“Stay at Home” Emergency Shelter Program: Project RoomKey
STATEMENT OF CLIENT RIGHTS AND CLIENT CODE OF CONDUCT

The Statement of Client Rights and Client Code of Conduct sets out the standards for staying in short-term temporary housing assistance (“shelter”). Since shelter is not a home, but rather a stepping stone to permanent housing and rejoining the community, there are certain expectations for you while in shelter. These standards ensure shelters are safe for everyone and that we work together to help you move as quickly as possible from emergency housing to a home.

While in shelter, your rights include:
1. The right to exercise your civil rights and religious freedoms;
2. The right to have your personal, financial, social and medical information kept confidential by Housing Authority and other Project RoomKey staff;
3. The right to receive courteous, fair and respectful treatment;
4. The right to present grievances on behalf of yourself and other residents to the Housing Authority, assigned case worker(s), and hotel staff without fear of retaliation and to receive a timely response;
5. The right to manage your own finances;
6. The right to leave and return to the facility in accordance with the hotel curfew, rules and regulations;
7. The right to end your shelter stay at any time.

Single acts of the following misconduct may lead to the loss of emergency shelter and immediate discharge:
1. Client are not allowed to bring weapons and/or any illegal substances into the shelter.
2. Violence, threatened violence, or other illegal conduct is not permitted and will be reported to law enforcement authorities.
3. Acts that endanger the health and safety of yourself or others or which substantially interfere with the orderly operation of the facility will not be tolerated.
5. Damage to the hotel room or property.

Single violations of the following may lead to the loss of shelter:
6. Since shelter is temporary housing, you must look for permanent housing and accept any suitable housing that is found.
7. You must cooperate with and complete all housing related assessments and needed paperwork.
8. You must cooperate in developing an Housing Assessment Plan together with program staff.

Multiple violations of the following conduct standards may lead to the loss of shelter. However, in some cases, a single violation of a serious nature may also lead to the loss of shelter:
9. You must cooperate in carrying out and completing your Housing Assessment Plan with facility staff to achieve permanent and/or stable housing.

You must agree to connect and consistently contact your assigned case worker(s) at least weekly to discuss your progress in complying with the Housing Assessment Plan.
10. You are required to keep your hotel room and the common areas of your temporary shelter clean and orderly.
   Shelter staff may conduct unannounced health and safety inspections of your unit on a weekly or more frequent basis. You must provide access to shelter staff for these inspections.
11. Each family member is limited to bringing two bags of personal belongings into the hotel room.
12. You may not bring in and use: hot plates, space heaters; air conditioners, furniture; televisions larger than 19 inches; cable TV service; or animals (unless you have a disability and require the use of a service animal).
13. You are not permitted to smoke or possess/consume alcoholic beverages in the shelter.
14. Excessive noise and disrespectful behavior towards fellow residents/shelter staff/ hotel staff will not be tolerated.
15. All residents must be properly dressed while on the grounds of the residence. You may not appear outside your unit undressed or partially dressed.
16. You are responsible for supervising your children at all times, including in all common areas. You may not leave shelter without your children unless arrangements have been made for another adult to supervise the children and these arrangements have been approved by shelter staff.
17. With the help of your caseworker, you are expected to take part in activities that will help get you to a permanent home, such as working (or looking for work), looking for housing, or applying for benefits and services. This may require you to be outside of your unit during the day.
18. Hotel staff has the right to check your room every day.
19. Overnight stays outside of the shelter are not permitted unless pre-approved by shelter staff.
20. Visitors are not allowed in units.
21. You may not change the locks on your unit or add additional locks.
22. If you have been placed in a shelter with on-site recreation, day care, or a cafeteria, you must abide by the rules established by the facility for using these services.
23. You must notify shelter staff whenever you or anyone in your family becomes ill.

Compliance with Public Assistance and Client Contribution is a Requirement for Staying in Shelter:
24. You are required to apply for and, if eligible, keep open a Public Assistance (PA) case with DPSS for service benefits, as an effort to increase your household’s identified resources for stable housing.
25. You must cooperate to determine available resources, and apply for and use any benefits and resources that will reduce or eliminate the need for shelter.
26. If you have income, you are not required to pay towards the cost of your stay in temporary emergency shelter. If you have an income you are required to contribute towards the cost of your security deposit, rental application fees and other identified accrued cost of securing stable housing.

My family is seeking shelter from the County of Riverside, Housing Authority. I have reviewed and have had the above “Statement of Client Rights and Client Code of Conduct” explained to me and I understand it. These rights and responsibilities will help my family achieve independence and find a permanent place to live. I understand that my family has the right to file a grievance with the shelter provider and/or case management provider without fear of getting in retaliation.

IF MY FAMILY DOES NOT FOLLOW THE CLIENT CODE OF CONDUCT:
I or my family may have to leave the shelter and have our shelter/temporary housing assistance discontinued if we do not follow the Client Code of Conduct, even if we refuse to sign this document.

________________________ _______________________ ______
Print Name Signature Date

________________________ _______________________ ______
Print Name Signature Date

STAFF: I have explained this form to the client. [ ] Client refused to sign.

