

## Los Angeles Match Initiation Form

This form is used as an addendum to the VI-SPDAT Screener. This Match Initiation Form includes questions that will assist with making a match to a unit of Permanent Supportive Housing in Los Angeles County. These questions will assess for basic eligibility requirements of these resources, making it possible to prioritize housing placements for those with the highest acuity as determined by the VI-SPDAT Screener. This form will also document client preference relative to where he/she would like to live in permanent housing, making the unit match possible for their community of origin (where they are currently homeless) or their top two community preferences. The VI-SPDAT Screener must be filled out before this form, either administered at the same time as the VI-SPDAT Screener, or sometime thereafter.

### BACKGROUND INFORMATION

1. What is the Unique Client Identifier of the client ready for housing match?	
2. First Name of Point of Contact (POC) working on housing this Client:	3. Last Name of POC working on housing this Client:
4. Agency the POC is affiliated with:	5. Phone number of POC:
6. Email of POC:	7. Has Client signed a Release of Information? <i>If not, the client must sign a release before the Housing Matching Process can begin</i> <input type="checkbox"/> YES <input type="checkbox"/> NO

### QUESTIONS TO ASSIST WITH HOUSING MATCH

8. Do you need an individual or family unit?	<input type="checkbox"/> Individual <input type="checkbox"/> Family
9. If a family unit is needed, how many children (under 18) for whom you have full legal custody will be living with you?	<input type="checkbox"/> Not Applicable <input type="checkbox"/> 1 child <input type="checkbox"/> 2 children <input type="checkbox"/> 3 children <input type="checkbox"/> 4 children <input type="checkbox"/> 5 children <input type="checkbox"/> 6 children <input type="checkbox"/> 7 children <input type="checkbox"/> 8 children
10. If a family unit is needed, are there any adults (18+) who will be living in the unit?	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Yes <input type="checkbox"/> No
11. If one or more adults in addition to you will be living in the unit, please list each adult and his/her relation to you.	
12. If a family unit is needed, how many bedrooms are required?	<input type="checkbox"/> Not Applicable - I need an individual unit <input type="checkbox"/> 1 bedroom <input type="checkbox"/> 2 bedrooms <input type="checkbox"/> 3 bedrooms <input type="checkbox"/> 4 bedrooms <input type="checkbox"/> 5 or more bedrooms
13. Do you need shared housing? <i>Two or more unrelated people share a 2 or more bedroom unit.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. If you reside within the City of Los Angeles, which community do you live in?

<input type="checkbox"/> Not Applicable (I don't reside within the City of Los Angeles) <input type="checkbox"/> Atwater Village <input type="checkbox"/> Baldwin Hills <input type="checkbox"/> Bel Air <input type="checkbox"/> Beverly Crest <input type="checkbox"/> Beverly Glen <input type="checkbox"/> Boyle Heights <input type="checkbox"/> Brentwood <input type="checkbox"/> Canoga Park <input type="checkbox"/> Century City <input type="checkbox"/> Chatsworth <input type="checkbox"/> Chinatown <input type="checkbox"/> Cypress Park <input type="checkbox"/> Downtown Los Angeles (Skid Row) <input type="checkbox"/> Eagle Rock <input type="checkbox"/> East Hollywood <input type="checkbox"/> Echo Park <input type="checkbox"/> Encino <input type="checkbox"/> Glassel Park <input type="checkbox"/> Granada Hills <input type="checkbox"/> Hancock Park <input type="checkbox"/> Harbor City <input type="checkbox"/> Harbor Gateway <input type="checkbox"/> Hermon <input type="checkbox"/> Highland Park <input type="checkbox"/> Hollywood <input type="checkbox"/> Holmby Hills <input type="checkbox"/> Hyde Park <input type="checkbox"/> Jefferson Park <input type="checkbox"/> Korea Town <input type="checkbox"/> Ladera Heights <input type="checkbox"/> Lake Balboa <input type="checkbox"/> Lake View Terrace <input type="checkbox"/> Larchmont District <input type="checkbox"/> Laurel Canyon <input type="checkbox"/> Leimert Park <input type="checkbox"/> Lincoln Heights <input type="checkbox"/> Los Feliz <input type="checkbox"/> Manchester <input type="checkbox"/> Mar Vista <input type="checkbox"/> Marina Del Ray <input type="checkbox"/> Mid City <input type="checkbox"/> Mid Wilshire	<input type="checkbox"/> Miracle Mile <input type="checkbox"/> Montecito Heights <input type="checkbox"/> Mount Washington <input type="checkbox"/> North Hollywood <input type="checkbox"/> Northridge <input type="checkbox"/> Pacific Palisades <input type="checkbox"/> Pacoima <input type="checkbox"/> Palms <input type="checkbox"/> Panorama City <input type="checkbox"/> Porter Ranch <input type="checkbox"/> Rancho Park <input type="checkbox"/> Reseda <input type="checkbox"/> San Pedro <input type="checkbox"/> Shadow Hills <input type="checkbox"/> Sherman Oaks <input type="checkbox"/> Silver Lake <input type="checkbox"/> South Central <input type="checkbox"/> South Los Angeles <input type="checkbox"/> South Robertson <input type="checkbox"/> Southeast Los Angeles <input type="checkbox"/> Studio City <input type="checkbox"/> Sun Valley <input type="checkbox"/> Sunland <input type="checkbox"/> Sylmar <input type="checkbox"/> Tarzana <input type="checkbox"/> Toluca Lake <input type="checkbox"/> Tujunga <input type="checkbox"/> University Park <input type="checkbox"/> Van Nuys <input type="checkbox"/> Venice <input type="checkbox"/> Vermont <input type="checkbox"/> Warner Center <input type="checkbox"/> Watts <input type="checkbox"/> West Adams <input type="checkbox"/> West Hills <input type="checkbox"/> Westlake <input type="checkbox"/> Westwood <input type="checkbox"/> Wilmington <input type="checkbox"/> Wilshire <input type="checkbox"/> Winnetka <input type="checkbox"/> Woodland Hills
<p>15. For how long have you stayed in that city/community?</p>	
<p>16. Even if you are not currently residing in this city/community, have you called it your home within the last year (last 12 months)?</p>	

