

DPSS-HFSS PARTICIPANT ELIGIBILITY REQUEST FORM

- New Request
 Re-Clearance

To be completed by Family Solutions Center (FSC) Staff

CalWORKs Case #: _____		Today's Date: _____
Participant Name: _____		Date of Birth: _____
First	Last	
Participant SS #: _____	Participant Phone #: (____) _____	
FSC Agency: _____	FSC Staff Name: _____	
FSC Phone #: (____) _____	FSC Fax #: (____) _____	
Family referred to the FSC by: _____		
Homeless Family Solutions System (HFSS) Program Release and Consent Agreement Completed <input type="checkbox"/> Yes		

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Eligibility Questions	YES	NO	INITIAL
1. Does the family have up to 120 days of shelter available? Family has previously used _____ Emergency Shelter Services/Homeless CalWORKs Family Project days. Remaining days available: _____ days Last date the family used the 120 days: _____	<input type="checkbox"/>	<input type="checkbox"/>	
2. If the family has exhausted the 120 days of shelter (see Question #1), does the family remain homeless since exhausting the 120 days?	<input type="checkbox"/>	<input type="checkbox"/>	
3. If the family has exhausted the 120 days of shelter (see Question #1), did the family secure permanent housing since exhausting the 120 days?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the adult in the family receiving CalWORKs and enrolled and actively participating (including "Good Cause") in GAIN Welfare-to-Work (WtW)? If Yes, start and end date of the GAIN activity or Good Cause: Start Date: _____ End Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the adult in the family enrolled in the Family Stabilization – Housing/Homeless activity?	<input type="checkbox"/>	<input type="checkbox"/>	

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ELIGIBILITY DETERMINATION:		
<input type="checkbox"/> WtW Family is ELIGIBLE for HFSS WtW funding Family is eligible for _____ days	<input type="checkbox"/> WtW Family is NOT ELIGIBLE for HFSS WtW funding Reason: _____	
<input type="checkbox"/> WtW Family in Family Stabilization–Housing/Homeless activity is ELIGIBLE for two additional months of HFSS WtW funding		
<input type="checkbox"/> Non-WtW Family is ELIGIBLE for the Housing Support Program Non-WtW funding		
APPROVED BY:		
_____	_____	_____
HCM or BWS-LOD Staff Name (Print)	Signature	Date