

# STRMU/PHP GRANT REQUEST FORM

**FORM A**

<b>1. REFERRAL AGENCY INFORMATION</b> Referring Agency: _____ HCM: _____				
<b>2. CLIENT INFORMATION:</b> CCA ID # (Disregard if New): _____ Last Name: _____ First Name: _____				
<b>3. FAMILY STATUS:</b>		<b>3a. # in FAMILY:</b>		
<b>4. GRANT TYPE:</b>		<b>4b. REASON:</b>		
<b>5. TYPE OF PHP REQUESTED:</b>				
<b>6. PROPERTY MANAGEMENT INFORMATION:</b> Owner/Mgmt. Co: _____ Street: _____ City: _____ State: ___ Zip _____ Tel.: _____ W-9 on file: _____				
<b>7. Average Gross Income Over Past 3 Months</b>				
<i>Type of Income</i>				<i>Ave. Amt.</i>
Gross Employment Inc.				
Unemployment Ins. (UI)				
State Disability Ins. (SDI)				
Sup. Security Inc. (SSI)				
Soc. Sec. Dis. Ins. (SSDI)				
Social Security (Retirement)				
Private Disability Ins.				
General Relief (GR)				
VA Pension				
CalWorks				
Other: _____				
<b>Total Ave. Gross Monthly Income</b>				
<b>8. -CCA USE ONLY-CT'S ELLEGIBILITY PERIOD 2011-12</b>				
<b>Anniversary Date:</b>				
)	:			
Check #:				
Grant Type:				
Total Amount:				
Units Used:				
<b>CCA USE ONLY:</b> Rec. for Audit on:				
Date Audited:		Monitor:		
Date Received:		Application#:		
Date Check Issued:				
<b>GRANT REQUEST</b>				
<b>9. STRMU</b>		<b>AMOUNT</b>	<b>PAYEE INFO:</b>	
Fundable Rent/Mortgage			Rental/Mortgage Co:	
Electricity			Electricity Co.:	
Gas			Gas Co.:	
Water			Water Co:	
<i>TOTAL-STRMU SUBSIDY:</i>				
<b>10. PHP</b>				
Fundable First Month's Rent			Rental/Mortgage Co:	
Security Deposit				
<i>SUBTOTAL</i>				
<b>PHP-UTILITY</b>				
Electricity Switch-On			Electricity Co.:	
Gas Switch-On			Gas Co.:	
Water Switch-On			Water Co:	
<i>TOTAL MOVE-IN GRANT</i>			(Type In) Subtotal +Switch-On Bills (if any)	
<b>11. HOUSING OUTCOME:</b> _____				
<b>12. CERTIFICATION:</b> By signing below we (Client and Provider) acknowledge that the CCA considers every application on a case-by-case basis. Eligibility for the program does not guarantee approval. Acceptance of one grant does not guarantee approval of additional grants. Many factors are considered prior to acceptance or denial of any application. The client and provider certify that the information on this application is true and correct, there is supporting documentation for the claims and no information has been withheld that may influence the client's eligibility for assistance. The client understands that if they are found to have withheld information or have misrepresented themselves or their need, they will be barred from accessing the program. The provider and the client acknowledge that this is a federal program and they may be prosecuted for making false or misleading statements. Fax completed form to CCA @ (323) 344-4894 or (323) 344-4895				
HS's NAME (PRINT): _____		HS's SIGNATURE: _____		DATE: _____
REVIEWER'S NAME (PRINT): _____		REVIEWER'S SIGNATURE: _____		DATE: _____
CLIENT'S NAME (PRINT): _____		CLIENT'S SIGNATURE: _____		DATE: _____

**(PHP) PERMANENT HOUSING PLACEMENT VERIFICATION FORM**

Conventional       Low Income       Section-8

**PLEASE PRINT**

I intend to rent an  Apartment or a  House to: \_\_\_\_\_  
Tenants full name:

The property is located at \_\_\_\_\_  
Street Address \_\_\_\_\_ Apartment # \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

**TO SATISFY THE MOVE-IN AGREEMENT, THE APPLICANT MUST PAY THE FOLLOWING AMOUNTS:**

<b>(Sec-8 Only) Contract amount: \$</b> _____		
<b>First Month's Rent:</b>	\$ _____	(Tenants portion only if Sec-8)
<b>Security Deposit:</b>	\$ _____	
<b>TOTAL Move-in costs:</b>	\$ _____	

**PLEASE PRINT**

Utilities are:  Included       not included in rent

Apartment/House is:  Furnished       Unfurnished

**UNIT INSPECTION DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **(Sec. 8 Only)**

**MOVE-IN DATE:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please make checks payable to: \_\_\_\_\_

**CHECKS WILL BE MADE PAYABLE TO PROPERTY OWNER OR AUTHORIZED MANAGEMENT COMPANY ONLY.  
 IF PROPERTY MANAGEMENT COMPANY.  
 A PROPERTY MANAGEMENT COMPANY VERIFICATION FORM MUST BE PROVIDED AT TIME OF APPLICATION  
 PROPERTY OWNERSHIP IS PUBLIC INFORMATION, AND WILL BE VERIFIED WITH  
 LOS ANGELES COUNTY TAX RECORDS BEFORE CHECKS ARE ISSUED**

Name of Property Owner: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**I UNDERSTAND THAT THIS IS A FEDERALLY FUNDED PROGRAM AND THAT ABUSE OF IT IS A FEDERAL OFFENSE.  
 I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION  
 I HAVE PROVIDED ON THIS FORM IS TRUE AND CORRECT.**

**Property Owner/Designee Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant's Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**THIS FORM IS NOT AN AGREEMENT BUT ONLY CONFIRMATION OF THE AMOUNT OF MONIES THAT WILL BE REFLECTED IN THE RENT LEASE AGREEMENT**

**FORMA DE VERIFICACIÓN DE VIVIENDA PERMANENTE**

**Convensional      Bajos Recursos      SECCION-8**

*Escriba con letra de molde*

Me prepongo alquilar    un apartamento    una casa a: \_\_\_\_\_  
Nombre del solicitante.

La propiedad está localizada en \_\_\_\_\_ apartamento #: \_\_\_\_\_

en la ciudad de: \_\_\_\_\_ Zona Postal: \_\_\_\_\_

**PARA SATISFACER LA MUDANZA EN EL ACUERDO, EL SOLICITANTE DEBE PAGAR LAS CANTIDADES SIGUIENTES**

<b>(Solo para Sec-8) Renta Contratada: \$</b> _____	
<b>Primer mes de renta:</b>	\$ _____ <i>(Solo porcion del inquilino si Sec-8)</i>
<b>Depósito:</b>	\$ _____
<b>Costo total de mudanza:</b>	\$ _____

*Escriba con letra de molde*

Las utilidades:    están incluídas con la renta    **no** están incluídas con la renta

La casa/apartamento está:    amueblado    **no** amueblado

**FECHA DE INSPECCION:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ **(Solo para Sec-8)**  
mes      día      año

**FECHA EN QUE EL SOLICITANTE SE PUEDE MUDAR:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mes      día      año

Haga el cheque a nombre de: \_\_\_\_\_  
*(\*\*Los cheques sólo se emitirán a nombre de los propietarios o de la compañía de gerencia autorizada.\*\*)*  
 Si compañía de gerencia. Una forma de la verificación de la compañía de gerencia se debe proporcionar en la época del uso.

