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Client ID#
HMIS#

Name: _____

Intake Date: _____

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Client Information Sheet

Legal Name: *(First, Middle, Last, Jr. II, etc)*

Date of Birth:

Age:

SSN:

Address:

City:

State:

Zip Code:

County:

Only fill out if you are homeless:

Last county of residence:

Last zip code of residence:

Contact Information

Please check all approved contact methods: ☐ Phone ☐ Email ☐ Text ☐ Other

Phone Number:

Email:

Emergency Contact Information

Emergency Contact Name:

Relationship:

Phone:

Aware they of your status?

☐ Yes

☐ No

May we contact them?

☐ Yes

☐ No

Other Contacts

Referring Agency:

Referring Agency Contact Name:

Phone:

Primary Care Clinic Name:

Primary Care Clinic Physician:

Phone:

Do we have your consent to leave messages using the above contacts?

☐ Yes

☐ No

Demographic Information

Please select all that apply.

Gender:

☐ Male

☐ Female

☐ Transgender: Male to Female

☐ Transgender: Female to Male

☐ Non-binary

Ethnicity:

☐ Hispanic / Latino

☐ Non-Hispanic / Non-Latino

Race:

☐ American Indian or Alaska Native

☐ Asian

☐ Black / African American

☐ Caucasian / White

☐ Native Hawaiian or Pacific Islander

☐ Multiracial

☐ Other:

☐ Unsure

Other:

Marital Status:

☐ Single

☐ Married

☐ Divorced

☐ Separated

☐ Widow

☐ Partnered

☐ Other:

Sexual Orientation:

☐ No answer

☐ Lesbian

☐ Gay

☐ Pansexual

☐ Bisexual

☐ Other:

☐ Heterosexual

Veteran:

☐ Yes

☐ No

If yes:

☐ Honorable Discharge

☐ General Discharge

☐ Dishonorable Discharge

☐ Have DD214

Homeless Status

Are you homeless?

☐ Yes

☐ No

If yes, where did you stay last night?

How long have you been there?

Have you stayed on the street or in a shelter?

When was the last time?

Date first became homeless?

Reason for current homelessness:

How many separate times have you been homeless in the past three years?

How many months total have you been homeless in the past three years?

Reason for homelessness in the past three years?

Current Housing Information	
Date started current housing:	
Please select below what best represents your current housing situation:	
<input type="checkbox"/> Street / Car	<input type="checkbox"/> Prison
<input type="checkbox"/> Psychiatric Facility	<input type="checkbox"/> Residential Drug Program
<input type="checkbox"/> Living with Relatives	<input type="checkbox"/> Living with Friends
<input type="checkbox"/> Hotel / Motel	<input type="checkbox"/> Shelter
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Halfway House
<input type="checkbox"/> Own Home	<input type="checkbox"/> Other:
<input type="checkbox"/> Transitional / Supportive Housing	<input type="checkbox"/> Domestic Violence Shelter
	<input type="checkbox"/> Rented Apartment / House
Health Insurance	
Please select all that apply.	
<input type="checkbox"/> Private	<input type="checkbox"/> Employer
<input type="checkbox"/> VA Medical	<input type="checkbox"/> Medicaid
<input type="checkbox"/> State Health	<input type="checkbox"/> Indian Health Svc.
<input type="checkbox"/> ADAP	<input type="checkbox"/> Ryan White
<input type="checkbox"/> Medicare	<input type="checkbox"/> VA Medical
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Peach State
<input type="checkbox"/> Cobra	<input type="checkbox"/> Other
	<input type="checkbox"/> No Health Insurance
Client Health Information	
How would you rate your current health status?	
<input type="checkbox"/> Excellent	<input type="checkbox"/> Very Good
<input type="checkbox"/> Good	<input type="checkbox"/> Fine
	<input type="checkbox"/> Fair
	<input type="checkbox"/> Poor
Do you have a disability / chronic health condition?	Do you have a developmental disability?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe the condition(s):	If yes, have you had special education?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been diagnosed with a mental illness?	Have you experienced domestic violence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, are you currently in treatment?	If yes, when was the last incident?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In the past 3 months
If yes, what is your diagnosis?	<input type="checkbox"/> In the past 3-6 months
	<input type="checkbox"/> In the past 6-12 months
	<input type="checkbox"/> More than 12 months ago
Do you have substance use issues?	If yes, what substance(s)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs <input type="checkbox"/> Both
Are you currently in treatment for substance use issues? <input type="checkbox"/> Yes <input type="checkbox"/> No	
HIV Information	
How long have you had HIV?	Are you receiving HIV medical treatment?
	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you taking antiretroviral treatment?	Are you virally suppressed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Monthly Income	
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Employer / Company:
Earned Monthly Income: \$	Hours per Week:
<i>Please fill out any of the below you receive monthly, with the monthly amount received.</i>	
<input type="checkbox"/> SSI / SDI: \$	<input type="checkbox"/> Unemployment: \$
<input type="checkbox"/> Child Support: \$	<input type="checkbox"/> VA Benefits: \$
<input type="checkbox"/> Pension / Retirement: \$	<input type="checkbox"/> Worker's Compensation: \$
<input type="checkbox"/> General Assistance: \$	<input type="checkbox"/> Food Stamps: \$
<input type="checkbox"/> TANF Funds: \$	<input type="checkbox"/> CAPS Children: \$

