes  No If other, please specify \_\_\_\_\_

4. Is there anything else about you or your accessibility needs that we should know?

\_\_\_\_\_  
\_\_\_\_\_

Please submit the completed assessment information to this form to <https://forms.office.com/g/4hXx6LwLFB>.

Please email [coordinatedentry@ocgov.com](mailto:coordinatedentry@ocgov.com) with any questions. DV Committee Pckt Pg.17

# SURVIVOR ASSESSMENT TOOL

This tool will help determine risk and prioritize resources to the most vulnerable survivors. When used for prioritization, information shared in this assessment tool will be de-identified and only shared with consent.

## 1 SURVIVOR INFORMATION

FULL NAME: \_\_\_\_\_ UNIQUE ID: \_\_\_\_\_

## VICTIM SERVICE PROVIDER INFORMATION

STAFF NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## ELIGIBILITY REQUIREMENT

Y / N Are you fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, or stalking as defined by HUD?

**If YES, continue to the next question.**

Y / N Do you have no other safe place to stay?

**If YES, continue to the next question.**

Y / N Do you have any resources to obtain a safe place to stay?

**If NO, continue to the Tenant Self-Assessment section.**

For responses to the eligibility questions that did not move forward, please end the assessment and provide a warm hand-off to another CES partnering agency.

## 2 TENANT SELF - ASSESSMENT

	1	2	3	SCORE
Current Housing Situation	Stably housed	Unstable/Temporary housing	Homeless or currently in a shelter-based program	
Other Barriers	0-1 additional barriers	2 additional barriers	3 or more additional barriers	
Support System	Substantial support system	Moderate support system	Low/non-existent support system	
TOTAL				

Description of other barriers and extenuating circumstances that make this referral a high priority per the staff's professional recommendation: \_\_\_\_\_

\_\_\_\_\_

ASSESSMENT COMPLETED BY: \_\_\_\_\_ ASSESSMENT DATE: \_\_\_\_\_

ASSESSMENT TYPE:  Phone  Virtual  In-Person

# CLIENT INTAKE

**Age**  18-24 yrs old  25-54 yrs old  55-61 yrs old  62+ yrs  Client doesn't know  Client refused

**Gender**  Woman  Non-Binary  Questioning  Culturally Specific Identity  Client Refused  
 Man  Transgender  Different Identity  Client doesn't know  Data Not Collected

**Race/Ethnicity**

American Indian, Alaska Native, or Indigenous  Black, African American, or African  Middle Eastern or North African  Client doesn't know  
 Asian or Asian American  Hispanic/Latin/e/o  Native Hawaiian or Pacific Islander  Client Refused  
 White  Data Not Collected

**Social Security Number (optional)**    -   -

**Veteran**

**Have you or anyone in your household served in the United States Armed Forces (Army, Navy, Air Force, Marine Corps, or Coast Guard) or ever called into active duty as a member of the National Guard or as a Reservist?**  No  Yes  Client doesn't know  Client refused

**Does your household include any minor children?**  Yes  No  Client doesn't know  Client Refused

**Is anyone in the household currently pregnant?**  Yes  No  Client doesn't know  Client Refused

**Are you in the process of reunifying with any minor children?**  Yes  No

If YES, how many? \_\_\_\_\_

**Total Number of minor children (17 or younger) in household?** \_\_\_\_\_

**Total Household Size (Including yourself, how many people are in your household?)** \_\_\_\_\_

**PRIOR LIVING SITUATION**

**Type of Residence 3.917A (Type of living arrangement on the night before entering this project)**

**HOMELESS SITUATION**

- Place not meant for human habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)
- Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded Host Home shelter
- Safe Haven

**INSTITUTIONAL SITUATION**

- Foster care home or foster care group home
- Hospital or other residential non-psychiatric medical facility
- Jail, prison or juvenile detention facility
- Long-term care facility or nursing home
- Psychiatric hospital or other psychiatric facility
- Substance abuse treatment facility or detox center