Nombre del Proprietario: \_\_\_\_\_

Dirección: \_\_\_\_\_

Teléfono: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

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*Entiendo que este es un programa con fondos del Gobierno Federal y que el abuso de los mismos es una ofensa Federal. Certifico bajo pena de perjurio que toda la información proveída en esta forma es verdadera y correcta.*

**Firma del Proprietario/Manager:** \_\_\_\_\_ Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Firma del solicitante:** \_\_\_\_\_ Fecha: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Esta forma no es un contrato de renta, tan sólo es una confirmación del monto actual establecido en el contrato de renta.**

**FEDERALLY FUNDED HOUSING ASSISTANCE PROGRAM**

**Security Deposit Agreement**

Name: _____
Address: _____ <i>(Residence Address of Prospective Tenancy)</i>

Conventional                      Low Income                      Sec-8

**PART ONE: (To Be Completed by Tenant)**

I, \_\_\_\_\_, acknowledge and understand my right under Sec. 1950.5 of the California Civil Code to a return of the remainder of any security deposit associated with my tenancy after any deductions made for unpaid rent, damage to the unit, or cleaning of the unit upon termination of the tenancy.

I consider the return of any remaining security deposit to the "Household Account" as fulfilling this right and further waive any right to claim a personal refund. I understand that my security deposit is **NOT** to be used for last month's rent.

*Note: Use of these funds may be revoked at any time, if tenant does not comply w/t current guidelines.*

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Tenant/Lessee Signature \_\_\_\_\_ Date \_\_\_\_\_

**PART TWO: (To Be Completed by Property Owner/Lessor or Management Co. Agent)**

I, \_\_\_\_\_, understand that the security deposit \$ \_\_\_\_\_ portion of this Federally Funded Housing Assistance Grant is subject to California Code Sec. 1950.5 and that, upon the eviction or relocation from the residence listed above by the tenant, OR in the case of the death of the intended tenant during this tenancy, I promise to return the remainder of any security deposit or an itemized statement of how security deposit was used to the "Housing Assistance Account" on behalf of the tenant.

*NOTE: THESE FUNDS ARE NOT TO BE RETURNED TO TENANT FOR ANY REASON AT ANY TIME.*

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Property Owner/Lessor Signature \_\_\_\_\_ Date \_\_\_\_\_

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Telephone Number \_\_\_\_\_

**\*California law requires a deposit be refunded or and itemized statement be provided within 21 days of tenant vacating the property.\***

**Please make checks payable to:**  
**"HOUSING ASSISTANCE"**  
 7985 Santa Monica Blvd., PMB 109-171  
 West Hollywood, CA 90046

**PROGRAMA DE AYUDA DE VIVIENDA FINANCIADO  
FEDERALMENTE**

**Acuerdo de Depósito de Seguridad**

Nombre:	_____
Dirección:	_____
	<i>(Dirección de la residencia del arrendamiento anticipado)</i>

Convensional      Bajos Recursos      SECCION-8

**PARTE UNA: (Ser Completado por el Arrendatario)**

Yo, \_\_\_\_\_, reconozco Y entiendo mi derecho bajo la sección 1950.5 del código civil de California a el regreso del depósito de seguridad, O lo que reste, O cualquier otro depósito asociado con mi arrendamiento después de cualquier deducción hecha por renta no pagada, daños a la unidad, O la limpieza de la unidad en el periodo en que termine mi arrendamiento.

Yo considero el regreso del depósito de seguridad O lo que reste a "Household Account" como satisfaciendo este derecho Y mas lejos renuncio el derecho a demandar un reembolso personal. Entiendo que mi depósito de seguridad no debe ser usado para el ultimo mes de renta.

Firma del arrendatario	Fecha
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**PARTE DOS: (Ser Completado por el Dueño de la propiedad o Compania de Gerencia)**

Yo, \_\_\_\_\_, entiendo que el depósito de seguridad \$ \_\_\_\_\_ es financiado federalmente por el Programa De Ayuda De Vivienda conforme a la Sec. 1950.5 del codigo civil de California Y que en la ocasion de desalojo o relocalización de la residencia enumerada arriba por el arrendatario, O en caso de la muerte del arrendatario previsto durante este arrendamiento, prometo devolver el resto de cualquier depósito de seguridad a "Housing Assistance Account" en el nombre del arrendatario.

Firma del dueño de la propiedad	Fecha
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Número de Teléfono
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**Por favor haga los cheques pagaderos a:**

"HOUSING ASSISTANCE"  
7985 Santa Monica Blvd., PMB 109-171  
West Hollywood, CA 90046



Housing Assistance  
Funded by HUD

**PROPERTY MANAGEMENT COMPANY VERIFICATION**

To Whom It May Concern:

We are assisting your **tenant** \_\_\_\_\_ who is requesting monthly rental assistance or move-in assistance to the **property located at:**

\_\_\_\_\_ County of Los Angeles in obtaining financial assistance for his/her housing needs. These funds are Federal Funds administered by the L.A. Housing Department. This program requires the Central Coordinating Agency to verify proof of ownership with the Los Angeles County Tax Assessors Office to insure funds are being issued to the correct parties.

We are requesting this information to assist your tenant:

**PLEASE PRINT: (To be completed by Management Company Representative)**

**Management Company:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone Number: \_\_\_\_\_

The above named management company have on file an agreement with the **owner/s:** \_\_\_\_\_ of the property located at \_\_\_\_\_ CA \_\_\_\_\_ and is authorized by the owner/s to collect monies on their behalf payable to the Management Company.

*I hereby certify under penalty of perjury that all the above information provided on this form is true. I understand this is a federal funded program and that all funds must be used in the manner for which they are intended. Failure to comply may result in legal action being taken by the Los Angeles Housing Department.*

Name of individual completing form; (Please print): \_\_\_\_\_  
Name & Title

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**PLEASE COMPLETE THIS FORM AND FAX DIRECTLY:**

To: \_\_\_\_\_ Fax #: \_\_\_\_\_  
(Housing Case Manager)

Referral Agencies Use: \_\_\_\_\_

Housing Case Manager verification: \_\_\_\_\_

Date: \_\_\_\_\_



FORM E

Housing Assistance  
Funded by HUD

**TENANT or PROJECT BASED  
PERMANENT HOUSING PLACEMENT**

Low Income

Date: \_\_\_/\_\_\_/\_\_\_

Section-8

To: \_\_\_\_\_ / \_\_\_\_\_  
Housing Specialist/Case Manager: / Housing Assistance/ -Referral Agency

Fax #:

From: Intake Specialist: \_\_\_\_\_ Date: \_\_\_\_\_

(Phone #): \_\_\_\_\_

Notes: Tenant Name: \_\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_

Contract Amount: \$ \_\_\_\_\_

**Housing Authority Share:** \$ \_\_\_\_\_ **(Sec-8 Only)**

Tenant Rent: \$ \_\_\_\_\_

Security Deposit: \$ \_\_\_\_\_

Contract Effective Date: \_\_\_/\_\_\_/\_\_\_

Payee Name and Address: \_\_\_\_\_

I acknowledge that I am participating in the Housing Assistance Program for PHP assistance available to me through this program. I authorize disclosure of the above information to any agencies by law or contract, and further authorize the staff and/or volunteer staff to obtain information from any government agency pertaining to my application.