Previous Housing / Financial Assistance
Have you received housing / financial assistance from any HOPWA funded agency this year? <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, what agency did you receive assistance from?</i> <input type="checkbox"/> HOPE Atlanta <input type="checkbox"/> Positive Impact <input type="checkbox"/> AID Atlanta <input type="checkbox"/> Other:
<i>If yes, what type of assistance did you receive?</i> <input type="checkbox"/> First Month's Rent <input type="checkbox"/> Utility Payment <input type="checkbox"/> Late Rent <input type="checkbox"/> Tenant Based Rental Assistance <input type="checkbox"/> Other: (TBRA)
Amount of Financial Assistance: \$
HIV Supportive Housing
Have you ever stayed in HIV Supportive Housing in Atlanta? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please select all that you have stayed at: <input type="checkbox"/> Edgewood <input type="checkbox"/> Jerusalem House <input type="checkbox"/> Matthew's Place <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hope House <input type="checkbox"/> Legacy Village <input type="checkbox"/> Santa Fe
What housing assistance are you seeking today? <input type="checkbox"/> Emergency Lodging <input type="checkbox"/> Client moved to Transitional Housing on _____ Date

Staff Signature

Date

Client Expectations

HTL Housing Services Mission Statement:

“Create a safe harbor for gay men to heal and reassess priorities in an environment free from drugs and the sometimes-overwhelming pressures of everyday living.”

While enrolled in the HTL Housing Services, clients should be aware of certain expectations that come along with residing in the HTL Housing Services.

These include but are not limited to the following:

1. Clients will abide by all the rules of the HTL Housing Services.
2. Clients will remain **drug free** while residing in the HTL Housing Services.
3. Clients will respect the privacy of other guests of the HTL Housing Services.
4. Clients will be immediately linked to care and attend all scheduled Medical and Mental Health appointments while in the HTL Housing Services.
5. Clients will begin a search for long-term residency as soon as possible.
6. Clients who are eligible will search for gainful employment.
7. Clients will learn to prepare a basic meal.
8. Clients will make their bed every day and keep their area neat and free of clutter.
9. Clients will live in a community setting and work with each other to keep the residence clean and safe at all times.
10. Clients will ensure that all entrances to the residence are securely closed and locked when leaving.
11. Clients will repair any damages to the residences caused by intention or neglect on their behalf.
12. Clients will show up on time for all scheduled appointments and groups.
13. Clients will attend all required groups held at Here's To Life as determined by the HTL staff and meet with their individual counselor at least once a week.
14. Clients will attend all weekly community meetings.
15. Clients will treat each other and the staff with respect at all times.

