City House
Protecting Youth.
Empowering Change.
Transforming Lives.

☐ Deferred ☐ Accepted ☐ IRIS # _____

SERVICES REQUESTING – *Select all that apply*	**Date:** / /20
☐ **Transitional Living Program (TLP)** – Housing for up to 18 months for young adults ages 18-21. ☐ **Case Management** - (job search, education, vital documents). ☐ **Life Skills** - (weekly enrichment workshop).	☐ **Resource Center** – (hygiene kit, food, clothing, bus passes, computer access, resource referrals) ☐ **Counseling** ☐ **Other** _____

PERSONAL INFORMATION

First Name:		**Last Name:**	
Address:		**Whose address is this?**	
City:		**State:**	**Zip:**
Date of Birth:	**Age:**	**Last 4 digits of Social Security #:**	
Phone Number:			
Email Address:			

Gender Identity:

☐ Male ☐ Female ☐ Transgender Male ☐ Transgender Female ☐ Other _____

Sexual Orientation:

☐ Lesbian ☐ Gay ☐ Bisexual ☐ Straight ☐ Questioning/Unsure ☐ Other _____

Are you with anybody?	**Are you a veteran? If so, when and where did you serve?**
☐ Yes ☐ No	☐ Yes ☐ No

PERSONAL INFORMATION – *Continued*

Ethnicity: ☐ Hispanic ☐ Non-Hispanic

Race:

☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ White
☐ American Indian or Alaska Native and White
☐ Asian and White
☐ Black or African American and White
☐American Indian or Alaska Native and Black or African American
☐Other _____

Preferred Language:

☐ English ☐ Spanish

☐ Other _____

Religious Preference:

☐ Christian
☐ Muslim
☐ Jewish
☐ Buddhist
☐ Hindu
☐ None
☐ Other _____

SPIRITUAL

Do you currently have any spiritual practices?

☐ Yes ☐ No

If so, what are they?

LIVING SITUATION

Where did you sleep last night?

Why are you currently homeless?

In what city was your last stable address? How long were you there?

Do you have a history of running away? Please explain. ☐ Yes ☐ No

Have you stayed at other shelters before? If so, where? ☐ Yes ☐ No

Have you ever been in a place you felt you could not leave?

☐ Yes ☐ No

How did you hear about City House?

What other agencies have you talked to about housing?

TRANSPORTATION

What do you use for transportation?

EDUCATION

Are you currently enrolled in school? **If so, where?** **Last grade completed?**

☐ Yes ☐ No

Did you graduate high school or have your GED? If so, when and where?

☐ High School Diploma *from*_____ 20_____

☐ GED *obtained* _____20_____
Month *Year*

Were/are you in any special education classes?

☐ Yes ☐ No

While in school, did you have any problems learning? Please describe/explain.

☐ Yes ☐ No

Did you enjoy school? Why or why not?

☐ Yes ☐ No

What educational opportunities would you like to have had or want to have in the future?

EMPLOYMENT

Do you currently work?

☐ Yes ☐ No

If so, where and how long have you been working there?

List your last three jobs and how long you worked there.

1.

2.

3.

Are you on SNAP or other assistance programs?

☐ Yes ☐ No

If so, which ones?

LEGAL HISTORY	
Have you ever been on probation? ☐ Yes ☐ No	**If so, <u>when</u>, for <u>what</u> and for how <u>long</u> were you on probation?**
Have you ever been in jail/juvenile detention? ☐ Yes ☐ No	**If so, for <u>what</u> and how <u>long</u> were you in jail?**
Have you ever been arrested? ☐ Yes ☐ No	**If so, for <u>what</u>?**
Do you have any outstanding warrants or tickets? ☐ Yes ☐ No	**If so, for <u>what</u>?**

FAMILY HISTORY	
How were you disciplined?	
Growing up, who did you look up to?	**Were you left unsupervised often?** ☐ Yes ☐ No
Have you ever experienced any form of abuse or neglect? (physical, emotional, sexual, rape, domestic violence) ☐ Yes ☐ No	**Have you ever had CPS involvement?** ☐ Yes ☐ No **If yes, were you ever in CPS care and at what age(s)?**
Growing up, who lived in your home? *(Parents, grandparents, siblings, other family)*	**Were you adopted as a child?** ☐ Yes ☐ No

SUPPORT SYSTEM

Please list 3 relatives/friends/caring adults that are actively involved in your life.