Clients Signature \_\_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_

AFFORDABLE HOUSING FORM

**UTILITY VERIFICATION FORM**

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**Client Information**

Client Name: \_\_\_\_\_ Client #: \_\_\_\_\_

Client Address: \_\_\_\_\_

City: \_\_\_\_\_ State: CA Zip: \_\_\_\_\_

**Gas Company Account Information**

Gas Co: \_\_\_\_\_

Amount: \_\_\_\_\_

Account No: \_\_\_\_\_

Customer Service Representative Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

**Power Company Account Information**

Power Co: \_\_\_\_\_

Amount: \_\_\_\_\_

Acct No: \_\_\_\_\_

Customer Service Representative Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Date of Contact: \_\_\_\_\_

Housing Case Manager's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Housing Case Manager's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Short Term Assistance Program**

**Letter of Rent Apportionment**

*This letter indicates that the rent for this unit is not apportioned equally among all **adult members** living at this address.*

Total Monthly Rent: \_\_\_\_\_

NAME:	SIGNATURE:	RENT:
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Reason for Rent Difference (Mandatory) :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby certify under penalty of perjury that all the above information is true and correct. I understand that this is a Federally Funded program and that all funds must be used in the manner for which they are intended. Failure to comply may result in permanent termination from the program.*

\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_  
*Applicant Signature*

D.O.B. \_\_\_/\_\_\_/\_\_\_

**Programa de Corta Asistencia Para la Vivienda**

**Carta de Distribución de la Renta**

Esta carta indica que el alquiler de esta unidad no se reparte por igual entre todos los adultos que viven en esta dirección.

Renta/alquiler Mensual Total: \_\_\_\_\_

Nombre:	Firma:	Renta/Alquiler:
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$

Razón por la diferencia de renta/alquiler (obligatorio):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Por el presente certifico bajo pena de perjurio que toda la información anterior es verdadera y correcta. Entiendo que este es un programa con fondos federales y que todos los fondos deben ser utilizados en la manera para la cual están destinados. El incumplimiento puede dar lugar a la terminación en forma permanente el programa de Asistencia de Vivienda.

\_\_\_\_\_  
Firma del solicitante

Fecha: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Fecha de Nacimiento: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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**HOPWA Short-Term Rent Assistance Program**

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**DIAGNOSIS FORM**

**TO THE CLIENT:**

Please have your physician, nurse practitioner or physician's assistant (PA) fill out this form. The diagnosis is to be returned as part of your application and must be the original with the **INKED SIGNATURE OF YOUR PHYSICIAN** or **FAXED FROM YOU PHYSICIAN'S OFFICE** (must show date, time, and location on fax) must be a California Licensed Physician. **PLEASE MAKE AN APPOINTMENT WITH YOUR PHYSICIAN TO SIGN THIS DOCUMENT.**

I am aware of HOPWA Short Term Assistance Program policy requiring original diagnostic information regarding my HIV status. I hereby give consent for my physician to release to the Referring Agency and the Central Coordinating Agency information necessary to support my claim of disability due to HIV related illness.

Signature of Client: \_\_\_\_\_

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**TO PHYSICIAN, NURSE PRACTITIONER, OR PHYSICIAN'S ASSISTANT:**

In order for the HOPWA Short Term Assistance Program to consider providing financial assistance to the above named patient/client, we require a statement from the medical doctor regarding the client's HIV-related disability. Please provide the following information and thank you for your cooperation.

Name of Patient/Client: \_\_\_\_\_

Patient/Client's Diagnosis:

<b>This patient is asymptomatic HIV+</b>	<b>YES</b>	<b>NO</b>
<b>This patient is diagnosed AIDS</b>	<b>YES</b>	<b>NO</b>
<b>This patient is symptomatic HIV+</b>	<b>YES</b>	<b>NO</b>
<b>This patient is unable to work because of HIV or an unrelated disability.</b>	<b>YES</b>	<b>NO</b>

If this patient is unable to work it is vital that you describe the conditions that render him/her unable to work: \_\_\_\_\_

Expected Length of disability (if applicable): \_\_\_\_\_

Name of physician, nurse practitioner or physician's assistant

(Please print): \_\_\_\_\_

California License Number: \_\_\_\_\_

Telephone: (\_\_\_\_)\_\_\_\_-\_\_\_\_\_ Fax Number (\_\_\_\_)\_\_\_\_\_

Signature of physician nurse practitioner or physician's assistant

\_\_\_\_\_ Date: \_\_\_\_\_

***This Form Expires 2 years from the date of Physician Signature.***

# Cash-Flow / Budget Worksheet

CLIENT'S NAME: \_\_\_\_\_ (Type Name)

INCOME	MONTH: _____		MONTH: _____		MONTH: _____	
	(Type Month)		(Type Months)		(Month/combination of months that you are requesting assistance for)	
Client's Income	Amount	%	Amount	%	Amount	%
Gross Income						
Net Income						
Interest & Dividends						
Net Rental Income						
Miscellaneous Income						
<b>Client's Total Income</b>						
<b>Other's Income:</b>						
Gross Income						
Net Income						
Interest & Dividends						
Net Rental Income						
Miscellaneous Income						
<b>Partner's Total Income</b>						
<b>TOTAL INCOME</b>						
EXPENSES	MONTH: _____		MONTH: _____		MONTH: _____	
	(Type Month)		(Type Months)		(Month/combination of months that you are requesting assistance for)	
Fixed Expenses	Paid	%	Paid	%	Paid	%
Mortgage/Rent						
Property Taxes						
Home/Renter's Insurance						
Automobile Loan Payment						
Automobile Insurance						
Automobile Registration						
Life Insurance Premiums						
Health Insurance Prem.						
Misc. Fixed Expense 1:						
<b>Total Fixed Expenses</b>						
<b>Variable Expenses</b>						
Food: Groceries						
Food: Dining Out						
Household/Laundry Supplies						
Telephone						
Internet						
Cell Phone						
Pager						
Cable/DTV						
Electricity						
Gas						
Water						
Trash						
Sewer						
Child Care						
Public Transportation						
Vehicle Exp. (Gas, Maintenance)						
Out of Pocket Medical Expenses						
Credit Card Payment						
Education (Tuition, etc)						
Entertainment						
Misc. Var. Expense 1:						
Misc. Var. Expense 2:						
<b>Total Variable Expenses</b>						
<b>TOTAL EXPENSES</b>						
<b>TOTAL INCOME - EXPENSES</b>						

2 Month Ave Income \_\_\_\_\_  
 2 Month Ave Expenses \_\_\_\_\_  
 2 Month Ave. Surplus (-deficit) \_\_\_\_\_  
 Rent-to-Income \_\_\_\_\_  
 Estimated Need \_\_\_\_\_ ( - sign means need, otherwise there is no need)  
 Unallowable Expenses \_\_\_\_\_ (HCM's are responsible for subtracting expenses that cannot be considered-refer to guidelines for examples. Enter as minus #)  
 Possible Grant Award \_\_\_\_\_ Must be equal or more than the requested amount.

Client's Signature \_\_\_\_\_ Date: \_\_\_\_\_ HS Signature \_\_\_\_\_ Date: \_\_\_\_\_

**HOPWA SHORT-TERM ASSISTANCE PROGRAM**

The HOPWA/STAP program is a federally funded program that provides short-term rent, mortgage, and utility payment assistance to persons who are diagnosed HIV+.

**The clients must initial the following statements:**

- \_\_\_ Clients may only access program through one referral agency.
- \_\_\_ Clients wishing to change referral agencies must notify respective agencies.
- \_\_\_ Every application is considered on a case by case basis.
- \_\_\_ Qualification for the program does not guarantee approval.
- \_\_\_ Acceptance of one grant does not guarantee additional grants.
- \_\_\_ Many factors are considered prior to acceptance or denial of any application.
- \_\_\_ Additional documents maybe requested by the CCA prior to receiving housing assistance. (i.e. Rental Agreement, Mortgage Statement, Grant Deed, L. A. County Property Tax Bill, etc.)
- \_\_\_ Proof of rent being paid must be supplied at time of application, when client is residing with a family member or owner of property.

