

Community Supports- Housing Transition Navigation Services



Tenant Screening and Housing Assessment

This form is required for Housing and Transition Navigation Services

MEMBER INFORMATION

Name: Medi-Cal # CIN (9 digits):

DOB: Approved HTNS Authorization Number:

PROVIDER INFORMATION

Referrer Name: Referrer Phone Number:

Referrer Email: HTNS Provider:

Agency Phone Number: Agency Fax Number:

Referrer Signature

Date

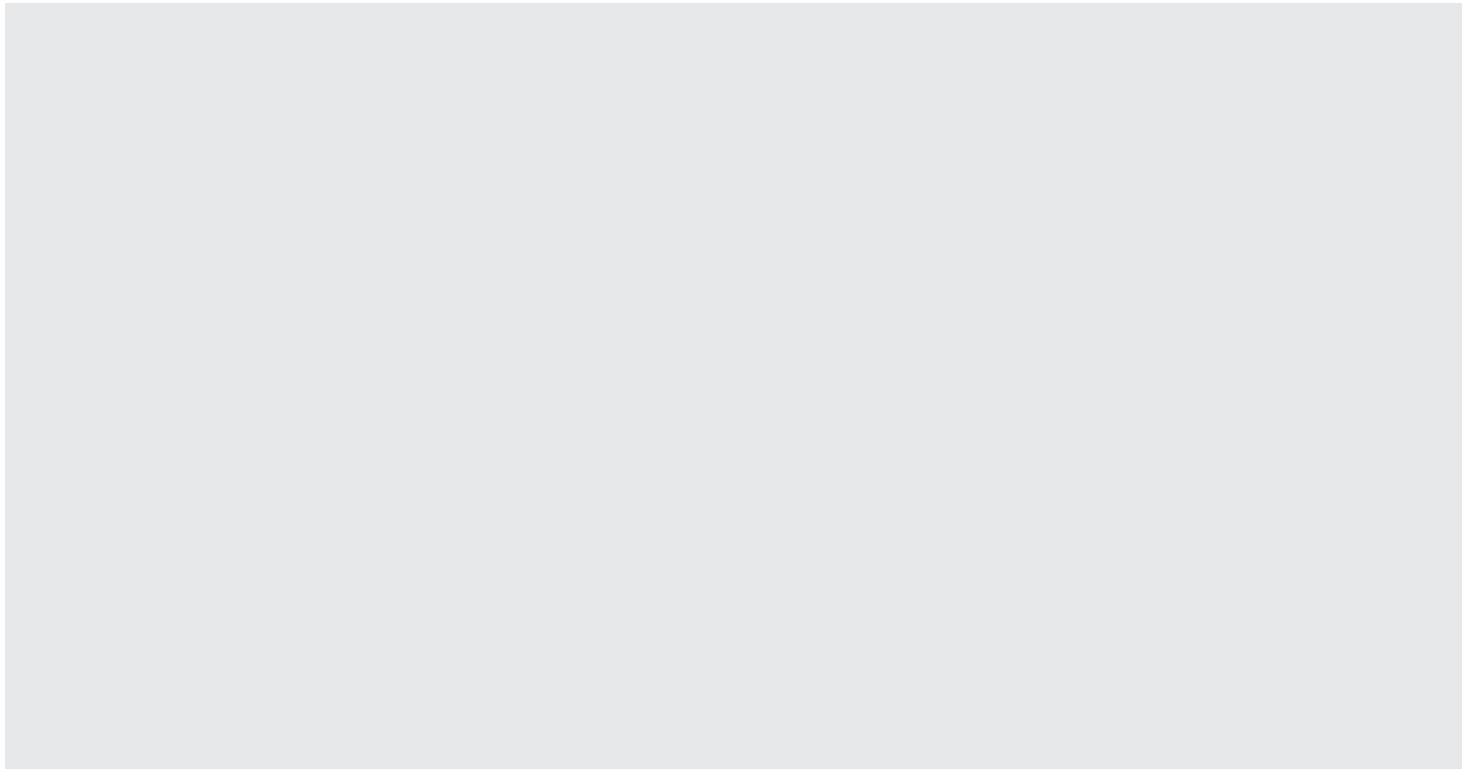
Tenant Screening & Housing Assessment

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.

If not submitted via the Provider Portal, you may fax this form to: (805) 681-3039 or via the secure link

Secure Link: <https://gateway.cencalhealth.org/form/cs>

For any questions, please call the Community Supports Unit at (805) 562-1698.