Name	*Phone Number*	*Relationship to You*
1.		
2.		
3.		

MEDICAL HISTORY

Are you pregnant, believe you could be pregnant, or parenting?

☐ Yes How many months: _____

☐ No Name and age of children: _____

Do you currently have health insurance? (*Medicaid/private health insurance)* **Please list.**

☐ Yes ☐ No

When was the last time you saw a doctor?

When was the last time you saw a dentist?

What medical conditions do you have? Please list.

Please list *any* medications you are currently on as well as the dosage.

Who prescribed your medication?

Have you ever had surgery or been hospitalized?

☐ Yes ☐ No

If so, please explain:

List any previous medications you've been on in the *last year*?

MENTAL HEALTH HISTORY

Have you ever used any drugs, alcohol or tobacco? ☐ Yes ☐ No	**If so, what substance(s) and how long ago? When was the last time you used?**
Have you ever been admitted to a mental health hospital? ☐ Yes ☐ No	**If so for what, when, what hospital, and was it in-patient or outpatient?**
Please list any mental health conditions that YOU have been diagnosed with (depression, anxiety, bipolar disorder).	**Please list any mental health conditions <u>in your *family*</u>.**
Have you ever had counseling? ☐ Yes ☐ No	**If so, when and with who?**

Have you ever thought about suicide? ☐ Yes ☐ No	**If so, when?**	**Have you ever self-harmed?** ☐ Yes ☐ No	**If so when was this?**
Have your sexual desires ever caused conflict in your life? Please explain. ☐ Yes ☐ No		**Are you safe?** ☐ Yes ☐ No	
Have you ever received anything in exchange for sex? *(i.e. money, food, drugs, shelter)* **<u>If so, when?</u>** ☐ Yes ☐ No		**Are you worried about someone finding you?** ☐ Yes ☐ No	
Have you ever been bullied? ☐ Yes ☐ No		**Have you ever been involved/currently involved with a gang?** ☐ Yes ☐ No	

SOCIAL SKILLS

How do you communicate when there is a conflict?

How do you react when meeting new people?

How do you interact with people in large groups?

How do you interact with people who are different from you? *(i.e. race, religion, sexual orientation)*

How do you spend your free time?

Do you have difficulty making friends?

☐ Yes ☐ No

Have you ever lived with people before?

☐ Yes ☐ No

INDEPENDENT LIVING SKILLS

Can you cook?

☐ Yes ☐ No

What can you cook?

Do you know how to do laundry?

☐ Yes ☐ No

Are you able to complete a weekly chore? Please list.

☐ Yes ☐ No

STRENGTHS

What are 3 things you like about yourself or feel you are good at?

1.

2.

3.

GOALS

Please list at least 3 things you would like to get out of this program.

1.

2.

3.

What are 3 things you would like to improve on?

1.

2.

3.

I have completed this application truthfully and to the best of my ability.

_____ _____

Applicant Signature Date

_____ _____

City House Representative Signature Date

Self-Certification of Income

Applicant Name: _____

Current Address: _____ Phone #: _____

_____

Household Members and Income

(including applicant)

Last Name	First Name	Age	Monthly Income	Source

**PERSONAL INFORMATION: (Check one in each item. Optional Information for Federal Reporting Purposes)

a. ☐ MALE ☐ FEMALE

b. ☐ WHITE ☐ BLACK/AFRICAN AMERICAN ☐ BLACK/AFRICAN AMERICAN & WHITE
☐ AMERICAN INDIAN/ALASKAN NATIVE ☐ ASIAN
☐ AMERICAN INDIAN/ALASKAN NATIVE & WHITE ☐ ASIAN & WHITE
☐ NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER ☐ BALANCE/OTHER
☐ AMERICAN INDIAN/ALASKAN NATIVE & BLACK/AFRICAN AMERICAN

c. ETHNICITY
☐ HISPANIC
☐ NON-HISPANIC

d. DISABLED
☐ YES
☐ NO

e. IS OWNER/BORROWER WOMEN HEAD OF HOUSEHOLD
☐ YES
☐ NO

* TOTAL NUMBER OF FAMILY MEMBERS _____ (Include Yourself, Spouse, Children, etc.)