The Los Angeles Housing Department and the HOPWA/STAP Oversight Committee have developed guidelines that must be followed by all referral agencies. In order to apply for **HOPWA** assistance you must submit your application and support documents to a Housing Specialist at a referral agency to be submitted to the Central Coordinating Agency. If **ALL** required information is in compliance checks are usually available 10 to 15 working days after the application is faxed to the CCA. If additional information or documents are required the application process will be delayed. Your application can **NOT** be submitted to the CCA until you have provided **ALL** of the program's required documents.

**You are strongly urged NOT to rely on this assistance as it can be delayed or denied for several reasons beyond our control. Please budget your finances accordingly and pay your rent on time (regardless of the status of your application) to avoid receiving an eviction or late notice from your landlord. If you are moving into your housing situation for the first time we DO NOT advise paying or moving before you receive your rental assistance check. HOPWA does NOT reimburse paid move-in expenses.**

<b>I have read and understand the above information</b>	
_____ Client Signature:	_____ Date:
_____ Client Name (Print)	_____ Date:

HOPWA SHORT TERM ASSISTANCE PROGRAM

CASE MANAGEMENT VERIFICATION

I, \_\_\_\_\_ declare that \_\_\_\_\_  
print name agency name

has offered to provide the following case management services, which include but are not limited to:

- Crisis intervention
- Residential planning
- Assistance with obtaining public benefits
- Counseling
- Budget management
- Health care
- Follow-up
- Other \_\_\_\_\_

Please indicate by a  $\surd$  one of the following options:

- A. I accept the case management services from this agency
- B. I decline to accept case management services from this agency
- C. I am receiving case management services from the following agency: \_\_\_\_\_  
*(they will be notified of your application for HOPWA STAP by this referring agency)*

**OR**  D. I have been referred to \_\_\_\_\_ for the following services: \_\_\_\_\_

**I declare, under penalty of perjury, that the above information is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HOPWA SHORT-TERM RENT ASSISTANCE PROGRAM**

**Consent to Release Information and Income Certification**

I, \_\_\_\_\_, certify that:

I authorize staff and/or volunteer staff of the following agencies to release/share information regarding services I have received or requested, my HIV status, or my physical, financial and/or mental condition among those same agencies for the express purpose of receiving or gaining access to services related to my current or future needs:

**Agencies:**

Alliance for Housing and Healing, Beyond Shelter, Los Angeles Housing Department, Aid For AIDS, AIDS Project L. A., AIDS Service Center, AltaMed Health Services, APAIT, Bienestar- Hollywood, Bienestar – ELA, Bienestar- SF, Catalyst Foundation, City of Pasadena, CHIRP/LA, Common Ground HIV Westside Community Ctr., Covenant House, DPSS, Dept. of Mental Health, East Valley Community Health Clinic, Friends Research Institute, Inc., Foothill AIDS Project, Gay & Lesbian Ctr. Of Greater L.B., Hollywood Community Housing, JWCH Institute, Inc., L.A Gay & Lesbian Ctr./Jeffrey Goodman Special Care Clinic, L.A. Family Housing Corp., Harbor UCLA, HACLA, HACOLA, HALSA, HPRP Assistance Program, LAMP, L.A.F.A.N., Long Beach Health Dept./EIP, L.B. Housing Authority, Maternal/Child Clinic, Minority AIDS Project, New Image Emergency Shelter, OAPP, Oassis Clinic, PAWS/LA, Palms Residential Care Facility, PATH, Project Angel Food, Prototypes/Women’sLink, Rand Schrader Clinic 5P21, Salvation Army-Alegria, S.R.O. Housing, Inc., Skid Row Housing, Spectrum Community Svs., St. Mary’s C.A.R.E. Program, South Bay Family Healthcare Center, Substance Abuse Foundation, Serra Project/SP Housing, Tarzana Treatment Ctr., USC Medical Center, Valley Community Clinic, Project New Hope, Watts Health Foundation, Watts Labor Community Action Committee, Whittier-Rio Hondo AIDS Project, Weingart Center, West Hollywood Community Housing.

I authorize disclosure of this information to any governmental agency entitled to receive this information by law or contract, and further authorize the staff and/or volunteer staff to obtain information from any government agency pertaining to my application for HOPWA Short Term Rental, Mortgage and Utility (STRMU) funds.

I acknowledge that any assistance given to me by the Central Coordinating Agency (CCA) is at the sole discretion and option of the CCA and those dollar assistance levels and criteria for grants are subject to change without notice to me.

I acknowledge that any grant given to me is based upon this certification and the truthfulness of the information provided. I hereby release to and authorize the HOPWA STAP Referral Agency and the CCA to take reasonable steps to verify the truthfulness of the information contained herein and information submitted by me to obtain a grant. Additionally, I give permission to the HOPWA STAP Referral Agency and the CCA to exchange pertinent information about me with the following:

1. Other agencies: \_\_\_\_\_
2. Businesses and individuals recited in the data I have submitted to the CCA.

I acknowledge that if I am participating in the ~~CEFH~~ HOPWA/ STAP I will only apply for HOPWA/ STAP assistance through the agency that first submitted an application on my behalf to the Central Coordinating Agency. If the total amount of my monthly income changes or my residency changes, I agree to provide this agency with the appropriate documentation that verifies this change.

***I acknowledge, under penalty of perjury, that false statements, misrepresentations, or abusive behavior made to the Central Coordinating Agency or the HOPWA STAP Referral Agency will not be tolerated by the Central Coordinating Agency and will result in a permanent loss of this service. \_\_\_\_\_ (Client initial)***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

## CLIENT SATISFACTION SURVEY

**Dear Los Angeles County Resident:**

**Introduction:** You have been asked to complete this Client Satisfaction Survey because you have requested or received services at one of our community partners.

**Purpose:** The purpose of this survey is to give residents of Los Angeles County a way to comment on the quality of services being provided in the community and to identify gaps in services.

**Procedure:** Our community partners have been asked to provide this survey to all individuals requesting services prior to the provision of services. You can complete the survey at any time and submit it anonymously via:

- 1) Fax to (323) 344-4895;
  - 2) mail to Housing Assistance 7985 Santa Monica Blvd., PMB 109-171, W. Hollywood, CA 90046; or
  - 3) online at <https://www.surveymonkey.com/s/5ZYZ7SY>.
- Responses will be analyzed and compiled into a report for planning agencies.

**Potential Risks & Discomforts:** Some of the questions on the survey are rather personal and you might feel uncomfortable in answering them. Feel free to skip any question you do not feel comfortable in answering.

**Anticipated Benefits to You:** There are no direct benefits to you for participating in this survey.

**Anticipated Benefits to Society:** Information from the survey will be used to help improve the quality of services in the community.

**Alternatives to Participation:** You are under no obligation to participate in this survey and you may choose to help improve the quality of services in other ways such as by community advocacy.

**Payment for Participation:** There is no payment for participating in this survey.

**Financial Obligation:** If you choose to mail the survey you may incur postage charges, if you decide to fax it you may incur fax charges, and if you decide to complete it online you may incur electricity usage charges.

**Privacy and Confidentiality:** The responses from the survey will be kept in a password protected database and will NOT be linked to any personal identifying information. There will be no way for anyone to trace your responses back to you. Your participation in this survey is VOLUNTARY. Your decision whether or not to participate will not affect any benefits or treatment that you would otherwise be entitled to.

**Identification of Investigators:** If you have any questions regarding this survey you may contact Miguel Fernandez, Research Analyst at (323) 344-4896 or via mail at Housing Assistance 7985 Santa Monica Blvd., PMB 109-171, West Hollywood, CA 90046..

