



PROJECT HOMEKEY REFERRAL FORM

The information on this form will help the Mendocino County Advocacy & Collaboration Team to determine eligibility for residency at Live Oak Apartments in Ukiah. Submitting this form will result in the placement of the proposed resident on the **Interest List for Project Homekey**. Upon completion, please email this form to project_homekey@mendocinocounty.org. There is no deadline for submission. Referral forms are accepted on a continually rolling basis and will be reviewed as units come available.

Today's Date:	
Section 1: Referring Party	
Organization Name:	
Name of Person Completing This Form:	
Phone Number:	Email:
Section 2: Services your organization will continue to provide to this household on a regular and ongoing basis	
<input type="checkbox"/> Case Management - Please briefly describe:	
<input type="checkbox"/> Permanent Housing Placement/Support - Please briefly describe:	
<input type="checkbox"/> Probation/Parole Supervision - Please briefly describe and include end dates of parole/probation:	
<input type="checkbox"/> Substance Use Treatment - Please briefly describe:	
<input type="checkbox"/> Other - Please briefly describe:	

**Section 3: Potential Resident Household Information- list ALL possible household residents
People who are not listed on this form cannot live in the unit**

First Name	Last Name	Birthdate	Relationship to Head of Household	Gender Identity	Estimated Monthly Income and Source
			Head of Household		

Contact Information for Head of Household

Head of household phone:

Head of household email:

Section 4: Resident Cohort

At least one of the members of the household is:

- Parenting at least one child.
- A veteran - Who?
- A senior (over the age of 60) – Who?
- At risk of complications due to Covid-19, per CDC guidelines – Describe:
- Enrolled in the Whole Person Care program – Who?
- Enrolled in Adventist Health Compass Program – Who?
- Fleeing domestic violence – Who?
- A client of Adult Protective Services – Who?
- A client of Child Welfare Services – Who?
- None of the above

Section 5: Please answer the following questions about the proposed resident household.	
1) Have you reviewed the Code of Conduct with the proposed resident and do you feel confident that this household understands and will agree to the Code of Conduct for this project? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I'm not sure	
2) Did this household participate in the Project Roomkey motel program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
3) Are any members of this household receiving mental health, case management, family dependency or mental court, substance abuse, or other services from a community-based provider? If so, please describe. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know Please describe duration and frequency:	
4) Does the household need interpretation/translation services? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, in what language?	
5) Does any member of the household have mobility concerns? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what accommodations are needed?	
6) Does the household include a service or emotional support animal? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
7) Does the household hope to include a domestic pet on the premises? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, how many and what breed of domestic pet?	
8) Is the household currently in possession of a rental assistance voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, what type of rental assistance voucher does the household have?	
9) Has any member of the household been convicted of manufacturing or producing methamphetamine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
10) Does any member of the household have a recent history of violent criminal behavior which may have threatened the health and safety of another individual? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
11) Is any member of the household a registered sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
12) Has any member of the household been convicted of arson? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
13) Is any member of the household on supervised probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, are there "search and seizure" conditions as part of the probation/parole terms? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	
Section 6: Is there anything else that you would like the Tenant Selection Committee to know about this household?	

Section 7: STAFF USE ONLY – DO NOT ENTER ANYTHING HERE

HMIS Screening

Is the household entered into HMIS?

Yes No HMIS Client #

Is the household entered into the Coordinated Entry System?

Yes No Date entered:

Does the household have a VISPDAT score?

Yes No Score: Date of score:

Benefits Screening

Are all members of the household enrolled in Medi-Cal?

Yes No Case Number:

Is the household enrolled in CalFresh?

Yes No Case Number:

Is the household enrolled in CalWorks?

Yes No Not eligible Case Number:

Homekey Eligibility

Does the household meet the homelessness/at-risk criteria?

Yes No

Is the household eligible according to the “Factors for Determining Ineligibility to Project Homekey”?

Yes No

Priority Scoring Result

Enter score:

Recommended Pathway

Pathway 1: Pending Tenant Selection Committee

Pathway 2: Waitlist Status

Pathway 3: Not Eligible At This Time

Recommendation approved by:

Recommendation approved by:

Communication Log with Referring Agency:

1.) Acknowledged receipt of the referral. Date and initials:

2.) Notified Referring Agency of recommended Pathway. Date and initials:

3.) Notified Referring Agency of outcome of Tenant Selection Committee. Date and initials:

4.)

5.)