

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

Tuesday, December 17, 2024
9:00 a.m. – 10:30 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.

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CONSENT CALENDAR

1. Approve the DV Committee Meeting Special Meeting Minutes from August 27, 2024.
2. Approve the DV Committee Meeting Minutes from October 15, 2024.

BUSINESS CALENDAR

1. **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.
2. **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.
3. **CoC Updates** – Sarah Jones, CoC Manager, Office of Care Coordination

Next Meeting: To be determined, pending the 2025 CoC Board and Committee Calendar approval.

**ORANGE COUNTY CONTINUUM OF CARE
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SPECIAL MEETING**

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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

Tianna Terry arrived during Public Comments.

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 importance of the CoC being a conduit for communication among DV providers, non-DV service providers, the DV Committee and the CoC. Wendy Seiden suggested regular trainings to ensure that resources and support are readily available. Wendy Seiden stressed the importance of including the voice of male DV survivors and survivors of DV who have been chronically unhoused.
- 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.*

Next Meeting: Tuesday, October 15, 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

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- Sharon Wie, Interval House

MINUTES

Welcome and Introductions – Maricela Rios-Faust, Chair

Present: Brateil Aghasi, Maricela Rios-Faust, Wendy Seiden, Katherine Tan, Tianna Terry, and Sharon Wie.

Absent Excused: Mark Lee and Nishtha Mohendra.

Absent: Jude Abusham, Patience Biosah, Barbara Burke, Deborah Kraft, Lydia Nationalesta, and Cynthia Thouvenel.

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CONSENT CALENDAR

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

**Committee did not have quorum and minutes were not approved.*

BUSINESS CALENDAR

1. **Domestic Violence Awareness Month** – Maricela Rios Faust, Chair

Chair Maricela Rios Faust provided information for Domestic Violence Awareness Month.

Committee Discussion:

- Sharon Wie shared information regarding statistics and encouraged everyone to wear purple for the Purple Thursday' campaign on October 17, 2024.

2. **Violence Against Women Act (VAWA) Updates** – Maricela Rios Faust, Chair

Chair Maricela Rios Faust shared that through VAWA, there has been extensive work done to ensure that government agencies have VAWA information. Maricela Rios Faust noted that the U.S Department of Housing and Urban Development (HUD) provided an update on their newly added gender and equity division at HUD and shared that policy changes will be going through the gender and equity division department for review.

3. **Coordinated Entry System (CES) for Survivors Assessment Recommendation** – Sarah Jones, CoC Manager, Office of Care Coordination

Sarah Jones provided background on the CES Pre-Assessment Screening and CES Survivor Assessment Tool recommendation. The public feedback period for the revised draft of the CES Pre-Assessment Screening and CES Survivor Assessment Tool occurred from September 26 through October 9, 2024.

Recommended Action a: Approve revised CES Pre-Assessment Screening and CES Survivor Assessment Tool.

The committee did not have quorum and recommended action was not voted on.

Committee Discussion:

- Wendy Seiden noted that there is reference to confidentiality but not mandated reporting and inquired as to how staff is trained on what is mandatory to report, and how is the information communicated to the survivor. Wendy Seiden suggested that mandated reporting information is included at the beginning of the script. Wendy Seiden shared concern for the pre-screening process due to the possibility that not every case manager is a mandated reporter. Wendy Seiden asked for the pre-assessment and workflow if someone is not eligible and asked if there were resources if child abuse is identified during the assessments.
- Sharon Wie provided insight on the training that Interval House undergoes as it relates to mandated reporting. Sharon Wie affirmed that Interval House ensures that survivors are not harmed or damaged during the process and noted that mandated reporting would be a great training option for the future. Sharon Wie shared that mandated reporter training comes after confidentiality training. For the assessments, Sharon Wie inquired as to why the verbiage is only limiting to physical abuse and noted that it does not include language on emotional or verbal abuses. Sharon Wie suggested that the language be broadened on the definition of how someone is hurting.
- Chair Maricela Rios Faust suggested adding clarification that information will only be shared when there is written consent and suggested broadening and sharing general information of good practices. Chair Maricela Rios Faust also noted that the more information that is placed on a form, the stronger possibility that the information gets lost. Chair Maricela Rios Faust summarized the feedback of adding the mandated reporter language earlier, adding in the written consent on the form for release of information, and potential trainings of mandated reporting and the implications of mandated reporting if not reported correctly.
- Tianna Terry shared a story of the possible impacts of mandated reporting processes and suggested ideas of a training or other ways to clarify the impacts.
- Katherine Tan also shared a story of the impacts of mandated reporting processes and shared that there is a need for training.

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

Due to time restrictions, Business Calendar Item #4 was not presented and will be continued at the next meeting.

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

Due to time restrictions, Business Calendar Item #5 was not presented and will be presented at the next meeting.