**TRANSITIONAL & PERMANENT HOUSING SITUATION**

- Residential project or halfway house with no homeless criteria
- Hotel or motel paid for without emergency shelter voucher
- Transitional housing for homeless persons (including Homeless Youth)
- Host Home (non-crisis)
- Staying or living in a friend's room, apartment, or house
- Staying or living in a family member's room, apartment, or house
- Rental by client, with GPD TIP subsidy
- Rental by client, with VASH housing subsidy
- Permanent housing (other than RRH) for formerly homeless persons
- Rental by client, with RRH or equivalent subsidy
- Rental by client, with HCV voucher (tenant or project based)
- Rental by client in a public housing unit
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Owned by client, no ongoing housing subsidy
- Client doesn't know
- Client refused
- Data not collected

**PRIOR LIVING SITUATION (continued)**

Length of Stay in Prior Living Situation <i>(How long ago did the client start staying in that Type of Residence)</i>		
<input type="checkbox"/> One night or less	<input type="checkbox"/> One month or more, but less than 90 days	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Two to six nights	<input type="checkbox"/> 90 days or more, but less than a year	<input type="checkbox"/> Client refused
<input type="checkbox"/> One week or more, but less than a month	<input type="checkbox"/> One year or longer	<input type="checkbox"/> Data not collected

If Client's Type of Residence is any of the *Institutional Situation* options:

<b>Length of Stay Less than 90 days?</b> <i>(Indicate if the stay in the institutional setting they lived in immediately prior to project entry was less than 90 days)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

If 'Length of Stay Less than 90 days' is YES:

<b>On the night before - stayed on streets, ES, or Safe Haven?</b> <i>(On the night before the client's stay of less than 90 days in an institutional setting, were they on the streets, in an Emergency Shelter or in a Safe Haven?)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------

<b>Approximate Date Homelessness Started</b> <i>(Approximate date the client's current episode of homelessness began)</i>	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

<b>Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today</b> <i>(Regardless of where they stayed last night)</i>
<input type="checkbox"/> One time <input type="checkbox"/> Three times <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Data not collected <input type="checkbox"/> Two times <input type="checkbox"/> Four or more times <input type="checkbox"/> Client refused

<b>Total number of months homeless on the streets, in ES, or Safe Haven in the past three years</b>
<input type="checkbox"/> One month <input type="checkbox"/> Five months <input type="checkbox"/> Nine months <input type="checkbox"/> More than 12 months <input type="checkbox"/> Two months <input type="checkbox"/> Six months <input type="checkbox"/> Ten months <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Three months <input type="checkbox"/> Seven months <input type="checkbox"/> Eleven months <input type="checkbox"/> Client refused <input type="checkbox"/> Four months <input type="checkbox"/> Eight months <input type="checkbox"/> Twelve months <input type="checkbox"/> Data not collected

**DISABLING CONDITIONS AND BARRIERS**

<b>Do you have a disabling condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Do you have a physical disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Physical Disability,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Do you have a developmental disability?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<b>Do you have a chronic health condition?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected
<i>If yes for Chronic Health Condition,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client refused <input type="checkbox"/> Data not collected

### DISABLING CONDITIONS AND BARRIERS (CONTINUED)

<b>Have you been diagnosed with AIDS or have you tested positive for HIV?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Do you have a mental health problem?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<i>If yes for Mental Health Problem,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client refused	<input type="checkbox"/> Data not collected
<b>Do you have a substance abuse problem?</b>					
<input type="checkbox"/> No	<input type="checkbox"/> Drug Abuse	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Data not collected		
<input type="checkbox"/> Alcohol Abuse	<input type="checkbox"/> Both Alcohol and Drug	<input type="checkbox"/> Client refused			
<i>If you have any Substance Abuse Problem,</i> <b>Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?</b>			<input type="checkbox"/> Yes	<input type="checkbox"/> Client doesn't know	
			<input type="checkbox"/> No	<input type="checkbox"/> Client refused	
				<input type="checkbox"/> Data not collected	

### PRIOR CITY

The last city in which the client was permanently housed prior to entry into this project \_\_\_\_\_

