HMIS Santa Clara County Update Form

Date: ___________________________  HMIS #: ___________________________

1. First Name _______________________ Middle _______________ Last ___________________________

2. Phone/Message Number ________________________  3. Email Address __________________________

4. Current/Last Permanent Address

Address __________________________________________

City __________________ State ______ Zip __________

If no longer current, when did you leave this address? (month and year) ______/____

5. Housing Status:  □ Literally Homeless  □ Housed at Eminent Risk of Losing Housing

□ Housed and at Risk of Losing Housing □ Stably Housed □ Don’t Know/Refused

6. Are you of Hispanic or Latino origin?  □ Yes  □ No  □ Don’t Know  □ Refused

7. What BEST describes you? You may choose more than one.

□ (a) American Indian/Alaskan Native  □ (b) Asian  □ (c) Black/African-American
□ (d) Native Hawaiian/Pacific Islander  □ (e) White  □ (f) American Indian/Alaskan Native & White
□ (g) Black/African-American & White  □ (h) Asian & White  □ (i) American Indian/Alaskan Native & Black
□ (j) Other Multi-Racial

8. Are you currently employed?  □ Yes  □ No  If yes, how many hours do you work each week? ______

Type of Work?  □ Temp  □ Perm  □ Seasonal

9. Do you have a disability of long duration?  □ Yes  □ No

10. Have you ever received services for, or do you need services in the following areas? (Check all that apply.)

□ Mental Health □ Physical Disability □ Developmental Disability
□ Chronic Health Condition □ Domestic Violence □ Other(Please specify) ________________
□ Substance Abuse □ HIV/AIDS and related diseases


12. Monthly Income & Benefits: (Check all that apply and provide amount for self and dependents under the age of 18)

□ Wages □ Unemployment □ Social Security □ Social Security Income (SSI)
□ Worker’s Compensation □ Supplemental Security Disability Income (SSDI)
□ Veteran’s Pension □ General Public Assistance
□ Veteran’s Disability □ TANF/CalWorks
□ Child Support □ Alimony □ Other ________________

□ Food Stamps □ Medicaid □ Medicare □ Medi-Cal
□ SCHIP/Healthy Kids □ WIC □ VA Medical Services □ Section 8
□ CalWorks Child Care □ CalWorks Transportation □ Other CalWorks Services

13. If another adult is applying, list their full name and relationship to you.

(First Name) ___________________________  (Last Name) ___________________________

14. Relation to you:  □ Spouse □ Partner □ Friend □ Relative (specify) ________________ □ Other (explain) ____________

15. Are you the Head of Household?  □ Yes  □ No

16. Please list the number of children in your household ___________________________

17. Total household members ___________________________

Client Signature ___________________________  Date ___________________________
Welcome to West Valley Community Services. We are a private non-profit agency designed to provide, food, housing, and emergency services to individuals and families living in Cupertino, West San Jose, Los Gatos, Monte Sereno, and Saratoga.

Our services include:
- Food four times per month
- Rental assistance one time only
- Utility service to prevent shut off one time only
- Housing services
- Special Programs include backpack giveaways, shoe vouchers, Adopt-a-Family, etc.

West Valley Community Services is committed to treating you with dignity and respect. It is our goal to provide equal treatment to all seeking our services. We ask that you treat our staff and volunteers in the same manner. We reserve the right to refuse service to anyone unable to comply. Please read and sign the following:

I understand that West Valley Community Services may ask for verification of the information I provide and that this information will allow the program staff to assist me in an effective way. I understand that if I am unwilling to provide the necessary paperwork and/or am unable to verify my need, WVCS may not be able to provide me with assistance.

I understand that if I sign up for Special Programs and do not follow through with my commitment to the said Special Program, I will be disqualified for one year from all special programs.

All information I provide is true and accurate.

All information between WVCS and me is held strictly confidential unless:
1. I authorize a release of information with a signature;
2. WVCS is ordered by court to release information;
3. I present a danger to myself or others;
4. Child & adult abuse/neglect are suspected;

In the latter two cases, WVCS staff is required by law to inform potential victims and legal authorities so that protective measures can be taken.

Please initial the following:

☐ I (we) hereby consent, authorize and assign any and all rights to WVCS to use my (family) first name and photo for publication in its newsletter, annual report, promotional materials, website or public media. This consent will remain valid even after I am no longer in the program.

In consideration for receiving services provided by West Valley Community Services, including, but not limited to access to the Food Pantry, I hereby release, waive, discharge and covenant not to sue West Valley Community Services, its officers, servants, agents and employees (hereinafter referred to as "releases") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or relating to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, whether caused by the negligence of the releases, any third party, or otherwise.

X

*Signature of applicant stating all information is true and correct*