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

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 emotionally, psychologically, or verbally abused you or family member (see page 3); 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
Interval House (714)891-8121

Laura's House (866)498-1511
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:

Human Options	(877)854-3594	Laura's House	(866)498-1511
Interval House	(714)891-8121	Waymakers	(949) 250-0488
		Radiant Futures	(877)531-5522

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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ATTENTION

Before proceeding, CES for Survivors is only for transitional/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 for Survivors Eligibility

CES for Survivors is a program that provides potential transitional 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. If NO, you are not eligible for CES for Survivors.
2. Do you have no other safe place to stay? Yes No
If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.
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. If YES, you not eligible for CES for Survivors.

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

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

CES for Survivors Victim Service Provider Partners include:

WISEPlace (714) 542-3577 ext 200	Human Options (877) 854-3594	Interval House (714) 891-8121 ext 300
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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).

Definition of Emotional, Verbal, and Psychological Abuse

Emotional, psychological, and verbal abuse include mostly non-physical behaviors that the abuser uses to control, isolate, or frighten a person. Often, the abuser uses it to break down a person's self-esteem and self-worth in order to create a psychological dependency on the abuser.

Pre-Assessment Screening

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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).

Definition of Emotional, Verbal, and Psychological Abuse

Emotional, psychological, and verbal abuse include mostly non-physical behaviors that the abuser uses to control, isolate, or frighten a person. Often, the abuser uses it to break down a person's self-esteem and self-worth in order to create a psychological dependency on the abuser.

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 **written** 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. If NO, you are not eligible for CES for Survivors.

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. If NO, you are not eligible for CES for Survivors.

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

If NO, continue to the Tenant Self-Assessment section. If YES, you are not eligible for CES for Survivors.

~~If all eligibility questions are "Y", please complete the assessment below. For responses to the eligibility questions that did not meet requirements, 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

Date of Birth ____ - ____ - ____ Client Refused

Social Security Number ____ - ____ - ____ Client Refused

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 Long-term care facility or nursing home
 Hospital or other residential non-psychiatric medical facility Psychiatric hospital or other psychiatric facility
 Jail, prison or juvenile detention 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 (How long ago did the client start staying in that Type of Residence)		
<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:

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

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

On the night before - stayed on streets, ES, or Safe Haven? (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?)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

Approximate Date Homelessness Started (Approximate date the client's current episode of homelessness began)	<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"/>		

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today (Regardless of where they stayed last night)
<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

Total number of months homeless on the streets, in ES, or Safe Haven in the past three years
<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

Do you have a disabling condition?	<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
Do you have a physical disability?	<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> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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
Do you have a developmental disability?	<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
Do you have a chronic health condition?	<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> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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)

Have you been diagnosed with AIDS or have you tested positive for HIV?	<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
Do you have a mental health problem?	<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> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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
Do you have a substance abuse problem?					
<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> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?			<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 _____

What city were you in immediately prior to entry into this project?			
<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	
Which access point is serving this household?			
<input type="checkbox"/> Human Options	<input type="checkbox"/> Radiant Futures		
<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 with any questions.

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 written 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. If NO, you are not eligible for CES for Survivors.

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

If YES, continue to the next question. If NO, you are not eligible for CES for Survivors.

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

If NO, continue to the Tenant Self-Assessment section. If YES, you are not eligible for CES for Survivors.

For responses to the eligibility questions that did not meet requirements, 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

Date of Birth ____ - ____ - ____ Client Refused

Social Security Number ____ - ____ - ____ Client Refused

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

TRANSITIONAL & PERMANENT HOUSING SITUATION

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

Length of Stay Less than 90 days? <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:

On the night before - stayed on streets, ES, or Safe Haven? <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
---	--

Approximate Date Homelessness Started <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"/>		

Number of times the client has been on the streets, in ES, or Safe Haven in the past three years including today <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

Total number of months homeless on the streets, in ES, or Safe Haven in the past three years
<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

Do you have a disabling condition?	<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
Do you have a physical disability?	<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> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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
Do you have a developmental disability?	<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
Do you have a chronic health condition?	<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> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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)

Have you been diagnosed with AIDS or have you tested positive for HIV?	<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
Do you have a mental health problem?	<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> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?	<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
Do you have a substance abuse problem?					
<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> Expected to be of long-continued and indefinite duration and substantially impairs ability to live independently?			<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 _____

What city were you in immediately prior to entry into this project?			
<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	
Which access point is serving this household?			
<input type="checkbox"/> Human Options	<input type="checkbox"/> WisePlace		
<input type="checkbox"/> Interval House	<input type="checkbox"/>		

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?

Please submit the completed assessment information to this form to <https://forms.office.com/g/4hXx6LwLfB>.

Please email coordinatedentry@ocgov.com with any questions.