**Contact Person:** Miguel Fernandez, Research Analyst, Housing Assistance, 7985 Santa Monica Blvd. PMB 109-171, West Hollywood, CA 90046 Tel. (323) 344-4896



# Client Satisfaction Survey

Revision Date: 3/5/12

## Client Satisfaction Surveys: Modules and Questions

Question	Responses
<b>Core Questions Module</b>	
Today's Date:	<i>Filled in by provider before distribution of survey</i>
Name of agency/program that you sought services from:	<i>Filled in by provider before distribution of survey</i>
<b>Demographic Information (optional)</b>	
Gender	<i>Male/ Female/ Transgender male/ Transgender female/ Other</i>
Race/ethnicity	<i>White/ African-American/ Latino/ Asian/ American Indian/ Alaska Native/ Multi-racial/ Other</i>
Age	<i>Under 18/ 18-30/ 31-50/ Over 50</i>
What zip code do you live in?	<i>[Open ended]</i>
<b>Satisfaction with the Program</b>	
1. How long have you received assistance from this agency or program?	<i>Less than one year/ 1-3 years/ 3-5 years/ More than 5 years/N/A-First Time</i>
2. What types of assistance have you received or requested?	<i>Housing Specialist Assistance/Emergency Shelter Services/Hotel or Motel Voucher Services/Transitional Housing/Short-term Rent, Mortgage, or Utility Assistance/Permanent Housing Placement Assistance/Long-Term Permanent Housing (examples, Tenant Based Rental Assistance, Section 8)/ Housing within the agency's building(s)/ Other services, such as counseling, job training, or transportation, food, legal services, service animal assistance</i>
3. Overall, how satisfied are you with the assistance you have received from this agency or program?	<i>Very satisfied/ Somewhat satisfied/ Somewhat dissatisfied/ Very dissatisfied</i>
4. How satisfied are you with your current housing?	<i>Very satisfied/ Somewhat satisfied/ Somewhat dissatisfied/ Very dissatisfied</i>
5. Has assistance from this agency helped you to maintain your housing or improve your housing situation?	<i>A great deal/ Somewhat/ Slightly/ Not at all</i>
6. Has the assistance you've received from this agency had a positive impact on your:	
▪ Outlook on life?	<i>A great deal/ Somewhat/ Slightly/ Not at all</i>

## Client Satisfaction Survey

*Revision Date: 3/5/12*

Question	Responses
▪ Health?	<i>A great deal/ Somewhat/ Slightly/ Not at all</i>
▪ Relationships with family or friends?	<i>A great deal/ Somewhat/ Slightly/ Not at all</i>
▪ Level of stress?	<i>A great deal/ Somewhat/ Slightly/ Not at all</i>
▪ Ability to take care of household duties?	<i>A great deal/ Somewhat/ Slightly/ Not at all</i>
▪ Ability to remain independent in the environment that you choose?	<i>A great deal/ Somewhat/ Slightly/ Not at all</i>
7. What did you like most about the program?	<i>[Open ended]</i>
8. What do you think we can do to make the program better?	<i>[Open ended]</i>
9. Is there anything else you'd like to tell us about the program or services you received?	<i>[Open ended]</i>
<b>Satisfaction with Staff</b>	
10. Overall, did staff:	
▪ Treat you with respect?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
▪ Seem to understand your situation and needs?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
▪ Do a good job of explaining program requirements?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
11. Overall, was staff:	
▪ Responsive in a timely manner?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
▪ Sensitive to your ethnic and cultural background?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
▪ Knowledgeable about available services	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
▪ Careful to maintain your confidentiality?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
12. Is there anything else you'd like to tell us about staff?	<i>[Open ended]</i>

## Client Satisfaction Survey

Revision Date: 3/5/12

Question	Responses
<b>Housing Specialist Module</b>	
1. How satisfied are you with your housing specialist services?	<i>Very satisfied/ Somewhat satisfied/ Somewhat dissatisfied/ Very dissatisfied</i>
2. Does your housing specialist respond in a timely manner?	<i>Always/ Most of the time/ Sometimes/ Rarely or never/</i>
3. Does your housing specialist treat you with respect?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
4. Is your housing specialist easy to talk to?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
5. Is your housing specialist knowledgeable about services available in the community?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
6. Is the housing specialist helpful in referring you to the medical care, insurance coverage, and other services you need?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
7. Has your housing specialist helped you access or maintain sources of income (for example, helped you get a job, or helped you sign up and stay qualified for assistance programs)?	<i>A great deal/ Somewhat/ Slightly/ Not at all</i>
8. Has the housing specialist done a good job keeping your diagnosis confidential when working with landlords, utility companies, or other people?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
9. Overall, how helpful is the assistance you receive from your housing specialist?	<i>Very helpful/ Somewhat helpful/ Slightly helpful/ Not at all helpful</i>
10. Does your housing specialist address the concerns you raise when you meet?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
11. If not, what types of concerns are not addressed?	<i>[Open ended]</i>
12. Is there anything else you'd like to tell us about the housing specialist's services?	<i>[Open ended]</i>

## Client Satisfaction Survey

*Revision Date: 3/5/12*

Question	Responses
<b>Property Management/Facility-based Module</b>	
1. How would you rate the overall condition of your unit?	<i>Excellent/ Good/ Fair/ Poor/NA(Homeless)-Skip to Program Access Module</i>
2. Are the common areas (entry, hallways, common rooms) around your unit well maintained?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
3. Are the locks on your unit door and the building's outside doors in good condition and working properly?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
4. Are your unit and the property free of rodents, insects, and other pests?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
5. Are the common bathrooms, trash/recycling, and laundry rooms well maintained?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
6. Please list any specific things that should be done to improve the quality of your unit or the property as a whole:	<i>[Open ended]</i>
7. Does the property management staff respond to service requests in a timely manner?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
8. Does the property management staff respond to emergencies promptly?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
9. Does the property management staff treat you with respect and in a professional manner?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
10. Does the property management staff handle issues or disagreements between residents appropriately?	<i>Always/ Most of the time/ Sometimes/ Rarely or never</i>
11. How satisfied are you with the neighborhood you live in?	<i>Very satisfied/ Somewhat satisfied/ Somewhat dissatisfied/ Very dissatisfied</i>
12. How safe do you feel in your unit and building?	<i>Very safe/ Somewhat safe/ Somewhat unsafe/ Very unsafe</i>
13. How safe do you feel in your neighborhood?	<i>Very safe/ Somewhat safe/ Somewhat unsafe/ Very unsafe</i>
14. If you feel unsafe in your unit, building, or neighborhood, please explain why:	<i>[Open ended]</i>
15. Is there anything you'd like to tell us about your unit or building?	<i>[Open ended]</i>

