YUROK TRIBE
190 Klamath Boulevard | PO Box 1027
Klamath, CA 95548
Supportive Housing Phone Tree: 1-833-Olomehl (656-6345)
Public Intake Email: housing@yuroktribe.nsn.us

YUROK SUPPORTIVE HOUSING INTAKE & AUTHORIZATION

1. Personal Information

Full Name (*first middle and last*): _____ DOB: _____
Phone Number: _____ Email Address: _____
Address (*if applicable*): _____
Mailing Address (*if different*): _____
Disability Needs _____ Receiving SSI: ☐ Yes ☐ No
Animals: ☐ None ☐ Dog #___ Breed: _____ ☐ Cat #___ ☐ Other: _____
Type: ☐ Service Animal (*for disability*) ☐ Emotional Support Animal (ESA) ☐ Pet
Household Totals (*including applicant*): Number of Adults: ____ Number of Children: ____
List others in Household (*including children*):

Full Name	Relationship to Applicant	Date of Birth	Age

Attach additional page if necessary.

Tribal Affiliation: ☐ Yurok Tribal Member ☐ Other Tribal Member: _____
☐ Other Affiliation: _____ ☐ None

2. Housing Status

Are you currently homeless? ☐ Yes ☐ No
Are you currently in a residential treatment program, transitional housing program, jail, prison, or another institutional setting? ☐ Yes ☐ No
Are you currently facing eviction? ☐ Yes ☐ No
Are you fleeing domestic violence or living in a dangerous situation? ☐ Yes ☐ No
Are you otherwise at risk of experiencing homelessness in the very near future? ☐ Yes ☐ No
Date you need housing _____ Please provide more details:

_____

3. Behavioral Health & Substance Use Status

Are you currently experiencing or have you recently experienced symptoms of a mental health or substance use disorder? ☐ Yes ☐ No
Are you currently engaged in behavioral health treatment or recovery services? ☐ Yes ☐ No
If yes, describe (*e.g., therapy, counseling, medication management, support groups*)

_____

4. Income and Employment Status

Current Employment Status: ☐ Full-Time ☐ Part-Time ☐ Unemployed ☐ Student

Monthly Income: $ _____ Willing to contribute 30% to rent and utilities? ☐ Yes ☐ No

5. Legal Information

Do you have any pending criminal charges? ☐ Yes ☐ No

Are you currently on probation or parole? ☐ Yes ☐ No

Do you have any of the following types of felony convictions: ☐ Drug ☐ Arson ☐ 290

Are you or your children involved in an open child welfare case? ☐ Yes ☐ No

Are you involved in an Adult Protective Services (APS) case as a person needing protection or support? ☐ Yes ☐ No ☐ Not sure

6. Other Services & Contacts

Please indicate any services you are currently receiving in the community or Tribe and contacts:

☐ Yurok Services: _____

☐ County Services: _____

☐ Other Housing Services: _____

☐ Other: _____

☐ Other: _____

7. Additional Comments

CONSENT & AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I UNDERSTAND AND AGREE:

1. I hereby authorize the individual conducting this intake to disclose my protected information to the following entities:
   - ☐ All Yurok Tribe Departments
   - ☐ Yurok Indian Housing Authority
   - ☐ Kee Cha-E-Nar Corporation aka Kee Cha'a-neyr (Yurok Wellness & Reentry Support)
   - ☐ Other: _____
2. I authorize the use and disclosure of my protected health information for the purpose of determining my eligibility for, coordinating, and obtaining supportive housing services. This may include verifying my behavioral health needs, assessing my level of care, facilitating placement in appropriate housing programs, coordinating supportive services, developing individualized housing or treatment plans, and ensuring continuity of care.
3. The information released will only be used to assist with accessing, arranging, or maintaining housing and related behavioral health services.
4. Please specify any restrictions on the use or disclosure of your health information:

_____

5. The following types of sensitive health information may require additional authorization under federal and state law. Please place your initials below to indicate your consent for Tribal staff and/or entities to use and disclose this information as described in this authorization.

   HOUSING / HMIS INFORMATION
   Initial: _____

   SUBSTANCE USE DISORDER TREATMENT INFORMATION
   Initial: _____

   MENTAL HEALTH TREATMENT INFORMATION
   Initial: _____

   HIV-RELATED INFORMATION
   Initial: _____

6. My written request to revoke this authorization must be submitted to **PO Box 1027, Klamath CA 95548**. I understand that the revocation will not apply to information that has already been released in reliance on this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.
7. I understand that I have the right to revoke this authorization at any time.
8. I understand that to revoke this authorization, I must do so in writing.
9. I understand that once the specified information is disclosed pursuant to this authorization, it may be redisclosed by the recipient as permitted by law. However, redisclosures of information may not be protected by the federal privacy regulations.
10. I understand that I have the right to refuse to sign this authorization. My refusal to sign this authorization may impact my ability to receive program services and benefits.
11. I understand that I have the right to receive a copy of this authorization.
12. **This authorization is effective immediately and will expire one (1) year after the participant's last service related to this authorization**

This authorization complies with the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2, and applicable California privacy laws governing the use and disclosure of health information.

Signature: _____ **Date:** _____

If not signed by the participant, please indicate relationship:

- ☐ Parent or guardian of minor
- ☐ Guardian or conservator of an incompetent client
- ☐ Other please specify legal authority: _____

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Intake Staff: _____ **Intake Date:** _____

REFERRED TO	CRITERIA	CONTACT
☐ Tribal Court Wellness Housing Coordinator	Homeless or at-risk of Homelessness ***AND*** Open/Pending Tribal Court Case ***OR*** Pending Criminal Charges ***OR*** Probation/Parole ***OR*** Victim of Crime ***AND*** Significant Behavioral Health Condition (Diagnosed or Suspected SUD/SMI including PTSD resulting from DV)	Hillary Daignault hdaignault@yuroktribe.nsn.us (707) 951-7037
☐ Behavioral Health Bridge Housing Manager	Homeless or at-risk of Homelessness ***AND*** Significant Behavioral Health Condition (Diagnosed or Suspected SUD/SMI)	Octavio Acosta oacosta@yuroktribe.nsn.us (707) 951-1136
☐ Home Safe, TCW Housing Supervising Case Worker	Homeless or at-risk of Homelessness ***AND*** Adult Protective Services (APS) Case	Bessie Shorty bessie@yuroktribe.nsn.us (707) 951-9843
☐ Housing Disability Advocacy Program, TCW Housing Supervising Case Worker	Experiencing Homelessness ***AND*** Suspected Need for Disability Benefits	
☐ Bringing Families Home, TCW Housing Supervising Case Worker	Open Child Welfare Services Case	
☐ Yurok Indian Housing Authority	Yurok Tribal Member not qualifying for other programs with other housing needs	Main Line (707) 482-1506 (800) 281-4749 reception@yurokhousing.com

Outcome: ☐ Accepted / Scheduled ☐ Services Completed ☐ Client Declined Services

☐ Not Eligible ☐ Referred to Other Services: _____

Outcome Communicated to Referring Staff/Department

Staff Name: _____

Date: _____