<p>17. Which of the following communities/regions would be your FIRST choice for housing?</p>	<p><input type="checkbox"/> Anywhere within LA County (wherever I am most likely to be placed into housing the quickest)</p> <p><input type="checkbox"/> SPA 1: Antelope Valley</p> <p><input type="checkbox"/> SPA 2: San Fernando Valley (Sun Valley, NoHo, Sylmar)</p> <p><input type="checkbox"/> SPA 3: Pasadena</p> <p><input type="checkbox"/> SPA 4: Skid Row</p> <p><input type="checkbox"/> SPA 4: Hollywood (+ East Hollywood)</p> <p><input type="checkbox"/> SPA 5: West LA (Santa Monica, Venice)</p> <p><input type="checkbox"/> SPA 6: South LA (Watts, Westside of South LA)</p> <p><input type="checkbox"/> SPA 7: Southeast / East LA (Gateway Cities)</p> <p><input type="checkbox"/> SPA 8: South Bay (Long Beach, Harbor City, San Pedro)</p>
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**COMMUNITY PREFERENCES**

*Only applies to clients who chose a specific SPA as their first choice.*

<p>18. Which of the following communities/regions would be your SECOND choice for housing?</p>	<p><input type="checkbox"/> SPA 1: Antelope Valley</p> <p><input type="checkbox"/> SPA 2: San Fernando Valley (Sun Valley, NoHo, Sylmar)</p> <p><input type="checkbox"/> SPA 3: Pasadena</p> <p><input type="checkbox"/> SPA 4: Skid Row</p> <p><input type="checkbox"/> SPA 4: Hollywood (+ East Hollywood)</p> <p><input type="checkbox"/> SPA 5: West LA (Santa Monica, Venice)</p> <p><input type="checkbox"/> SPA 6: South LA (Watts, Westside of South LA)</p> <p><input type="checkbox"/> SPA 7: Southeast / East LA (Gateway Cities)</p> <p><input type="checkbox"/> SPA 8: South Bay (Long Beach, Harbor City, San Pedro)</p>
<p>19. Which of the following communities/regions would be your THIRD choice for housing?</p>	<p><input type="checkbox"/> SPA 1: Antelope Valley</p> <p><input type="checkbox"/> SPA 2: San Fernando Valley (Sun Valley, NoHo, Sylmar)</p> <p><input type="checkbox"/> SPA 3: Pasadena</p> <p><input type="checkbox"/> SPA 4: Skid Row</p> <p><input type="checkbox"/> SPA 4: Hollywood (+ East Hollywood)</p> <p><input type="checkbox"/> SPA 5: West LA (Santa Monica, Venice)</p> <p><input type="checkbox"/> SPA 6: South LA (Watts, Westside of South LA)</p> <p><input type="checkbox"/> SPA 7: Southeast / East LA (Gateway Cities)</p> <p><input type="checkbox"/> SPA 8: South Bay (Long Beach, Harbor City, San Pedro)</p>