________________________ _______________________ ______
Print Name/Title Signature Date
Your household has been approved to receive Emergency Housing in response to the COVID-19 Pandemic. Please understand that this Emergency Housing is only to be provided through the course of the pandemic to support individuals more susceptible to COVID-19. Emergency Housing assistance will terminate once this pandemic has been resolved. During your time in emergency housing, a team will work with you on your goals (ie: employment, accessing mainstream benefits, etc.) to support you with a pathway out of homelessness.

Below is a list of the rules that need to be followed so that you can maintain your stay in Emergency Housing throughout the course of the COVID-19 Pandemic. Violation of these rules could result in you losing the Emergency Housing Placement.

Please carefully review the below program rules and sign and date that you read and understand each item:

✓ Only the registered guest(s) / resident(s) indicated above may stay overnight.
✓ Maintain a clean & safe housing environment. As I am responsible for paying for all damages made.
✓ Upon check out I will ensure all of my belongings are cleared from the hotel room.
✓ Alcohol, illegal drugs, weapons, or other illegal activity on the property is not permitted. This includes disruptive and/or aggressive behavior towards the hotel’s staff or other guests.
✓ Only the registered guest(s) / resident(s) indicated above may stay overnight.
✓ I will be a good neighbor and avoid upsetting my neighbors by engaging in loud or disruptive activities (loud TV/music, late night loud guests, etc.).
✓ To allow the Housing Authority of the County of Riverside (HACR), Riverside Community Housing Corporation (RCHC), County of Riverside and any other community partners meet me at the hotel, motel, and/or other emergency site where I am residing.
✓ Follow the shelter’s housing, visitor, curfew, housekeeping, and check-out policies/rules.
✓ I will connect regularly with my assigned Project RoomKey case manager throughout the duration of the program as I make progress towards identifying a stable housing exit plan.

INSTRUCTIONS: Fill this form completely and PLEASE PRINT

Client’s Full Legal Name (First, Middle, Last):

Other Adults Authorized To Stay Overnight With Client (Check All That Apply):

□ Companion Case (Full Name):
□ Other (Full Name & Specify Relationship to Client Including Children): 1. 2. 3. 4.

□ None: The vendor will remove and/or evict a client immediately if unauthorized guests stay overnight.

Riverside County Housing Authority shall assume payment responsibility for the emergency shelter stay for by the above client(s) and guest(s) effective:

To be completed by HA staff:

Check-in Date: through Check-out Date:

Total Shelter Cost: $
The client shall assume payment responsibility for the shelter stay effective the above check-out date. By signing below, you (the client and guests) understand, agree, and acknowledge that:

- **stay in this emergency shelter care facility is temporary** and your stay may not exceed the time approved by Housing Authority (HA); If you stay longer than the period approved by HA, you are responsible for any additional charges;
- you agree to take steps to provide a permanent living arrangement for yourself in the shortest time possible; and
- you acknowledge that you have read, understand, and will abide by the above program’s rules. You understand that failure to follow such rules may lead to the shelter vendor (or police) evicting you immediately from their premises.

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HOUSEKEEPING POLICY

Project RoomKey is designed to allow you to have a safe, temporary shelter during the COVID-19 Pandemic so that you can socially distance. The expectation is that you will take care of and respect the space you have been provided.

**EFFECTIVE IMMEDIATELY**, all Project RoomKey participants are required to allow housekeeping to enter your room to clean your space *every other day*. Rooms need to stay *clean, orderly, sanitary and free from excessive clutter*.

If you do not allow housekeeping into your room more than two times and/or your room is not being kept clean, orderly, sanitary and free from excessive clutter, the following action steps will occur:

**STEP 1:** A **CORRECTIVE ACTION NOTICE** will be issued and placed on your door giving you 3-days to clean your motel room so that it is orderly, sanitary and free from clutter

*and/or*

You must allow housekeeping to access your room to clean every other day.

**STEP 2:** If you do NOT take Corrective Action by cleaning your room in the 3 days given, or begin to allow access for housekeeping to clean your room, your voucher with Project RoomKey will end as a result. You must immediately either exit the motel or assume 100% of the payment and cost accrued for your continued stay.

By signing below, you understand Project RoomKey’s Housekeeping Policy.

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CASE MANAGEMENT POLICY

Households are assigned a Case Manager within 48 hours from intake. At this time the Case Manager assumes primary responsibility for coordinating the household’s supportive services, with a particular focus on setting goals related to obtaining and maintaining permanent housing. The Case Manager will:

- Assist the household in identifying and prioritizing the action steps needed to achieve housing stability and developing strategies to overcome barriers to success
- Develop a budget with the household to promote the retention of stable housing
- Be familiar with the program services area and actively cultivate a working knowledge of and connection to relevant area resources such as:
  - mental and physical health care professionals
  - emergency services
  - substance abuse programs
  - public benefit programs
  - child care resources
  - educational programs
  - veterans services or benefits
  - any additional resources needed to address participant needs and goals

Forms and Documents (needed for complete and successful case management)

1. Emergency Housing Wellness Checklist
   a. To be completed at a minimum of once a week with each PRK client.
      i. Save document in following format: (Last name, First name-date)
      ii. For Housing Authority staff, please save Wellness checks weekly to the shared drive under the client’s specific program file (screen shot included in training packet)
      iii. For outside department partners, please save each Wellness Check in the above format and follow supervisor instructions on how to submit the Wellness Checks in a consistent and timely manner.