Client Signature

Date

Staff Signature

Date

Emergency Housing Rules and Regulations

1. Drugs and Alcohol*

Phoenix Rising has a ZERO TOLERANCE policy regarding Drugs and alcohol in the HTL Housing Services. This includes being under the influence or intoxicated. However, personal medication is allowed as long as it is listed on the resident's medication listing.

2. Weapons / Violence*

Phoenix Rising has a ZERO tolerance policy around possession of weapons of any kind. Violence, threats of, fighting, stealing, or damage to property will not be tolerated. ALL persons involved in a fight will be required to leave and may face criminal prosecution.

3. Sexual Activity*

Sexual and romantic activity are not permitted in HTL Housing Services, and visitors are not allowed at any time in order to protect the confidentiality of clients currently enrolled in the program. Individuals not residing in Phoenix Rising are not allowed in the unit at any time.

4. Illegal Activities*

Any illegal activity (gambling, stealing, etc) committed on the HTL Housing Services will result in immediate discharge and may result in criminal charges.

5. Appropriate Behavior

Clients should not touch, hold, or exchange items that belong to other clients under any circumstance. In the event of theft, a staff member and the client may search the residence at any time with the occupant present. Clients should be dressed appropriately when leaving the residence. Excessive profanity is not acceptable when dealing with staff. In addition, threatening or disrespectful statements to staff or other residents are not permitted. Horseplay between clients or between clients and staff is also not permitted.

6. Program Attendance

All Phoenix Rising Housing residents are required to attend **ALL** program activities, groups, special events and community meetings. This includes attendance at virtual meetings when the Here's to Life office is closed. All residents are required to attend weekly Community Meetings. Clients who become ill while in the housing program will need to be seen by a physician if they are unable to attend groups.

7. Restriction

Phoenix Rising Housing clients will be placed on restriction at the beginning of their stay and may return to restriction at any point during their stay. While on restriction, clients may not leave the residence without the permission of the housing manager and are not permitted to travel alone to and from residence while attending group.

8. Medical / Mental Health Appointments

Clients must notify their counselor and the housing staff of all scheduled medical and mental health appointments at least 24 hours in advance. All appointments should be scheduled after 1pm and clients are required to provide signed documentation of visits to the housing and clinical staff upon their return.

9. Curfew

For clients no longer on restriction, curfew is at 8pm every day. Residents must contact the Housing Manager or Resident Assistant if they are unable to return by curfew. Clients who are out past curfew without approval from the Housing Manager will not be allowed entry until after they have met with the Program director at the Here's to Life administrative office **the next business day**. **Note:** In some cases, the next business day is the following week.

10. Quiet Hours

Quiet Hours should be observed between 10:00pm and 6:00am. During this time, all guests should maintain a lower volume out of respect for other guests' ability to sleep.

11. Sign-In/Sign-Out

Clients are required to sign in and out of the HTL Housing Services whenever entering or exiting at the residence for any reason. Any resident who is off Phoenix Rising Housing property for 24 hours or longer will be considered to have abandoned the housing program and will be terminated unless the absence has been approved in advance by Program Director.

12. Beds and Common Areas

Security/Health Checks will be performed randomly. It is the resident's responsibility to ensure that their bed is made and their area is kept neat and tidy daily. Clients are not permitted to sleep overnight in the common areas and **open food and drinks are not allowed in the bedrooms**. Clothing should be stored in closets or dressers, and failure to pass room inspection may be grounds for restriction or dismissal. Dishes should be washed by the end of each day. **Any items that are provided by the HTL Housing Services are the property of the program and must be returned to the staff upon exit from the program.** Damage or theft of Phoenix Rising housing property may result in criminal charges.

13. Storage

Due to a severe shortage of storage space in the units, clients are limited to two suitcases (or their equivalent) during their stay in the residence. Upon exit from the program, clients will need to make arrangements with a staff member to pick up their belongings within 72-hours (three days). **ALL unclaimed items will be discarded after 72-hours.**

14. Smoking

There is NO smoking allowed inside the HTL Housing Services Residence at any time. Clients may smoke in the back of the residence and should dispose of their cigarette butts properly.