Total Anticipated Annual Household Income: _____

Certification:
I certify that the information I am providing is true and could be subject to verification at any time by a third party. I also acknowledge that the provision of false information could leave me subject to the penalties of Federal, State and local law.

_____ _____
Signature of Applicant Date

WARNING: **TITLE 18, SECTION 1001 OF THE U.S. CODE STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.**

For use by funding agency:
Household Size: _____ Annual Income: _____

Income Limit: _____ Is Applicant Eligible: _____

Person Making Determination: _____ Date: _____

Client Consent and Release of Information

Homeless Management Information System (HMIS) is required by the US Department of Housing and Urban Development (HUD) for agencies that receive HUD funding. HMIS is not electronically connected to HUD and is only used by local authorized agencies. All HMIS users have received confidentiality training and have signed strict agreements to protect clients' personal information and limit its use appropriately.

A Privacy Notice is available at participating agencies. It provides details on how member agencies and their staff handle client information and data sharing. **Please select ONE level of consent below:**

- ☐ I consent for City House, Inc. (Agency Name) to share **sensitive, personal and basic information** within the current and future organizations that are part of the Continuum of Care.
- ☐ I Consent for City House, Inc. (Agency Name) to **share personal and basic information** within the current and future organizations that are part of the Continuum of Care.
- ☐ I Consent for City House, Inc. (Agency Name) to **share basic information** within the current and future organizations that are part of the Continuum of Care.
- ☐ I **Do Not consent** for City House, Inc. (Agency Name) to share information within the current and future organizations that are part of the Continuum of Care.

I understand that HMIS is shared with and used by authorized agencies in my community for the purposes of:

1. Assessing the needs of low-income, homeless or other special-needs persons to give better assistance and to improve their current or future situations,
2. Improving the quality of care and service for people in need,
3. Tracking the effectiveness of community efforts to meet the needs of people who have received assistance, and
4. Reporting data on an aggregate level that does not identify specific individuals or their personal information.

I understand that:

- Information I give about my physical or mental health will NOT be shared outside the CoC organizations.
- I have the right to view my own file in HMIS with an authorized user.
- Signing this release form does not guarantee that I will receive assistance.
- I may revoke my authorization by completing and submitting a revocation form.
- All agencies that use HMIS will treat my information with respect and in a professional and confidential manner.
- Unauthorized people or organizations cannot gain access to my information without my consent.

_____ _____ _____

Client Name (printed) Signature Date

☐ Please treat information about my children age 17 or younger the same as mine.

_____ _____ _____

Agency Representative Name (printed) Signature Date

Consent for Participation in and for ___City House, Inc. _____ [NAME OF ORGANIZATION] to Share My Information in Pieces Iris™

Pieces Technologies, Inc. ("Pieces Tech") provides a platform ("Pieces Iris") for community organizations (*e.g.*, homeless shelters and food banks) ("Social Service Providers") and healthcare organizations (*e.g.*, hospitals and clinics) ("Healthcare Providers") to exchange and share clinical and social information. The sharing of such information assists such organizations to better serve their clients and patients. The purposes and goals behind the information sharing are (i) to improve care coordination among Healthcare Providers and Social Service Providers; (ii) to track the impact of services provided by the Social Service Providers and the Healthcare Providers; and (iii) to track data from encounters with Social Service Providers and Healthcare Providers.

CONSENT – I hereby authorize and consent to participation in Pieces Iris. I understand that my "Sensitive Information," which may be disclosed and shared, may include my name, address, contact information, income, education, general health status, treatment information, health conditions, X-rays and other images, medical or billing codes, information about my family, health information or protected health information that identifies me, and other information related to my health or condition. In addition to other information that may be shared, with my consent the following basic, personal and sensitive information will be shared in Pieces Iris: name (including nicknames), addresses, phone numbers, email addresses, date of birth, gender, race, marital status, medical information, family information, and ethnicity.

By writing my initials below, I also understand that my "Sensitive Information", which may be shared, may have information such as my social security number and information about my mental health, pregnancy (if applicable), substance, drug and alcohol abuse, HIV diagnosis and other infectious diseases that can spread from person to person. Please initial here to give your permission for us to disclose to the Receiving Organization the information listed here: _____.