2. Communication Logs
   a. To be used to document all conversations made with the client outside of the wellness check. This can include phone conversations, emails, text messages, journal attempts of initiated client contact, and etc.
      i. This too shall be save in the above format (Last name, First name). Please note that one communication log can be used to document multiple conversations; as long as each interaction is clearly labeled and dated.
3. Housing Assessment Template
   a. To be completed once with the client and sent to LSisti@rivco.org, upon completion. This assessment tool is designed to collect information from clients regarding their past and current living situations in order to identify and address barriers to housing stability.

Please utilize the above forms to identify the most appropriate resources to assist the household in connecting to in order to achieve their short-term housing goals and to start building connections with long term supports to promote future housing stability.

These forms will allow case managers to provide necessary information and support to link household with those resources, including consideration of the current availability of the services and an assessment of the support participants will need in order to access the services. This may include providing participants with transportation to the service location and advocacy to adequately understand or receive services.

Case managers will need to utilize the “Project RoomKey Client Details Report”. This excel spreadsheet with list all active clients, new clients to program, positively exited clients, discontinued clients, WorkForce Referrals and information from the DPSS office in regards to clients and their status in receiving Food stamps, cash aid, general relief, medi-cal and etc.

Resources should be provided as needed throughout service participation and not just at the beginning of program intake or during the exit interview. This ensures case managers and participants can work together to troubleshoot any challenges in connecting with or participating in necessary supports.

Case managers with conduct Wellness Checks a minimum of once per week with each client, but may provide more assistance as needed. Case managers progressively engage households, providing the minimum level of assistance needed for the shortest amount of time for households to address their housing crisis. As more assistance is needed, case managers provide more frequent and/or more intensive supports to the household to overcome barriers to housing stability and meet their goals in a timely manner.

Not all households will receive the same level of supports or services depending on the household specific qualifications and eligibility criteria. Staff should consult with the Housing Authority for guidance on the appropriate level of support to provide a household in regards to exit planning.
Confidentiality Agreement

Some of the information discussed in the Supportive Services Client Fastrack meetings is client protected personal identifying information and is for authorized use only. Your attendance and access to this information is necessary in order for you to assist with housing services and placement during this meeting, as allowable under the privacy notices released to clients.

Any information viewed and shared is confidential and is not to be utilized outside of the scope of housing and placement services, and shall not be disclosed to any unauthorized individual.

Navigators and case workers assigned to clients will have access to the designated individual’s information. This information includes personal and other sensitive information provided for official and authorized use only. You are responsible for ensuring that your access to and use of all information obtained adheres with all applicable laws and policies.

Unauthorized use of, or access to, client protected personal identifying information is prohibited. Any use of this information that is inconsistent with policy, violates law, or is obtained or used for personal gain is prohibited. See California Welfare and Institutions Code Section 5328 and Health Insurance Portability and Accountability Act (HIPAA).

By signing this acknowledgement and attending Supportive Services Client Fastrack meetings, I confirm that I understand and consent to this confidentiality agreement.

Signature: ____________________________________________ Date: ____________________

Print Name: ____________________________________________________________________

Agency: _______________________________________________________________________

Email Address: _________________________________________________________________

Phone: _______________________________________________________________________
Welcome To Project Room Key!

These are guidelines for the ‘Stay at Home’ emergency hotel voucher program for unsheltered homeless individuals established in response to COVID-19. While the main goal of the program is to reduce the risk of virus transmissions, the program also involves the delivery of ongoing supportive services in an effort to support wellness and long-term housing stability.

Project RoomKey is designed to help you transition to permanent stable housing and lead to self-sufficiency.

During your hotel stay, you will need to stay in contact with your case manager to ensure they have a current wellness update. If you have not been contacted by a case worker, we highly encourage you to contact us so we can get you set up.

At minimum, you should be connected to at least 3 caseworkers: a social worker, housing navigator, nurse and/or case manager. Screening will be conducted to ensure you are linked to any direct benefits you are eligible for.

If you are contacted in-person by a caseworker, please ensure that you ask for property agency badge and/or business card to confirm identity.

You should be in current contact with your assigned caseworker so they are aware of your current health, wellness, safety and permanent housing plan so they can confirm if additional hotel extensions are need during your stay. Lack of current communication with your caseworker may result in denial of a hotel extension.