**FINAL QUESTIONS TO ASSIST WITH HOUSING MATCH**

<p>20. Which of the following documents do you have with you or have easily accessible?</p>	<p><input type="checkbox"/> CA-Issued ID Card or Driver’s License (or receipt of application)</p> <p><input type="checkbox"/> Social Security Card (or receipt of application)</p> <p><input type="checkbox"/> Birth Certificate</p>
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<p>21. What are your sources of income right now?  <i>Select all that apply. Note: If Client refuses to answer, Housing Match cannot begin.</i></p>	<p> <input type="checkbox"/> Refused to Answer  <input type="checkbox"/> No Income  <input type="checkbox"/> General Relief (GR)  <input type="checkbox"/> SSI  <input type="checkbox"/> SSDI/SSA  <input type="checkbox"/> VA  <input type="checkbox"/> Food Stamps (Cal Fresh)  <input type="checkbox"/> CAPI  <input type="checkbox"/> Work  <input type="checkbox"/> Other: _____ </p>
<p>22. How much income do you receive in total each month?  <i>Answer can be rounded to the nearest \$10 and should NOT include the value of Food Stamps. Please write without the "\$" sign or commas.</i></p>	
<p>23. What kind(s) of health insurance do you have, if any?  <i>Select all that apply.</i></p>	<p> <input type="checkbox"/> None  <input type="checkbox"/> Medi-Cal (Medicaid)  <input type="checkbox"/> Healthy Way LA  <input type="checkbox"/> Medicare  <input type="checkbox"/> VA  <input type="checkbox"/> Private Insurance </p>
<p>24. Are you already receiving supportive services that can/will follow you into permanent housing?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. If yes, what agency provides those supportive services?</p>	
<p>26. Have you ever been a patient at any of the following Hospitals and/or at a DHS Clinic? <i>DHS stands for the LA County Department of Health Services. If other, please state the name of the specific DHS Clinic.</i></p>	<p> <input type="checkbox"/> No  <input type="checkbox"/> Harbor-UCLA Medical Center  <input type="checkbox"/> Olive-View Medical Center  <input type="checkbox"/> LAC+USC Medical Center  <input type="checkbox"/> Rancho Los Amigos Rehab Center </p>
<p>27. Are you currently or have you ever received treatment for mental health issues?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28. If yes, what are the names of all clinics, hospitals and/or agencies that you have received treatment from?</p>	
<p>29. What is your citizenship status?</p>	<p> <input type="checkbox"/> Citizen  <input type="checkbox"/> Permanent Legal Resident  <input type="checkbox"/> Asylee, Refugee, or other Eligible Immigrant  <input type="checkbox"/> Ineligible Immigrant (including Undocumented) </p>
<p>30. Do you have a permanent physical disability that limits your mobility?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>31. If yes, please describe the limits to your mobility:</p>	

32. Have you ever been evicted from housing or abandoned a unit, of which your name was on the lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. If yes, approximate month and year of last eviction: <i>If you are unsure of the day, please select the first day of the month.</i>	_____ / _____ / _____
34. Were any of the evictions from Public Housing Authority units?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. If you've been evicted from a PHA unit, was it due to fraud?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. If yes, approximate month and year of the last eviction due to fraud: <i>If you are unsure of the day, please select the first day of the month.</i>	_____ / _____ / _____
37. If you've been evicted from a PHA unit, was it due to unit damage?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. If applicable, approximate month and year of the last eviction due to unit damage: <i>If you are unsure of the day, please select the first day of the month.</i>	_____ / _____ / _____
39. If you've been evicted from a PHA unit, do you owe money?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. If yes, do you have a payment plan in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. If yes, please describe all felonies for which you have been convicted?	
43. If yes, when was the month and year of your last conviction? <i>If you are unsure of the day, please select the first day of the month.</i>	_____ / _____ / _____
44. If you've been convicted, were any of the felonies considered violent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. If yes, when was the month and year of your last violent felony conviction? <i>If you are unsure of the day, please select the first day of the month.</i>	_____ / _____ / _____
46. Have you ever been convicted of manufacturing or producing methamphetamine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have you ever been convicted of arson?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Are you a registered sex offender?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Are you currently on probation or parole?	<input type="checkbox"/> No <input type="checkbox"/> Probation <input type="checkbox"/> Parole <input type="checkbox"/> Both
50. If you are receiving disability benefits (Social Security, VA, or other), what is/are the disabling condition(s) for which you receive payments?	

<p>51. Have you ever been diagnosed with or are currently experiencing any of the following? <i>Select all that apply.</i></p>	<p><input type="checkbox"/> A Physical Disability  <input type="checkbox"/> A Serious Mental Illness, such as bipolar disorder, schizophrenia, PTSD, etc.  <input type="checkbox"/> Problems with Alcohol  <input type="checkbox"/> A Substance Use disorder  <input type="checkbox"/> Chronic Physical Illness  <input type="checkbox"/> A Developmental Disability  <input type="checkbox"/> None of the above</p>
<p>52. Do you need a smoking or non-smoking apartment?</p>	<p><input type="checkbox"/> Smoking <input type="checkbox"/> Non-smoking</p>
<p>53. Do you use an accompaniment (service) animal? <i>Please only specify yes if the pet is required rather than just nice to have.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>54. Do you have a pet? <i>Please only specify yes if this is a non-required pet.</i></p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>55. If yes, what type of pet is it?</p>	
<p>56. Are there other requirements or requests around permanent housing that we need to be aware of? If so, please list them. <i>Please include here details not covered elsewhere (e.g. needs ground-floor unit, has a dog/pet, etc.) to help ensure that the housing match meets the client's needs.</i></p>	
<p>57. Date this Match Initiation Form is being submitted:</p>	<p>_____ / _____ / _____</p>

Thank you for completing the Match Initiation Form. Assuming this form is complete and all the required documents listed in question #20 are available, the matching process will begin.