## Client Satisfaction Survey

*Revision Date: 3/5/12*

Question	Responses			
Program Access Module				
16. Please check if you needed, asked for and received any of the following services in the past 12 months? If not applicable, leave blank. If you don't know or understand what the service is check D/K.	<i>Need</i>	<i>Asked</i>	<i>Received</i>	<i>D/K</i>
▪ Emergency Shelter: Emergency shelter for persons who are homeless				
▪ Permanent Supportive Housing: Rental housing with linkages to case management and other services				
▪ Rental Assistance: Section 8 and other rental assistance that help pay rent throughout the year				
▪ Residential Care Facility for the Chronically Ill: Housing, supervision and nursing care				
▪ Short Term Rent, Mortgage, Utility: Programs that help pay for rent when an emergency occurs because of your diagnosis				
▪ Substance Abuse, Residential: Residential substance abuse programs				
▪ Transitional Housing: Transitional housing for persons who are homeless				
▪ Transitional Residential Care Facility: Housing, supervision, and non-medical care in a home-like setting				
▪ Home-based Case Management: Case management for individuals who are physically impaired and can't leave home				
▪ Housing Specialist/Case Management: Case management to assist people with locating and getting appropriate housing				
▪ Medical Case Management: Case management services provided by a nurse				
▪ Psychosocial Case Management: Case management provided by a case worker or social worker				
▪ Transitional Case Management: Case management for people who are being released from prison/jail				
▪ Benefits Specialty: Assistance with accessing public and private benefits				
▪ Child Care: Child care to allow a parent/guardian to attend medical and service appointments				
▪ Health Insurance Premiums and Cost Sharing: Financial assistance to help pay for health insurance				
▪ HIV LA Directory: The HIV LA Directory (booklet or Internet) to learn about HIV services				
▪ Language/Interpretation: Interpreter services (including sign language)				
▪ Legal: Legal assistance to fight discrimination and access public benefits				
▪ Mental Health, Psychotherapy: Counseling services that help to improve your quality of life				
▪ Nutrition Support – Food Bank: Groceries or food bank services				
▪ Nutrition Support – Home Delivered Meals: Home-delivered meals				
▪ Outreach: Outreach workers to assist people in finding medical care				
▪ Peer Support: Peer-led support and educational group services				
▪ Referrals: Assistance with accessing HIV services (using telephone/written communication)				

## Client Satisfaction Survey

Revision Date: 3/5/12

Question	Responses			
	Need	Asked	Received	D/K
▪				
▪ Respite Care: Services to relieve a caregiver				
▪ Workforce Entry/Re-entry: Services to help people start or return to work				
▪ AIDS Drug Assistance Program (ADAP): Access to FDA-approved HIV medications through the state				
▪ Counseling and Testing in Care Settings: HIV testing and counseling in a doctor's office or medical clinic				
▪ Health Education/Risk Reduction: Services that teach persons with HIV how to reduce the risk of giving it to others				
▪ Home Health Care: Home health care from a nurse or certified nurse's aide				
▪ Hospice: End-of-life care				
▪ Local Pharmacy Program /Drug Reimbursement: Access to medications not covered under ADAP				
▪ Medical Nutrition Therapy: Nutrition evaluation and nutritional supplements				
▪ Medical Outpatient: Ongoing medical care for HIV disease				
▪ Medical Specialty: Medical care by a specialist (OB/GYN, cardiology, endocrinology, neurology, etc...)				
▪ Mental Health, Psychiatry: Psychiatric or mental health services				
▪ Oral Health Care: Dental care for people living with HIV				
▪ Rehabilitation: Physical recovery services (physical therapy or speech pathology)				
▪ Skilled Nursing: 24-hour nursing care in a non-institutional, home-like environment				
▪ Substance Abuse, Treatment – Methadone: Methadone maintenance or detoxification services				
▪ Substance Abuse, Treatment – Outpatient: Outpatient substance abuse treatment or counseling				
▪ Treatment Education: Services that help people remember to take their medication on time and correctly				
17. For those services that you asked for and did not receive in the previous question, please tell us in your own words why you didn't receive them. If not applicable write N/A.	[Open ended]			
18. If you tried to get Short-Term Rent, Mortgage, and Utility (STRMU) or Permanent Housing Placement (PHP) assistance and were told you did not qualify, what was the reason that you did not qualify? Circle all that apply.	<p><i>The housing specialist told me I did not have a loss of income./</i></p> <p><i>The housing specialist told me I did not have unexpected medical expenses./</i></p> <p><i>The housing specialist told me I did not have the required diagnosis./</i></p> <p><i>The housing specialist told me that my income was too high./</i></p> <p><i>The housing specialist told me that my rent-to-income ratio was too high./</i></p> <p><i>The housing specialist asked me to provide documents that I could not get (please specify the documents : _____.)</i></p> <p><i>Other reason (Please specify the reason: _____)</i></p> <p>N/A</p>			

## ENCUESTA SOBRE LA SATISFACCIÓN DEL CLIENTE

### Residente del Condado de Los Angeles:

**Introducción:** Se le ha pedido completar esta encuesta de satisfacción del cliente por que ha solicitado o recibido servicios en uno de nuestros socios comunitarios.

**Propósito:** El propósito de esta encuesta es darle una manera para comentar sobre la calidad de servicios que se prestan en la comunidad e identificar necesidades en la comunidad.

**Procedimiento:** Se le ha pedido a nuestros socios comunitarios que proporcionen esta encuesta ha todas las personas que solicitan servicios antes de la prestación de servicios. Puede completar la encuesta en cualquier momento y presentar en forma anónima a través de:

- 1) fax al (323) 344 a 4895;
- 2) correo a Asistencia de Vivienda 7985 Santa Monica Blvd., PMB 109 a 171, W. Hollywood, CA 90046, Atención Miguel Fernández; o
- 3) Internet <https://www.surveymonkey.com/s/FMJ82VB>

Sus respuestas serán analizadas y compiladas para comités encargados de planificación.

**Posibles Riesgos y Molestias:** Algunas de las preguntas de la encuesta son bastante personal y le podrán hacer sentirse incómodo al responder. Puede saltarse cualquier pregunta que usted no se siente cómodo en contestar.

**Los beneficios previstos para Usted:** No hay beneficios directos para usted por participar en esta encuesta.

**Los beneficios previstos para la sociedad:** La información de la encuesta será utilizado para ayudar a mejorar la calidad de los servicios en la comunidad.

**Alternativas a la participación:** Usted está bajo ninguna obligación de participar en nuestra encuesta y usted puede elegir ayudar a mejorar la calidad de los servicios de otras maneras, como avocando en la comunidad.

**El pago de la participación:** No hay pago por participar en esta encuesta.

**Obligación Financiera:** Si usted decide enviar por correo la encuesta usted puede incurrir gastos por el envío, si usted decide enviarlo por fax puede incurrir gastos de fax y si la completa por Internet puede incurrir en cargos por uso de electricidad.

**Privacidad y confidencialidad:** Las respuestas de la encuesta se mantendrá en una base de datos protegida por contraseña y no va a estar vinculado a ninguna información de identificación personal. No habrá forma de que alguien pueda asociar sus respuestas con usted. Su participación es esta encuesta es voluntaria. Su decisión de someterse o no a la participación no afectará a los beneficios o el tratamiento que de otra manera tendría derecho a.

**Identificación de los Investigadores:** Si usted tiene alguna pregunta sobre esta encuesta, puede ponerse en contacto con Miguel Fernández, Reseach Analyst en el (323) 344-4896 o vía correo a Asistencia de Vivienda 7985 Santa Monica Blvd., PMB 109 a 171, de West Hollywood, CA 90046.

