

AGENCY SUPPORTIVE DETAIL FOR HOMELESS ASSISTANCE APPLICATION

ARJF

Agency assisting client: _____ Date: _____

Social Worker/Planner Name: _____ Contact #: _____

Applicant Name: _____ Contact #: _____

Date of Birth: _____ SS #: _____ Client has income: Yes No

Please detail any income below:
(Designate as Earned or Unearned)

Explain Client's homeless history including first-hand detail about your experiences with the client and last stable address:

Why is client unable to return to prior address:

Does the client have a mental health (MH) diagnosis? Yes No
Name Source of info on diagnosis: MD/Caretaker/Health Pro? _____

If you don't know about a MH diagnosis, do you suspect or can you relate details which lead you to believe such is true?

Does the client have any disability you can say you have observed or the client has talked about? Yes No
Developmental, cognitive? Physical? Other you can state? Please give all details you can provide.

The following are criteria which should apply to a homeless shelter placement by Erie County Department of Social Services: Applicant must be ambulatory, independent in daily living activities, self-administer medications (including glucose monitoring), non-violent and clean and sober (though in-treatment is not a barrier.)

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Does client have current/frequent medical treatment and/or appointments?
What do you know and how do you know this information?

Yes

No

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Please cite the barriers you believe this client faces and what support might be needed to assist the client in an application for assistance.

Does the client have other conditions which affect his/her ability to represent him/herself or care for him/herself?

Is there substance abuse? Yes No

Alcohol or drugs? Please list or share involvement: _____

Is the client literate or can s/he read at a level to complete DSS paper work? Yes No

Has mobility impairment? (Is s/he ambulatory?) Yes No

Physical illness/impairment? Yes No

Can s/he care for himself? Yes No

Professional support or treatment? Yes No

Income of any sort? Yes No

Family relationships to provide support? Yes No

Stated or reported police interaction in 6 months? Yes No

Use of emergency room or medical emergency treatment in 60 days? Yes No

What are his/her special needs? _____

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