

## Housing Problem Solving Services

County of Santa Cruz

Client Name:	UID:	Date of Contact:
Staff Name:	Agency:	Title:

### Housing Problem Solving

	Services	Date(s) of Service	Client Housed/Rehoused in a Safe Alternative?	If Yes, what was the date of the result?	Notes
<input type="checkbox"/>	Care Management/Goal and Action Planning	_/_/_ to _/_/_	<input type="checkbox"/> Yes <input type="checkbox"/> No	_/_/_	
<input type="checkbox"/>	Document Assistance/Advocacy (Driver's license, social security card, etc.)	_/_/_ to _/_/_	<input type="checkbox"/> Yes <input type="checkbox"/> No	_/_/_	
<input type="checkbox"/>	Housing and Budget Planning, Education, and Counseling	_/_/_ to _/_/_	<input type="checkbox"/> Yes <input type="checkbox"/> No	_/_/_	
<input type="checkbox"/>	Housing Problem Solving Conversation	_/_/_ to _/_/_	<input type="checkbox"/> Yes <input type="checkbox"/> No	_/_/_	
<input type="checkbox"/>	Mediation/Dispute Resolution	_/_/_ to _/_/_	<input type="checkbox"/> Yes <input type="checkbox"/> No	_/_/_	
<input type="checkbox"/>	Outreach/Engagement/Connection Building	_/_/_ to _/_/_	<input type="checkbox"/> Yes <input type="checkbox"/> No	_/_/_	
<input type="checkbox"/>	Public Benefits and Health Insurance Assistance/Advocacy	_/_/_ to _/_/_	<input type="checkbox"/> Yes <input type="checkbox"/> No	_/_/_	

## Financial Assistance

	Service	Dates of Service	Client Housed/Rehoused in a Safe Alternative?	If Yes, what was the date of the result?	Service Amount	Notes
<input type="checkbox"/>	Childcare expenses	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	\$ _____	
<input type="checkbox"/>	Credit, mediation, and legal services	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	\$ _____	
<input type="checkbox"/>	Documentation Assistance Fees (Birth Certificates, ID's, etc.)	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	\$ _____	
<input type="checkbox"/>	Hotel/motel/short stay vouchers	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	\$ _____	
<input type="checkbox"/>	Late rent/late fees	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	\$ _____	
<input type="checkbox"/>	Moving van/truck expenses (in County)	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	\$ _____	
<input type="checkbox"/>	Moving van/truck expenses (out of County)	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	\$ _____	
<input type="checkbox"/>	Rental application fees	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	\$ _____	
<input type="checkbox"/>	Security and utility deposits	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	\$ _____	
<input type="checkbox"/>	Short term mortgage assistance (90 days or less)	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	\$ _____	

<input type="checkbox"/>	Short term rental assistance (90 days or less)	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	\$ _____	
<input type="checkbox"/>	Transportation assistance – ticket/voucher (in County)	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	\$ _____	
<input type="checkbox"/>	Transportation assistance – ticket/voucher (out of County)	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	\$ _____	
<input type="checkbox"/>	Transportation assistance – vehicle repair/fees	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	\$ _____	
<input type="checkbox"/>	Unit modifications/minor repairs/habitability repairs	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	\$ _____	
<input type="checkbox"/>	Utility payments	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	\$ _____	

### Referrals

	Service	Date of Service	Client Housed/Rehoused in a Safe Alternative?	If Yes, what was the date of the result?	Notes
<input type="checkbox"/>	Behavioral Health (Mental Health/Substance Use Disorder) Services	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	
<input type="checkbox"/>	Childcare Assistance	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	
<input type="checkbox"/>	Criminal Justice/Re-Entry Services	___/___/___ to ___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	

<input type="checkbox"/>	Daily Living Assistance/ Advocacy/Coordination	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	
<input type="checkbox"/>	Document Assistance/Advocacy (Driver's License, Social Security Card, etc.)	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	
<input type="checkbox"/>	Outreach, Engagement/Connection Building	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	
<input type="checkbox"/>	Education, Employment, and Training Services	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	
<input type="checkbox"/>	Fiduciary and Representative Payee Services	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	
<input type="checkbox"/>	Food/Meals/Nutritional Services	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	
<input type="checkbox"/>	Health/Medical and Dental Care	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	
<input type="checkbox"/>	Housing and Budget Planning, Education, and Counseling	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	
<input type="checkbox"/>	Legal, Conflict Resolution, and Mediation Services	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	
<input type="checkbox"/>	Public Benefits and Health Insurance Assistance/Advocacy	__/__/__ to __/__/__	<input type="checkbox"/> Yes <input type="checkbox"/> No	__/__/__	