Below is a list of point of contacts for Project RoomKey that can assist you with the following

<table>
<thead>
<tr>
<th>TEAM</th>
<th>LEAD CONTACT</th>
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<tbody>
<tr>
<td>Outreach &amp; Residential Services</td>
<td>Marcus Dillard</td>
</tr>
<tr>
<td>• Coordinating placements and overseeing stays into motels and hotels.</td>
<td><a href="mailto:MDillard@RIVCO.ORG">MDillard@RIVCO.ORG</a> 951-343-5410</td>
</tr>
<tr>
<td>Supportive Services</td>
<td>Gina Marasco</td>
</tr>
<tr>
<td>• Conducting Housing &amp; Wellness Check-Ins, linking households to mainstream benefits and other programs and to assists exits into permanent housing.</td>
<td><a href="mailto:GMarasco@rivco.org">GMarasco@rivco.org</a> 951-343-5416</td>
</tr>
<tr>
<td>Housing Navigation Services</td>
<td>Lindsay Sisti</td>
</tr>
<tr>
<td>• Identifying potential vacancies and matching clients to prospective units.</td>
<td><a href="mailto:LSisti@rivco.org">LSisti@rivco.org</a> 951-343-5605</td>
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CLIENT OUTREACH, ENGAGEMENT AND PLACEMENT

These are guidelines for the ‘Stay at Home’ emergency hotel voucher program for unsheltered homeless individuals established in response to COVID-19. The emergency housing assistance will terminate once the State of California and County of Riverside Public Health Officers have deemed it no longer necessary to ‘Stay at Home.’ While the main goal of the program is to reduce the risk of virus transmissions, the program also involves the delivery of ongoing supportive services in an effort to support wellness and long-term housing stability.

1. Outreach teams will be assigned to each of the five County districts. Areas with the highest concentration of unsheltered homeless will be prioritized for outreach and efforts will focus on the Governor’s mandate helping unsheltered seniors (65+), pregnant women and those being referred by an HIV provider. Please note that a Registered Sex Offender status is an automatic disqualifier from Project Roomkey.

2. Program Coordinator will be serving as the point person and responsible for reporting current data as needed to leadership.

3. Centralized Specialist will work on receiving referrals from the Community Connect Hotline ((800)909-0079) and HomeConnect and connecting with county outreach teams, and shelters to obtain referrals for emergency housing placement. Centralized Specialist may also receive referrals directly from BOS or leadership to streamline the process.

Duties:
- Work directly with County Outreach teams, CES and Shelters to streamline eligible individuals from these groups and assign to worker to begin the intake process.
- Receive referrals from Community Connect Hotline (Call Center, Emergency Shelters, Outreach teams and hospitals) and complete the COVID-19 Eligibility Screening Tool to confirm eligibility.
- Assign eligible referrals to housing worker to begin application and placement process.
- Coordinate transportation to hotel once worker secures a hotel placement and issues a hotel voucher.
- Report daily data to Program Coordinator.

*When any workers contact individuals experiencing homelessness, they will utilize safety precautions and Personal Protective Equipment (PPE) including but not limited to: wearing gloves, maintaining 6 feet of space between themselves and client, using hand sanitizer before and after encounters and sanitizing all areas where contact has been made.

4. Workers will complete the COVID-19 Esri Wellness Screening Assessment with the individual. The responses will help gauge the appropriate Emergency Shelter Placement (symptomatic or non-symptomatic).
- Hotels will be designated based upon how the rooms will be utilized, some units set aside for those that have the COVID-19, some for those that are in early stages or showing symptoms and those that are free from symptoms.
- Voucher will need to be provided showing that the client has been screened and approved for entry into a hotel.

5. A Transportation team will be developed so there are drivers to transport clients to the hotels from the encampments and may assist in the relocation of a client from one hotel to another.

6. Workers will complete an Intake Application and HMIS form with the client when they have been placed in a hotel. Once assessments are completed, the worker will submit forms/file to accountant to prep and issue payment to hotel owner.

7. Daily lodging list will be sent by the worker tracking referral and voucher information to DPSS Self-Sufficiency to screen for medical and CalFresh eligibility as well as to APS to link elderly clients to an APS worker and Behavioral Health to screen for clients they may be connected to.

DPSS contacts:
Marivel Castaneda, Sr. Program Specialist
macastan@rivco.org

APS contact:
Liliana Fravel, Social Services Supervisor II
Lftravel@RIVCO.ORG

Ricardo Briceno, Social Services Supervisor II
Rbbricen@RIVCO.ORG

Behavioral Health Contact:
Christine Shield
CShield@ruhealth.org
HOUSED IN EMERGENCY HOTELS

1. Hotel Voucher will be provided directly to the hotel owner from Centralized Specialist to verify entry.

2. Clients that go into the hotels will need to complete a Emergency Shelter Client Agreement and a Code of Conduct form) to acknowledge the rules/guidelines for program participation.

3. An orientation will be completed with the group to ensure they understand what is happening, what will be the next steps and ensure all file documents have been completed and signed.

4. Meals being delivered will be distributed for 3 days at a time (ex: Friday April 10th will be for meals- 10th, 11th and 12th).