**Contact Person:** Miguel Fernandez, Research Analyst, Housing Assistance, 7985 Santa Monica Blvd. PMB 109-171, West Hollywood, CA 90046 Tel. (323) 344-4896

# Encuesta del Cliente Sobre Los Servicios

Revision: 3/5/12

## Encuesta del Cliente Sobre Los Servicios: Módulos y Preguntas

Preguntas	Respuestas
<b>Preguntas Principales</b>	
Fecha de Hoy:	<i>Completado por la agencia:</i>
Nombre de la agencia/programa:	<i>Completado por la agencia:</i>
<b>Información demográfica</b>	
¿Genero?	<i>Masculino/Femenino/Transgenero (Masculino a Femenino)/Transgenero (Femenino a Masculino)/Otro</i>
¿Raza?	<i>Blanco/ Afro-Americano/Latino/ Asiático/ Americano Nativo   nativo de Alaska/Mixto/Otro</i>
¿Edad?	<i>Menos de 18/ 18-30/ 31-50/ Mas 50</i>
¿En que código postal vive?	<i>[Escriba su respuesta]</i>
<b>Satisfacción con el programa</b>	
1. ¿Por cuanto tiempo ha estado recibiendo ayuda de esta agencia o programa?	<i>Menos de un año / 1-3 años / 3-5 años / Más de 5 años</i>
2. ¿Qué tipo de ayuda ha recibido de esta agencia?	<i>Asistencia del especialista de vivienda/ Ayuda de emergencia (Shelter)/ Ayuda con pagar un hotel o motel (Hotel Voucher)/ Servicios de alojamiento transitorio/ asistencia a corto plazo de alquiler, hipoteca, y servicios públicos (STRMU)/ Asistencia con pagar el primer mes de renta o bono/ seguro de deposito (PHP)/ Vivienda de largo plazo como TBR A, Sección 8/ Vivienda dentro del edificio de la agencia/ Otros servicios como asesoría, capacitación laboral, transporte, alimentos, servicios legales, o asistencia con animales de servicio.</i>
3. ¿Cómo está de satisfecho con la ayuda que ha recibido de esta agencia/programa?	<i>Muy satisfecho/ Algo satisfecho / Algo insatisfecho / Muy insatisfecho</i>
4. ¿Qué satisfecho está con su presente vivienda?	<i>Muy satisfecho/ Algo satisfecho / Algo insatisfecho / Muy insatisfecho</i>
5. ¿Le ayudo la ayuda que recibió de esta agencia a mantener su vivienda o mejorar su situación de vivienda?	<i>Mucho/ Algo/ Un poco/ Nada</i>
6. ¿ La ayuda que recibió de esta agencia ha tenido un impacto positivo en su:	



## Encuesta del Cliente Sobre Los Servicios

Revision: 3/5/12

Preguntas	Respuestas
▪ ¿Perspectiva sobre su vida?	<i>Mucho/ Algo/ Un poco/ Nada</i>
▪ ¿Salud?	<i>Mucho/ Algo/ Un poco/ Nada</i>
▪ ¿Relaciones con su familia o amistades?	<i>Mucho/ Algo/ Un poco/ Nada</i>
▪ ¿Nivel de estrés?	<i>Mucho/ Algo/ Un poco/ Nada</i>
▪ ¿Capacidad de hacer los quehaceres/oficios de la casa?	<i>Mucho/ Algo/ Un poco/ Nada</i>
▪ ¿Capacidad de vivir independiente?	<i>Mucho/ Algo/ Un poco/ Nada</i>
7. ¿Qué es lo que le gusta más de ésta agencia/programa?	<i>[Escriba su respuesta]</i>
8. ¿Qué piensa usted que podemos hacer para mejorar el programa?	<i>[Escriba su respuesta]</i>
9. ¿Hay algo más que le gustaría decirnos del programa o servicios que ha recibido?	<i>[Escriba su respuesta]</i>
<b>Satisfacción con los Empleados de la Agencia en General</b>	
10. Los empleados:	
▪ ¿Lo/a trataron con respecto?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
▪ ¿Parecían que entendían su situación y necesidades?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
▪ ¿Hicieron un buen trabajo en explicarle los requisitos del programa?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
11. Los empleados:	
▪ ¿Lo/a atendieron en un tiempo adecuado?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
▪ ¿Fueron sensibles a su étnica o cultura?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
▪ ¿Estaban informados sobre los servicios disponibles?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
▪ ¿Tomaron cuidado para mantener su confidencialidad?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
12. ¿Hay algo más que le gustaría decirnos sobre los empleados de la agencia?	<i>[Escriba su respuesta]</i>

## Encuesta del Cliente Sobre Los Servicios

Revision: 3/5/12

Preguntas	Respuestas
Especialista de Vivienda	
1. ¿Qué tan satisfecho/a está con los servicios de su especialista de vivienda?	<i>Muy satisfecho/ Algo satisfecho / Algo insatisfecho /Muy insatisfecho</i>
2. ¿Lo/a atiende su especialista de vivienda ha tiempo?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
3. ¿Lo/a trata su especialista de vivienda con respecto?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
4. ¿Se siente cómodo en platicar con su especialista de vivienda?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
5. ¿Está su especialista de vivienda informado/a sobre los servicios disponibles?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
6. ¿Es su especialista de vivienda útil para referencias a servicios médicos, cobertura de seguro, y otros servicios que necesite?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
7. ¿Le ha ayudado su especialista de vivienda a acceder o mantener sus fuentes de ingresos (por ejemplo, le ayudó a conseguir un trabajo, o le ayudó a inscribirse y permanecer calificado para los programas de asistencia)?	<i>Mucho/ Algo/ Un poco/ Nada</i>
8. ¿Su especialista de vivienda ha hecho un buen trabajo en mantener su diagnostico confidencial cuando esta trabajando con los propietarios, empresas de servicios públicos, o de otras personas?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
9. ¿En general, que útil es la ayuda que recibe de su especialista de vivienda?	<i>Mucho/ Algo/ Un poco/ Nada</i>
10. ¿Qué tan seguido siente que su especialista de vivienda lo trata de ayudar cuando le menciona que tiene un problema o preocupación?	<i>Siempre/ La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
11. ¿Si no, con que temas, problemas o preocupaciones siente que no le ayuda?	<i>[Escriba su respuesta]</i>
12. ¿Hay algo más que le gustaría decirnos sobre los servicios del especialista de vivienda?	<i>[Escriba su respuesta]</i>

## Encuesta del Cliente Sobre Los Servicios

Revision: 3/5/12

Preguntas	Respuestas
<b>Satisfacción con la Propiedad</b>	
1. ¿Cómo clasificaría usted el estado de su unidad?	<i>Excelente/Buena/Mediano/Mal/NA (No tiene un hogar)-Salte al módulo de programas</i>
2. ¿Están las zonas comunes (entrada, pasillos, salas comunes) alrededor de su unidad en buen estado?	<i>Siempre/La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
3. ¿Están las cerraduras de la puerta de su unidad y de las puertas exteriores del edificio en un buen estado y funcionan correctamente?	<i>Siempre/La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
4. ¿Está la unidad y la propiedad libre de ratones, insectos y otras plagas?	<i>Siempre/La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
5. ¿Están los baños comunes, basureros/reciclajes, y lavaderos en un buen estado?	<i>Siempre/La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
6. ¿Apunte específicamente que se puede hacer para mejorar la calidad de su departamento o de la propiedad:	<i>[Escriba su respuesta]</i>
7. ¿La gerencia del edificio responde rápidamente a sus peticiones de servicio?	<i>Siempre/La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
8. ¿La gerencia del edificio responde rápidamente a las emergencias?	<i>Siempre/La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
9. ¿El personal de gestión de la propiedad lo trata con respeto y de una forma profesional?	<i>Siempre/La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
10. ¿La gerencia del edificio responde adecuadamente a los problemas o desacuerdos entre los residentes?	<i>Siempre/La mayoría del tiempo/ Algunas veces/ Casi nunca o nunca</i>
11. ¿Qué tan satisfecho está usted con el barrio en que vive?	<i>Muy satisfecho/ Algo satisfecho / Algo insatisfecho /Muy insatisfecho</i>
12. ¿Qué tan seguro se siente en su unidad y el edificio?	<i>Muy seguro/ Algo de seguro/ Algo inseguro/Muy inseguro</i>
13. ¿Qué tan seguro se siente en su vecindario?	<i>Muy seguro/ Algo de seguro/ Algo inseguro/Muy inseguro</i>
14. Si se siente inseguro en su unidad, edificio, o barrio, por favor explique por qué:	<i>[Escriba su respuesta]</i>
15. ¿Hay algo que le gustaría contarnos acerca de su unidad o edificio?	<i>[Escriba su respuesta]</i>

