

Community Supports- Housing Transition Navigation Services



Tenant Screening and Housing Assessment

This form is required for Housing and Transition Navigation Services

Section 1: Member Information

Last Name: First Name: Middle Name:
Medi-Cal # CIN: (9 digits/letter) Date of Birth:
Phone Number: Email:
Preferred Language: Approved Authorization Number:

Section 2: Referral Information

Referrer:
Name of person submitting request:
Phone Number: Fax Number:
Referrer Signature:
Date:

Section 3: Tenant Screening & Housing Assessment

Please check all that apply:

- Member to be referred to Coordinated Entry System (CES) provider
- Member requires assistance in obtaining required documentation to secure housing, including benefits advocacy.
- Member requires assistance in searching for housing and securing housing, including completion of applications, and required documentation as well as resources to cover moving costs.
- Member would benefit from landlord education, engagement, and communication on Members behalf.
- Member needs assistance with requests for reasonable and necessary accommodations for accessibility.
- Member would benefit from assistance in securing available resources to assist with subsidizing rent resources.

Community Supports-Housing Transition Navigation Services Tenant Screening and Housing Assessment

Briefly describe any barriers identified during initial tenant screening and housing assessment:

Next Steps

Develop a housing support crisis plan using the information collected during this assessment that includes prevention and early intervention services when housing is jeopardized.



<https://qrco.de/bdWWEL>

Please fax this form to (805) 681-3039 or contact the Community Supports unit to obtain the secure link option at (805) 562-1698.