5. There will be a working document with roster to track when client check-ins are done.

Housing Specialists will conduct Individual Service Plans and regular check-ins with the clients. They will work with the assigned housing provider and/or connect with a local homeless provider to coordinate necessary supports to facilitate placement into emergency housing (i.e. transportation, essential services, dietary needs, and other services). This is necessary as we don’t want to have clients leave the hotels and return to homelessness if possible. We need to seize this opportunity to work with clients while in one centralized location on their housing placement options and try our best to link as many clients to permanent housing placements as we can.
Potential flow:

Client is engaged by Outreach Teams

Dialogue between Outreach Worker and potential client (ask wellness questions, complete client intake, complete HMIS Intake screening)

Transport to proper Hotel Location (Location will be provided by Centralized Coordinator for transport)

Engagement with Clients to work on potential Housing plans and permanent housing placements

Move clients from hotels into housing options where possible
Protocols for Relocation

1. If a client is asked to leave a Hotel, we will need to identify another living quarters option for them. Before the new housing can be provided, there must be an intervention meeting or “Harmony Meeting” with the client to discuss the issues and come up with ways to not have the same identified issues continue. An agreement will be written and signed by the client understanding that the concerned behavior cannot continue.

2. Once an agreement is established, a call will be made to the Centralized Coordinator to get the hotel voucher released for the new location and information will be provided to the transportation team.

3. Client will be provided transportation to the proper hotel location based on the need.

4. The client will need to be met with and have an exit strategy in place for them which should include housing options and ultimately a permanent housing placement.

5. A relocation will not be approved in the following instances and may result in discharge from Project RoomKey:
   a. Damage to the room/property of the hotel is reported
   b. Client is asked to leave a hotel due to repeated violations of hotel’s rules and regulations
   c. Client is not compliant in regards to active and consistent case management
   d. Violence, threatened violence, or other illegal conduct is not permitted and will be reported to law enforcement authorities.
   e. Acts that endanger the health and safety of yourself or others or which substantially interfere with the orderly operation of the facility will not be tolerated.
Roll Up Policy

Protocols for transporting client’s belongings when the client is not present:

When there is a client not present to be transported with their belongings and client’s emergency contacts (friends/family) are not able to transport such items, the following protocols would be in place for a supervisor and two staff members:

1. Supervisor would observe and record as the 2 staff members complete inventory of all client items.
2. All items would be inventoried. If any medication is present, all pills would be counted individually and documented.
3. Signatures, dates & initials from each staff member would be needed next to each inventoried item.
4. All items will be transported and delivered by all members.
5. Inventoried list will be reviewed with the client and staff members and client will sign as receiving their property.
# Project RoomKey Housing Authority Contact Leads

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<th>TEAM</th>
<th>LEAD</th>
<th>MEMBERS</th>
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</table>
| Outreach & Residential Services: | Marcus Dillard, HS III MDillard@RIVCO.ORG 951-343-5410 | • Elizabeth Gehrig
• Frannell Hargrove
• Dukezha Morris
• Josh Tomaszewski
• CAP workers |
| Supportive Services:        | Gina Marasco, Acting HS III GMarasco@rivco.org 951-343-5416 | • Saira Aguiar
• Lorena Rodriguez
• Elba Castellanos
• Emanuel Vidal Quintanilla
• Nastaha Coz |
| Housing Navigation Services: | Lindsay Sisti, Acting HS III LSisti@rivco.org 951-343-5605 | • Shae Estrada
• Laura Lucio
• Melissa Reyes |
| Payments:                   | Jasmin Sanchez, HS II JasminSanchez@rivco.org 951-343-5447 | • Jasmin Sanchez |

Each team lead will be tasked with their supportive services and ensure that their teams are functioning accordingly. Team leads will need to check in with their teams regularly, case conference and instruct as needed. Team leads will also be responsible for reporting data to the program coordinator on a regular basis.
Outreach & Residential Services Team duties:

Team Lead: Marcus Dillard

- Participate in daily conference call check-in meetings with Outreach & Residential Services and Supportive Services Leads, Program Coordinator and Program Manager;
- Facilitate weekly meetings with Outreach & Residential staff;
- Coordinate with local emergency shelters (i.e. Path of Life, Coachella Valley Rescue Mission, Valley Restart, Operation Safehouse and others), Outreach teams, and other service providers for direct referrals of their clients into program;
- Respond to referrals of new clients in a timely manner, including completing the COVID Housing & Wellness Intake Tool, enrollment into the Homeless Management Information System (HMIS), and Emergency Housing Application;
- Keep client case files (physical and electronic copies) up to date and organized.
- Maintain current client data and keep detailed case notes on the Housing Authority’s Share Drive.
- Diligently maintain detailed case notes and current/accurate data about the client.
- Communicate regularly and effectively with the client, outreach and residential staff, service providers, and other support personnel to ensure that clients meet housing application requirements and maintain housing when secured.
- Represent the Housing Authority to hotel vendors with the intention of expanding the network of properties.
- Regularly communicate with hotel vendors in order to maintain a current and accurate list of clients occupying emergency housing (i.e. hotel and motel rooms, in addition to trailers).
- Develop and implement supportive service programming in collaboration with residents, management, and local community service providers.
- Provide ongoing outreach services to identify individuals who would benefit from services, recruit volunteers, and identify program and service gaps.
- Coordinate the delivery of services with local human service providers.
- Oversee and/or provide crisis intervention, case management, and follow-up services to referrals from management, residents, or other agencies.
- Review and submit all billing and program reports required by funding sources.
Supportive Services Team

