

ALAMEDA COUNTY HMIS — REALIGNMENT HOUSING PROJECT (RHP)

SUPPLEMENTAL FORM v2020.1 - 10.01.2019

Fill out this form for each ADULT Head of Household (Realignment Qualifier)

Project Start (Enrollment) Date: ___/___/_____ HMIS ID # _____

Interim Update Date: ___/___/_____ (if conducting a Three Month Re-assessment)

Program/Provider: _____

Client Profile

First: _____ Middle: _____ Last: _____ Suffix: _____

RHP Supplemental Questions

(Obtain from Probation Referral Form)

Probation File Number (PFN): _____ Probation Officer: _____

Referral Date: _____ (mm/dd/yyyy) Estimated Termination Date: _____ (mm/dd/yyyy)

Number of attempted contacts before InHOUSE intake: _____
(extracted from Dropbox Spreadsheet)

Is the client already registered, or required to be a registered sex offender? No Yes

Has the client been convicted of arson? No Yes

Is the client subject to any temporary restraining order or other order which would affect where he/she can live? No Yes

Number of total prior convictions (including most recent): _____

Current Program Phase

Housing Search Preparation

Client is addressing barriers to beginning a housing search, including obtaining ID, credit repair, etc.

Housing Search

Client is in the process of identifying appropriate housing (could be rental by client, negotiating living with friends or family, etc.)

Housed with RHP Subsidy

Client is housed with an RHP subsidy contributing to housing costs

Housed with NON-RHP Subsidy

Client is housed with a NON-RHP subsidy contributing to housing costs (e.g. Section 8, Shelter + Care, etc.)

Housed without Subsidy

Client is housed without any subsidy contributing to his/her housing costs

Other Specify: _____

NOTE: If permanent housing has either been lost or obtained, complete and attach the [HMIS Housing Assessment Form](#).