USE AND DISCLOSURE OF INFORMATION – I understand that I am giving my permission for City House, Inc. to share and disclose my Sensitive Information for the reasons set forth above which also includes case management services, research, and operation of information exchange portals (IEP). Your Sensitive Information could be shared with Social Service Providers that provide assistance with housing, food, utilities, etc. (such as The Bridge and North Texas Food Bank); medical records vendors and other healthcare solutions providers; Healthcare Providers such as nursing care providers, long term care and other related facilities, and home health companies and professionals; research organizations (including but not limited to healthcare and policy think tanks); Pieces Tech and its service providers and business partners; health information exchanges; organizations acting as healthcare or social data aggregators; and any other applicable organizations (collectively the "Receiving Organization").

VOLUNTARY DISCLOSURE OF SENSITIVE INFORMATION – I voluntarily agree to allow the Receiving Organization access to my Sensitive l Information and information about my family that I provide as part of my consent. I understand that the Receiving Organization may de-identify my information or use it again later for the reasons listed in this form as permitted under applicable law. I understand that the Receiving Organization may electronically disclose my Sensitive Information or information about my family to third parties as permitted or required by law.

RISKS AND BENEFITS – All organizations involved in Pieces Iris take precautions to safeguard my Sensitive l Information, but there remains risk that my information could be (a) breached or disclosed to unauthorized parties, (b) accessed, used or disclosed in an unauthorized manner by the Receiving Organization, or (c) subject to technology errors, which could lead to miscommunication. The benefits of sharing my information with the Receiving Organization, include, but are not limited to, (1) better coordination of my care among Social Service Providers and Healthcare Providers, and (2) potential improvement in my health and well-being due to better coordination of my care.

I understand and have been informed of the potential risks associated with my participation in Pieces Iris. I understand that no promises have been made for specific outcomes or impact on my care or otherwise. I have had the opportunity to ask questions, and I have read and fully understand the above statements.

I understand that I may revoke this Consent at any time by writing to City House, Inc. [Name of the organization providing the Consent] at the following address or email address:

Name: City House, Inc.

Address: 830 Central Parkway East #350

Plano, TX 75074

Phone Number: (972) 424-4626

Email Address: _____

I understand my revocation will not apply to, nor have any effect on, information disclosed before the receipt of the revocation.

This Consent will remain in effect until the time when the Receiving Organization is no longer operating an information exchange portal (IEP) and providing case management services.

I understand and agree to participate in Pieces Iris. I understand that my consent to participate in Pieces Iris is conditioned upon my signature below.

Minor Consent: *If applicable, I have the legal right to consent for the minor child named below, and I authorize the minor's participation in Pieces Iris as described above. Minor Child(ren):*

_____

_____

TO BE COMPLETED BY INDIVIDUAL OR INDIVIDUAL'S LEGAL REPRESENTATIVE:

Individual's Name:

_____

Individual's Signature:

_____

Name of Individual's Legal Representative (if applicable):

_____

Signature of Individual's Legal Representative (if applicable):

_____

Legal Representative's Relationship to, or Authority to Act for, the Individual (if applicable):

_____

Date Signed: _____/_____/_____ Individual's Date of Birth: _____/_____/_____

Organizations

ASD
Assistance Center of Collin County
Austin Street Center
Catholic Charities
City House
City of Dallas Housing Services Department
City of Garland
City of Irving
CitySquare
Dallas County Health and Human Services
Dallas Life
Endeavors
Family Gateway, Inc.
Health Services of North Texas
Housing Crisis Center
Journey Towards Wholeness
Legacy Counseling Center, Inc.
Legal Aid of Northwest Texas
Martin Luther King, Jr. Community Center
Matthew 25:40
Metro Dallas Homeless Alliance
Metrocare Service
My Second Chance, Inc.
North Texas VA Health Care System
Open Arms, Inc
Operation Relief Center.
Promise House
Prism Health North Texas
Seasons of Change
Salvation Army – Carr P Collins
Shared Housing Center
The Bridge
Transicare, Inc.
Transition Resource Action Center – TRAC
Under1Roof
Union Gospel Mission
West Dallas Multipurpose Center