Team Lead: Gina Marasco

- Participate in daily conference call check-in meetings with Outreach & Residential Services and Housing Navigation Leads, Program Coordinator and Program Manager;
- Facilitate weekly meetings with Outreach & Residential staff;
- Coordinate with Adult Protective Services, Public Health Nurses, Behavioral Health and other participating community-based organizations (i.e. Path of Life, Coachella Valley Rescue Mission, Valley Restart, SWAG, Operation Safehouse and others) for the assignment and delivery of case management and other supportive services;
- Connect with new program participants within the first 1-2 days of move-in into emergency housing;
- Connect with existing program participants and conduct Wellness checks 2-3 times each week;
- Ensure eligible households complete the VI-SPDAT;
- Register households to the Section 8/Housing Choice Voucher and other affordable housing waiting lists;
- Monitor and assess program participant’s current living situation and housing condition; monitor and assess program participant’s progress toward goals;
- Assist participants with completing necessary forms and paperwork to fulfill grant requirements and in accordance with department procedures;
- Provide resources, information and referrals to participants, as needed;
- Assist program participant with resolving housing-related emergency situations and needs;
- Handle coordination and distribution of resources donated for participants;
- Assist with the request and distribution of emergency food cards and/or bus passes;
- Work in coordination with program participant’s Mental Health Provider and other supports;
- Assist with ensuring that appropriate Authorizations for Release of Information forms are obtained, as needed;
- Enter supportive services data into HMIS on a timely basis;
- Report needed changes to participant information in the Changes to Database Log in a timely manner;
- Maintain participant electronic files and charts according to HP File/Chart Layout & Filing Workflow.
Housing Navigation Team
Coordinator: Lindsay Sisti

- Participate in daily conference call check-in meetings with Outreach & Residential Services and Supportive Services Leads, Program Coordinator and Program Manager;
- Facilitate weekly meetings with Housing Navigation Team members and other partners;
- Respond to referrals of new clients in timely manner, including completing the intake form and assessment of the client’s needs and preferences.
- Keep client case files up to date and organized.
- Maintain current client data and keep detailed case notes on the Housing Authority’s Share Drive.
- Communicate regularly and effectively with the client, housing navigators, service providers, and other support personnel to ensure that clients meet housing application requirements and maintain housing when secured.
- Identify and present housing options for clients that fulfill their specific location, size, and affordability requirements.
- Assist clients in understanding and signing the lease agreement.
- Assist clients, along with their support staff and family members, in completing applications and providing necessary documents to be placed on waiting lists for affordable housing rental properties as well as the Housing Choices Voucher program.
- Based on their disability and medical needs, assist clients in requesting reasonable accommodations from lease requirements.
- Assist clients in qualifying for housing. This may require: making community referrals for credit counseling/legal assistance, assembling letters of support, helping them apply for eligible financial assistance, and by utilizing local housing assistance programs in paying for all or part of the rent.
- Help client’s budget and plan for move-in expenses including the security deposit and first month’s rent. This may require applying for various programs that offer financial assistance for move-in expenses.
- Be available to respond to questions from clients and authorized service providers/family members.
- Facilitate all aspects of the application process once the client becomes a potential qualified applicant. This includes maintaining and administering the waitlist, showing the property to interested clients, and assisting clients who have been selected in submitting the necessary documents to qualify for the unit.
- Represent the Housing Authority to landlords/property managers with the intention of expanding the network of properties which house people with developmental disabilities.
- Organize regular client community workshops.
- Regularly communicate with property managers/affordable housing developers in order to maintain a current and accurate list of affordable housing/rental properties which are accepting applications for a wait list. Additionally, keep current application forms and other requirements for being places on the wait list.
Riverside County Coordinated Entry System - HomeConnect

Referral Request

Date of request: ____________________ Time: ____________________ Received by (staff name): ____________________

Request Received by: Call ☐ Email ☐ in person ☐ other ☐

Received from: self-referral ☐ private party referral ☐ Agency referral ☐

Name of private party / agency: ____________________ phone: ____________________

How did you hear about HomeConnect? ________________________________________________

Client Name: ____________________ date of birth: ____________________

What is a safe number to reach you? ____________________ Soc Sec #: ____________________

Because difficult relationships can cause housing and homelessness problems, we are asking all callers the following question: Does a partner, or anyone in your household, hurt, hit or threaten you? Yes ☐ No ☐

If YES, link to DV service provider.

If no: In the last 6 months have you fled a relationship where you were being hurt, intimidated, threatened, or stalked? Yes ☐ No ☐ If yes: Do you believe you are still in danger at this time? Yes ☐ No ☐

If YES, link to DV service provider. If NO, proceed to the rest of the screening:

Are there any other adult family members with you age18+? Name/DOB? ____________________

Any minor children currently with you? Yes ☐ No ☐ If yes, what are their ages? ____________________

What city are you in? ____________________ How long have you been in that area? ____________________

Are you pregnant? Yes ☐ No ☐

Are you currently homeless? Yes ☐ No ☐ Homelessness Prevention (includes couch surfing) ☐

How long have you been homeless? ____________________ Are you a Veteran? Yes ☐ No ☐

Where did you sleep last night? ____________________ Where do you plan to sleep tonight? ____________________

What is your income? $ ____________________ Source: ____________________

Do you have a serious health condition? No ☐ Yes ☐ Explain ____________________

Are there any Special Circumstances or information that we should be aware of?