15. Laundry

Laundry facilities are available on site. Residents are responsible for their own laundry. Laundry facilities are available Friday through Sunday only and should be completed by 10pm to allow for quiet hours for clients trying to sleep. It is the Senior Resident's responsibility to ensure responsible use of the laundry detergent.

16. Employment / Income / Food Stamps

All residents who are able to work will actively seek employment. However, for safety concerns, guests may not have large sums of money while residing in the HTL Housing Services. Clients who receive income through either benefits or employment should create a budget and savings plan with the housing managers. Clients who do not have a checking or savings account may turn in Money Orders to the Program Director. The suggested amount for all clients is two-thirds of their income. All funds will be managed by the Program Director and will be returned upon exit from the HTL Housing Services.

17. Visitation*

For safety concerns, visitors (which includes family and friends) are not allowed on the HTL Housing Services premises at any time. With prior approval, clients may make arrangements to meet others at the Here's to Life Administrative Office. All visitors are to report to Phoenix Rising / HTL offices at preapproved and predetermined times.

18. Packages/Mail

For security purposes, no personal mail or packages should be delivered to the HTL Housing Services. In special cases, clients can receive personal items and/or money at HTL offices where they will be receipted and disbursed to the client as needed. All packages and parcels should be addressed to HTL's main office address at 1115 Ralph David Abernathy Blvd, Atlanta, GA 30310. Items will be inspected by staff members with the resident present. Please be sure to inform the housing manager or program director of any expected deliveries.

19. Maintenance / Trash

Any maintenance issues should be reported immediately to the Housing staff. Trash pick-up at Phoenix Rising Decatur is scheduled for Wednesday. It is the residents' responsibility to ensure that the trash is put by the curb for pick up each week.

20. Transportation / MARTA

Clients will be provided MARTA transportation during their stay with the HTL Housing Services. While on Restriction, clients must be accompanied to and from the residence by other housing clients. Clients are responsible for replacing any lost MARTA cards and must turn in their provided MARTA cards during their exit interview unless they are planning to continue to attend the day program.

19. Vehicles*

Clients who have vehicles are required to park and lock them while on restriction and must turn in the keys to the house manager. Once a client has been approved by the program director use of the vehicle, the client may use the vehicle to travel to work or grocery shop providing that they have insurance coverage. **Clients are NOT allowed to transport other housing clients in their vehicle under any circumstances.** If a client is found transporting another client at any time, **BOTH** clients will be subject to discharge from the HTL Housing Services.

COVID-19

To ensure the safety of all clients in the HTL Housing Services all clients should provide documentation of a COVID-19 test result every 21 days while residing in housing.

Exiting the HTL Housing Services

When you leave the housing program voluntarily:

- You will need to make an appointment to meet with the program director and the housing manager. The housing manager will need to be present at your exit from the residence, and the program director will return any funds or savings you have accumulated during your stay.
- Complete a change of address card immediately. All mail received will be returned to sender.
- Make arrangements to remove your personal belongings immediately. **Personal belongings can only be held for up to 72-hours after which they will be discarded.**

Client Signature

Date

Witness

Date

See

Summary of Client's Rights

Informed Consent / Program Participation Requirements

I acknowledge that I have received a detailed explanation of my rights and responsibilities as a client. Phoenix Rising / HTL has provided an explanation of client duties, responsibilities, and what is meant by the terms “available” and “appropriate” treatment. I understand that:

1. I must fully comply with the terms and conditions of the HTL Housing Services participation.
2. I must attend all scheduled treatment sessions and actively participate in the treatment program.
3. If I fail to comply with the program participation, I will be subject to progressive compliance sanctions, as allowed by agency policy and procedures. These sanctions may result in discharge from the program.
4. The support team will request the immediate termination of my treatment if I engage in prohibited actions or behaviors as described in the **Phoenix Rising Client Orientation Handbook** under the heading “Discharge from Services.”
5. I have the right to receive considerate and respectful care in a clean and safe environment free of unnecessary restraints.
6. I have the right to receive emergency care, if needed.
7. I have the right to inform Phoenix Rising / HTL of the emergency medical contact.
8. I can expect a non-smoking environment. In accordance with the federal, state and city fire codes, this is a **SMOKE-FREE** facility.
9. I have the right to receive all the information needed to give informed consent for any proposed procedure or treatment
10. All clients have the right to be treated with consideration, respect, and full recognition of his dignity and individuality.
11. I can expect privacy while at Phoenix Rising / HTL, and that all my information regarding my treatment and care will be kept confidential.
12. I have the right to make an informed decision to refuse treatment and to be told what effect this may have on my health.
13. No client will be required to perform chores for the housing facility except in the normal execution of their responsibilities.
14. All clients will be free from mental and physical abuse, free from exploitation, and free from chemical, physical, and other types of restraints.
15. I have the right to participate in all decisions about my service plan from Phoenix Rising. Phoenix rising will provide you with a written early termination plan and written description of how I can appeal.
16. All clients may join with other clients or individuals to work for improvement of client care.
17. Each client will be assured of exercising civil and religious liberties, including the right to make independent personal decisions.
18. I have the right to review my record without charge, or to obtain a copy of my treatment record for which Phoenix Rising can charge a reasonable fee. I understand that I may not be denied a copy solely because I cannot afford to pay.
19. I have the right to complain without fear of reprisals about this care and services I am receiving and to receive a response from Phoenix Rising / HTL in writing, if I request, and that if I am not satisfied with Phoenix Rising / HTL’s response, I can complain directly to the program Director.



Informed Consent / Program Participation Requirements – Acknowledgement

(continued)

My signature below indicates that the following has been explained to me and that I have had the opportunity to ask questions.

- An explanation of the purpose, goals, techniques, and rules of procedure for my treatment
- An explanation of confidentiality and its limits (acknowledge and understand)
- Length of treatment
- Client Bill of Rights (acknowledge and understand)
- Qualifications and credentials of treatment staff
- Consent for medical treatment
- Client Orientation Packet (acknowledge and understand)
- Termination from housing for non-compliance with policy
- Received Orientation

I fully understand these requirements and agree to comply with the provisions of treatment.

Client Signature

Date

Witness

Date

See

Grievance Procedures

See

Grievance/Complaint Report

See

Income & Zero Income Affidavit



Income and HIV / AIDS Verification Form (2021)

Name: _____ Date: _____

Address: _____

Household Income: \$ _____ Per: _____
(Either monthly or annually)

Number in Household: _____

2021 HOPWA Income Eligibility Guidelines HUD Low Income by Family Size

Family Size	Annual Income	Monthly Income
1	18,100	1,508
2	20,700	1,725
3	23,300	1,941
4	25,850	2,154
5	27,950	2,329
6	30,000	2,500
7	32,100	2,675
8	34,150	2,845

Income verified by: (Check as many as apply)

- | | |
|--|--|
| <input type="checkbox"/> Income Tax Statements | <input type="checkbox"/> AFDC Verification |
| <input type="checkbox"/> Payroll Statement | <input type="checkbox"/> Food Stamp Eligibility Verification |
| <input type="checkbox"/> Employer Verification | <input type="checkbox"/> Medicaid Verification |
| <input type="checkbox"/> Social Security Verification | <input type="checkbox"/> Free School Meal Verification |
| <input type="checkbox"/> Affidavit of Income (last choice) | <input type="checkbox"/> Other (specify) _____ |

Verification of HIV / AIDS status if from: (check applicable category)

- ☐ County Health Department (specify county)
- ☐ Private Licensed Physician
- ☐ Hospital (specify)
- ☐ Healthcare Provider (specify)
- ☐ Licensed HIV testing facility (specify)

Attach copies of documents used to verify income and HIV status and keep in the client's file.



Residential Housing Contract

Start Date: _____

Renewal Date: _____

End Date: _____

The Housing Residential Contract allows you eligibility for housing starting the day you sign into the program for up to thirty (30) days and is enforced until you complete the program. There can be an additional thirty (30) day extension for a **maximum of 60 days in a six-month period** which is subject to the Project Director's approval.