## Encuesta del Cliente Sobre Los Servicios

Revision: 3/5/12

Preguntas	Respuestas			
Módulos de Programas				
16. Por favor, anote si necesito, pidió y recibió alguno de los siguientes servicios en los últimos 12 meses. Si no aplica deje en blanco. Si usted no sabe lo que es el servicio marque N/S.	<i>Necesitaba</i>	<i>Pedí</i>	<i>Recibí</i>	<i>N/S</i>
• Alberque de Emergencia: Alberque de emergencia para personas sin hogar				
• Viviendas con Apoyo Permanente: Viviendas de alquiler con vínculos con el manejo de casos y otros servicios.				
• Asistencia de Alquiler: Sección 8 u otros programas que le ayudan pagar su alquiler a lo largo del año.				
• Centro de Atención Residencial para Enfermos Crónicos: Vivienda, supervisión y el cuidado de enfermería				
• Ayuda de Corto Plazo con su Alquiler, Hipoteca, y Servicios Públicos (utilidades): Programas que ayudan a pagar el alquiler cuando ocurre una emergencia a causa de su diagnostico.				
• Servicios Residenciales Contra el Abuso de Drogas: Programas que proporcionan viviendas y ayuda para la gente que esta sufriendo con el abuso de drogas				
• Vivienda de Transición: Vivienda de transición para personas sin hogar				
• Cuidado Residencial Transicional: Programa que proporciona vivienda, supervisión y cuidado no medico en un lugar parecido como un hogar				
• Manejo de Casos Basado en el Hogar: Manejo de casos para las personas que están físicamente impedidos y no pueden salir de casa.				
• Servicios del Especialista de Vivienda/Administración de Casos: Manejo de casos para ayuda a las personas a localizar y conseguir una vivienda adecuada				
• Administración de Casos Médicos: Los servicios de manejo de casos proporcionados por una enfermera				
• Administración de Casos Psicosocial: Gestión de casos proporcionada por un trabajador/a social				
• Administración de Casos de Transición: Manejo de casos para personas que están siendo liberados de la prisión/cárcel				
• Servicios del Especialista de Beneficios: Asistencia con el acceso a beneficios públicos y privados				
• Cuidado de Los Niños: El cuidado de niños para permitir que un padre asista ha citas medicas y de servicios sociales				
• Ayuda con Primas de Seguros de Salud y de Costos Compartidos: La asistencia financiera para ayudar a pagar el seguro de salud.				
• Directorio de VIH LA: El directorio de VIH (libro o en Internet) que provee información sobre servicios para gente con VIH/SIDA.				
• Servicios de Interpretación/traducción: Servicios de interpretación/traducción para gente no escucha.				

## Encuesta del Cliente Sobre Los Servicios

Revision: 3/5/12

Preguntas	Respuestas			
	<i>Necesitaba</i>	<i>Pedí</i>	<i>Recibí</i>	<i>N/S</i>
• Legal: Asistencia legal para luchar contra la discriminación y obtener acceso a servicios públicos.				
• Salud Mental, Psicoterapia: Servicios de consejería que ayudan a mejorar su calidad de vida				
• Apoyo Nutricional-Banco de Alimentos: Servicios de bancos de alimentos o productos de alimento				
• Apoyo Nutricional-Comidas a Domicilio: Comidas entregadas a su casa				
• Alcance: Agentes de alcance que ayudan a personas encontrar cuidado medico				
• Grupos de Apoyo: Charlas y grupos de servicios educativos dirigidos por compañeros				
• Referencias: Asistencia con el acceso a los servicios de VIH (el uso de teléfono/comunicación escrita)				
• Cuidado de Relevo: Servicios para aliviar un cuidador				
• Servicios Relacionados con Empleo/Trabajo: Servicios para ayudar a la gente iniciar o volver a trabajar				
• AIDS Drug Assistance Program (ADAP): El acceso a los medicamentos aprobados por la FDA				
• Asesoramiento y Pruebas Voluntarias en Centro Medico: La prueba del VIH y el asesoramiento en el consultorio de un medico o una clínica medica				
• Educación de la Salud/Reducción de Riesgo: Servicios que enseñan como reducir el riesgo de pasar el VIH a los demás personas				
• Atención Medica a Domicilio: Atención medica a domicilio de una enfermera o auxiliar de enfermería certificada				
• Hospicio: Asistencia para gente que esta al final de su vida				
• Programa Farmacéutico Local/Rebolsos de Costo de Medicamentos: El acceso a los medicamentos no cubiertos por ADAP				
• Terapia de Nutrición Medica: Evaluación de nutrición y suplementos nutricionales				
• Tratamiento Medico para el VIH: Atención médica permanente para la enfermedad del VIH				
• Tratamiento Medico Especializado: Atención médica por un especialista (cardiología, endocrinología, etc.)				
• Salude Mental, Psiquiatría: Servicios de salud mental o psiquiátricos				
• Cuidado de la Salud Oral: Cuidado dental para las personas que viven con el VIH				
• Rehabilitación: Servicios de recuperación física (fisioterapia o logopedia)				
• Atención en Centros de Enfermería Especializada: Cuidado de enfermería 24-horas al día en un ambiente hogareño				
• Tratamiento Contra el Abuso de Drogas-Metadona: Servicios de desintoxicación o tratamiento con metadona				

# Encuesta del Cliente Sobre Los Servicios

Revision: 3/5/12

Preguntas	Respuestas			
	<i>Necesitaba</i>	<i>Pedí</i>	<i>Recibí</i>	<i>N/S</i>
<ul style="list-style-type: none"> <li>• Tratamiento Contra el Abuso de Drogas- Ambulatorio: Tratamiento y consejería para el abuso de drogas para pacientes ambulantes</li> <li>• Educación Sobre Tratamiento: Servicios que ayudan a la gente recordar tomar su medicamento a tiempo y de forma correcta.</li> </ul>				
17. Para aquellos servicios que usted solicitó y no recibió en la pregunta anterior, por favor díganos en sus propias palabras por qué no los recibió. Si no aplica, escriba N/A				
18. Si usted trató de conseguir asistencia a corto plazo de alquiler, hipoteca, y servicios públicos (STRMU) o asistencia para pagar el primer mes de renta/alquiler o bono/seguro de deposito (PHP) y no la recibió, cuál fue la razón que no califico? Circule todas las que aplican. Si no aplica, circule N/A.	<p><i>El especialista de vivienda me dijo que no tenía una pérdida de ingresos./</i></p> <p><i>El especialista de vivienda me dijo que no tenía gastos médicos inesperados./</i></p> <p><i>El especialista de vivienda me dijo que no tenía el diagnóstico requerido./</i></p> <p><i>El especialista de vivienda me dijo que mi ingreso esta demasiado alto./</i></p> <p><i>El especialista de vivienda me dijo que la relación entre mi renta y ingresos era demasiada alta./</i></p> <p><i>El especialista de vivienda me pidió documentos que no podía conseguir (por favor especifique los documentos: _____)</i></p> <p><i>_____)/</i></p> <p><i>Otra razón (por favor especifique la razón: _____)/</i></p> <p><i>N/A</i></p>			