BH/MH Concerns ☐ Hearing/Vision/Mobility Impairment ☐ Physical Illness ☐

Notes: ____________________

Do you have a condition that compromises your immune system (HIV)? No ☐ Yes ☐

Why are you struggling to find safe and appropriate housing?

☐ Affordability ☐ Size of household ☐ Registered sex offender

☐ Lack of income ☐ Poor credit ☐ Transportation

☐ Don’t know where to look ☐ Past evictions ☐ Other ____________________

☐ Household instability ☐ Criminal history

Why are you seeking assistance today? ____________________

Assigned to: ____________________ Assigned on date: ____________________

CONFIDENTIAL CLIENT INFORMATION SEE WIC 5328
FOLLOW UP & OUTCOME

Date: __________ Notes: ____________________________

Date: __________ Notes: ____________________________

Date: __________ Notes: ____________________________

Date: __________ Notes: ____________________________

Closed Date: ___________ Outcome: ____________________________

CONFIDENTIAL CLIENT INFORMATION SEE WIC 5328
**EMERGENCY HOUSING WELLNESS CHECKLIST**

**TODAY’S DATE**

**NAME: ___________________________ BIRTH DATE: ______________ EDC: _________AGE___________**

### STEP 1: WELLNESS SCREENING QUESTIONS

1. **DO YOU HAVE A FEVER, OR HAVE YOU HAD A FEVER IN THE LAST 2 DAYS?**
   - YES
   - NO
2. **ARE YOU EXPERIENCING ANY SYMPTOMS THAT ARE SIMILAR TO THE COLD OR FLU (COUGH OR DIFFICULTY BREATHING)?**
   - YES
   - NO
3. **DO YOU KNOW IF YOU HAVE BEEN IN CLOSE CONTACT WITH ANYONE WHO WAS DIAGNOSED WITH CORONAVIRUS/COVID-19?**
   - YES
   - NO
4. **HAVE YOU OR SOMEONE CLOSE TO YOU BEEN IN AN AREA WITH WIDESPREAD OR SUSTAINED COMMUNITY TRANSMISSION OF CORONAVIRUS DISEASE 2019 WITHIN 14 DAYS OF SYMPTOMS OCCURRING?**
   - YES
   - NO

***If customer answers “yes” to questions 1 or 2 and also “yes” to questions 3 or 4, see the GUIDANCE ON THE CORONA VIRUS: FOR HOMELESS SERVICE PROVIDERS FOR NEXT STEPS. If the customer answered NO to all the questions proceed with appointment while practicing social distancing.***

### STEP 2: IMMEDIATE NEEDS

<table>
<thead>
<tr>
<th>TYPE OF NEED</th>
<th>IMMEDIATE ACTION REQUIRED YES/NO</th>
<th>NEXT STEPS/DESCRIPTION</th>
<th>SERVICES OFFERED ON:</th>
<th>SERVICES PROVIDED ON:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL/NEEDS</td>
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<tr>
<td>FOOD/ENOUGH FOOD</td>
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<tr>
<td>TRANSPORTATION</td>
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<tr>
<td>SAFETY/FEELS SAFE</td>
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<td>OTHER NEEDS:</td>
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</tbody>
</table>

### STEP 3: INVENTORY OF RESOURCES

<table>
<thead>
<tr>
<th>TYPE OF NEED</th>
<th>HAS NEEDS</th>
<th>NEXT STEPS/DESCRIPTION</th>
<th>SERVICES OFFERED ON:</th>
<th>SERVICES PROVIDED ON:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEDICAL ATTENTION/PRENATAL</td>
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<tr>
<td>CALFRESH BENEFITS</td>
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<tr>
<td>CASH AIDE</td>
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<td>WIC NUTRITIONAL SERVICES</td>
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<td>DISABILITY BENEFITS</td>
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<tr>
<td>SOCIAL SECURITY BENEFITS</td>
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<tr>
<td>CHARITABLE SERVICES/FOOD PANTRY</td>
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<tr>
<td>MEDICAL INSURANCE</td>
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<tr>
<td>MEDIATION (FAMILY/LANDLORDS)</td>
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<tr>
<td>SUBSTANCE ABUSE SERVICES</td>
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<tr>
<td>ALCOHOL/DIGRINTAKE INTAKE LAST MONTHS/LAST TIME</td>
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<tr>
<td>MENTAL HEALTH SERVICES/COUNSELING</td>
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<tr>
<td>WELL-WOMEN CARE/PLANS FOR BIRTH CONTROL</td>
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<tr>
<td>CHILD CARE SERVICES</td>
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</table>
EMERGENCY HOUSING WELLNESS CHECKLIST