Housing is provided for you so that you can have a period of support to work out an appropriate way of becoming self-supportive. The services you receive are provided with the following responsibilities as a condition of residency:

- You agree to actively participate in the Day Program developed to fit your needs by Phoenix Rising/HTL.
- If you miss any two (2) activities without being excused in advance by your counselor, your need for housing and support will be re-evaluated immediately and may result in termination of services. It is your responsibility to check in with the counselor at HTL prior to group to assure that a record of your attendance is being recorded.
- If you consume alcohol or take drugs (other than those prescribed by a Physician) during this period, you will be subject to termination. Your participation will require regular attendance at all scheduled Phoenix Rising/HTL support and education activities and counseling sessions.
- If you need your time to be extended any longer than the time designated on the contract, it is your responsibility to talk with your case manager and the housing manager at least one week prior to your end date. Housing extensions beyond 60 days period require written documentation from a new housing provider with the projected move in date.

Client Signature

Date

Housing Orientation Checklist

I, _____, confirm that the following information has been explained to me as indicated by my initials.

- The purpose of the HTL Housing Services _____
- Expected benefits I will receive if I follow the program guidelines _____
- Housing guidelines – including requirements for conduct and consequences for infractions. _____
- Grounds for involuntary termination _____
- The procedures for compliance _____
- Client responsibility for adhering to the treatment plan and how non-adherence may affect housing _____
- Identification of staff person(s) expected to coordinate housing needs / services. _____
- Location of Emergency Information and fire exits. _____
- For the protection of the Phoenix Rising Housing clients, no visitors are allowed in the residence at any time or for any reason _____
- I understand that the rules / policies and procedure of Phoenix Rising / HTL are subject to change at the Program Director's discretion _____

By signing below, I acknowledge that I understand that any misrepresentation of information, by omission and/or dishonesty during the screening / intake process can be grounds for termination from the program. Any actions in the matters will be evaluated on an individual basis.

Resident Signature

Date

Staff Signature

Date

See

Emergency Contact Form



Confidentiality Form

Client Confidentiality Regarding HIV/AIDS and Treatment Information

Federal law and regulations protect the confidentiality of client records maintained by this program. Generally, the program may not disclose to anyone outside of the program that a client attends the program, or disclose any information identifying the client as an alcoholic, drug abuser or as a person diagnosed with HIV unless:

- a) the client consents in writing
- b) the disclosure is allowed by a court order; or
- c) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law does not protect any information about a crime committed by a client either at the program or against any person who works for the program or about any threat to commit such a crime. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42CFR Part 2 for Federal regulations.) (Approved by the Office of Management and Budget under Control No. 093000-0099).

By signing below, I acknowledge that I have read and understand the above information. I also understand that all information pertaining to clients who participate in the HTL Housing Services is to be treated as confidential and that this information cannot be discussed with anyone not participating in Phoenix Rising programs.

Information concerning my participation in Phoenix Rising Housing services can only be released with my permission, indicated by a signed release of Information.

Client Signature

Date

Witness

Date

CLIENT NEEDS ASSESSMENT

Client Name: _____

Counselor: _____

Date of Assessment: _____

Upon admission into the substance abuse treatment program, the assigned counselor should assess any additional needs the client may have. Of particular importance, are those needs that may create barriers to the client finding employment or otherwise becoming a productive member of society. Please list and document appropriate follow-up. A partial list is below.

NEEDS List	YES	NO	Date Initiated	Date Completed
1. Non-Driver I.D.				
2. Social Security Card				
3. Birth Certificate				
4. Medical Card				
5. TB				
6. RPR				
6. Proof of Status				
7. Proof of Residence				
8. Proof of Care				
9. Proof of Income				
10. History & Physical exam				
11. Clothing				
12. Medical Assessment				
13. List of Medication				

See

Authorization to Release Information

See

HMIS Intake Forms

See

HMIS Consent to Share- Supplemental

Proof of Status See

Primary Care Verification Form

See

Homeless Verification letter

HIV Verification, see

Primary care Verification form