<b>What city were you in immediately prior to entry into this project?</b>			
<i>The city in which the client spent the night prior to entry into this project</i>			
<input type="checkbox"/> Aliso Viejo	<input type="checkbox"/> Huntington Beach	<input type="checkbox"/> Newport Beach	<input type="checkbox"/> Westminster
<input type="checkbox"/> Anaheim	<input type="checkbox"/> Irvine	<input type="checkbox"/> Orange	<input type="checkbox"/> Yorba Linda
<input type="checkbox"/> Brea	<input type="checkbox"/> La Habra	<input type="checkbox"/> Placentia	<input type="checkbox"/> Unincorporated Orange County
<input type="checkbox"/> Buena Park	<input type="checkbox"/> La Palma	<input type="checkbox"/> Rancho Santa Margarita	<input type="checkbox"/> Outside Orange County, but in California
<input type="checkbox"/> Costa Mesa	<input type="checkbox"/> Laguna Beach	<input type="checkbox"/> San Clemente	<input type="checkbox"/> Outside of California
<input type="checkbox"/> Cypress	<input type="checkbox"/> Laguna Hills	<input type="checkbox"/> San Juan Capistrano	<input type="checkbox"/> Client doesn't know
<input type="checkbox"/> Dana Point	<input type="checkbox"/> Laguna Niguel	<input type="checkbox"/> Santa Ana	<input type="checkbox"/> Client refused
<input type="checkbox"/> El Modena	<input type="checkbox"/> Laguna Woods	<input type="checkbox"/> Seal Beach	<input type="checkbox"/> Data not collected
<input type="checkbox"/> Fountain Valley	<input type="checkbox"/> Lake Forest	<input type="checkbox"/> Stanton	
<input type="checkbox"/> Fullerton	<input type="checkbox"/> Los Alamitos	<input type="checkbox"/> Tustin	
<input type="checkbox"/> Garden Grove	<input type="checkbox"/> Mission Viejo	<input type="checkbox"/> Villa Park	
<b>Which access point is serving this household?</b>			
<input type="checkbox"/> Human Options	<input type="checkbox"/> <del>Radiant Futures</del>		
<input type="checkbox"/> Interval House	<input type="checkbox"/> WisePlace		

## HOUSING INTERESTS

**Transitional Housing-Rapid Re-Housing (TH-RRH)** provides transitional housing operated by a victim service provider agency and/or time-limited rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in TH-RRH. The goal of TH-RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends. *This is the only survivor specific housing resource available through CES.*

Yes  No

**Rapid Re-Housing (RRH)** provides time-limited rental assistance paired with time-limited supportive services. There is no minimum income requirement for participating in RRH. The goal of RRH is to increase or maintain income to be able to keep paying rent after the rental assistance ends.

Yes  No

**Other Permanent Housing (OPH)** includes ongoing rental assistance with tenant paying 30% of their income towards housing. This housing assistance comes with limited to no supportive services.

Yes  No

**Permanent Supportive Housing** provides ongoing rental assistance with intensive ongoing supportive services. Participation in supportive services is voluntary. Household experiencing chronic homelessness are primarily prioritized for PSH.

Yes  No

## ACCESSIBILITY NEEDS

If you, or anyone in your household, have a disability, you may need accessible housing. This may mean you need ramps or wider entrances, space for medical equipment or a wheelchair, or special light switches, electrical outlets, and other fixtures.

These questions are about some common needs. If you have needs not covered by these questions, please list them at the end of the assessment.

1. Do you require a mobility accessible unit due to a physical disability?  Yes  No
2. Do you require a sensory accessible unit due to loss of hearing or sight?  Yes  No
3. Do you require some accommodations but not all the features of an accessible unit?  Yes  No

Please indicate your needs below:

- a. no stairs  Yes  No
- b. grab bars  Yes  No
- c. seat in tub or shower  Yes  No
- d. other  Yes  No If other, please specify \_\_\_\_\_

4. Is there anything else about you or your accessibility needs that we should know?

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Please submit the completed assessment information to this form to <https://forms.office.com/g/4hXx6LwLFB>.

Please email [coordinatedentry@ocgov.com](mailto:coordinatedentry@ocgov.com) with any questions. DV Committee Pckt Pg.22