### STEP 4: MEDICAL/SOCIAL HISTORY

<table>
<thead>
<tr>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>CURRENT MEDICATIONS</td>
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<tr>
<td>HEALTH CONCERNS</td>
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<tr>
<td>• CURRENT ACUTE OR CHRONIC CONDITIONS</td>
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<tr>
<td>MENTAL HEALTH CONCERNS</td>
</tr>
<tr>
<td>• CURRENT OR HISTORY OF MH DISORDERS</td>
</tr>
<tr>
<td>SCHOOL/WORK HISTORY</td>
</tr>
<tr>
<td>CURRENT RELATIONSHIPS/FOB</td>
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</tbody>
</table>

### STEP 5: PROBLEM SOLVING - QUESTIONS TO EXPLORE (ACTIVE LISTENING)

<table>
<thead>
<tr>
<th>Comments</th>
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</thead>
<tbody>
<tr>
<td>WHAT LED TO YOUR CURRENT LIVING SITUATION?</td>
</tr>
<tr>
<td>WHAT DO YOU THINK NEEDS TO CHANGE IN YOUR LIFE TO GET YOU OUT OF HOMELESSNESS?</td>
</tr>
<tr>
<td>IF PERMANENT HOUSING RESOURCES ARE NOT AVAILABLE, WHAT IDEAS DO YOU HAVE TO EXIT HOMELESSNESS PERMANENTLY?</td>
</tr>
<tr>
<td>WHAT KIND OF SUPPORT SYSTEM DO YOU CURRENTLY HAVE OR NEED?</td>
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</tbody>
</table>

### CONTACT ATTEMPTS

<table>
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<tr>
<th>Notes</th>
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<td>DATE:</td>
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</table>
NAVIGATION REFERRAL FORM

CLIENT NAME: ___________________________  INTAKE DATE: ___________________________

CLIENT SS#: ___________________  CLIENT DATE OF BIRTH: ___ / ___ / _____

HOUSING NAVIGATOR: _____________________________________________________________

CASE MANAGER (IF DIFFERENT FROM HOUSING ADVOCATE): ______________________________

CASE MANAGER PHONE NUMBER: _____________________________________________________

PART 1. HOUSING NEEDS AND PREFERENCES

INITIAL SCRIPT

“Hi my name is __________________ from the Housing Authority. We have coordinated the placement in emergency housing during the COVID-19 pandemic. We wanted to call and begin exploring options available to you so that you do not have to return to homelessness. Housing subsidies may not be available, and if they are not what ideas or plans do you have to resolve your homelessness.” Give the client the opportunity to respond and problem solve on their own before you ask the below screening questions because they may have ideas already. Please write down their plan or option below if they already have one:

DO YOU HAVE FAMILY OR FRIENDS THAT YOU CAN LIVE WITH? EXPLAIN:

YOU MAY NOT BE ABLE TO AFFORD YOUR OWN APARTMENT. WOULD YOU BE OPEN TO A ROOM FOR RENT OR LIVING IN A ROOM AND BOARD, OR SHARED HOUSING?

NUMBER OF ADULTS IN HOUSEHOLDS _______  NUMBER OF CHILDREN IN HOUSEHOLDS _______

LOCATION, IN ORDER OF PREFERENCE:  PREFERRED SIZE (VOUCHER SIZE IF APPLICABLE):
(1) ___________________  □ STUDIO
(2) ___________________  □ ONE BEDROOM
(3) ___________________  □ TWO BEDROOM
(4) ___________________  □ THREE BEDROOM
(5) ___________________  □ OTHER _______________________

SPECIAL NEEDS:

□ Close to public transportation
□ Close to childcare
□ Close to ________ school
□ Close to ________ clinic/medical facility/treatment facility
□ One level unit
□ Yard or nearby park
□ Other: ________________________
**What type of credit history do you have?**

- [ ] Good
- [ ] Bad
- [ ] No credit history
- [ ] Don’t know

**Currently possesses:**

<table>
<thead>
<tr>
<th>Item</th>
<th>[ ] No</th>
<th>[ ] Yes</th>
<th>[ ] Needs to obtain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Card</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Birth certificate</td>
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<tr>
<td>State ID</td>
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<td></td>
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<tr>
<td>Green Card/Work Permit</td>
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</tbody>
</table>

**Part 2: Housing Barriers**

- [ ] No rental history
- [ ] Eviction(s) ___
- [ ] Large family (3+ children)
- [ ] Single parent household
- [ ] Head of household under 18
- [ ] Sporadic employment history
- [ ] No high school diploma/GED
- [ ] Insufficient/no income
- [ ] Insufficient savings
- [ ] No or poor credit history
- [ ] Debts
- [ ] Repeated or chronic homelessness
- [ ] Recent history of substance abuse or actively using drugs or alcohol
- [ ] Recent criminal history
- [ ] Adult or child with mild to severe behavioral problems
- [ ] History of abuse and/or battering but abuser not in the unit
- [ ] Recent or current abuse and/or battering (client fleeing abuser)

Provide explanation of barriers: