



3012 N.NEVADA ST #1
SPOKANE, WA 99207

MAIN LINE :(509-385-5286)

FAX: (509-206-9500)

EMAIL:

MHASPEAKOUTSPEAKUP@GMAIL.COM

CLIENT CONTACT INFORMATION SHEET

Name Provider one:	
Date of Birth	
Gender	
Address (street and number, city, state, zip)	
phone number/ any other cell may we leave a message? <input checked="" type="checkbox"/> <input type="checkbox"/>	
EMAIL may we email you? <input checked="" type="checkbox"/> <input type="checkbox"/>	

OCCUPATION	
place of employment	
work number	
if needed is it ok to call here? <input checked="" type="checkbox"/> <input type="checkbox"/>	

EMERGENCY CONTACTS	
name	
relationship	
phone number	

MHA SPEAKOUT SPEAKUP

3012 N Nevada St Ste 1

Spokane WA 99207

Informed Choice of Clients Services

MHA Services is committed to allowing all clients to have a choice when it comes to services. Informed choice is the process by which an individual receiving services from MHA makes decisions in relation to their provider, services, and outcomes.

How MHA Supports Informed Choice: MHA Services supports the informed choice process by providing counseling and guidance, information and support to help you make choices that match your strengths, resources, priorities, concerns, abilities, capabilities, and interests. We will help you understand: Your choices throughout the process help you understand and evaluate the options available to you. MHA Speakout Speakup will provide you with a list of local numbers in your area upon request.

If at any time you would like information regarding additional services or other service providers MHA Services will provide you with a list of contact information.

My signature confirms that I have been informed of my rights to informed choices.

Client Name: _____

MHA Staff Name: _____

Emergency Medical Treatment Release of Information

Client Name: _____

Address: _____

Phone Number: _____

Should I be injured, I give permission that support staff administer first aid or other necessary hospital/ medical care and transportation by ambulance be made at the discretion of the staff.

This authorization begins on this _____ day of _____ month, year and expires on this _____ day of _____ month, year.

Client signature _____ Date: _____

MHA Staff Signature _____ Date: _____

Emergency Contact in the event of hospitalization or an injury requiring treatment:

Name _____

Phone _____ Relationship _____

Hospital Preference _____



M.H.A SPEAKOUT SPEAKUP

3012 N. nevada St , ste #1

mhaspeakoutspakeup@gmail.com

FAX: 509-206-9500

CLIENT RESPONSIBILITIES FOR PROGRAM SERVICES

- Must cancel within 2 hours of appointment or it will be marked as a no call /no show
- If assigned a to do or task list, tasks must be completed as stated on service plan or before next appointment.

I understand I will need to be seen once a month to stay active with MHA as well as keeping my state Medicaid active.

I understand in order to receive services I will follow the guidelines above if there are 3 marked no call no shows I will be terminated from services at M.H.A SPEAKOUT SPEAKUP.

X _____

Client signature

X _____

Case Manager

MHA SPEAKOUT SPEAKUP

3012 N Nevada St. Ste 1

Spokane WA 99207

509-385-5286

Housing Intake Form

Client Name: _____

Date of First Contact with FCS Staff: _____

Location of First Contact: _____

Setting Client Discharging From: (if applicable); _____

Current Living Situation: _____

Client Currently housed; yes _____ No _____ date housed: _____

Housing Type: (if client is currently housed) _____

Monthly Income Amount: _____ funding source: _____

Voucher: yes _____ no _____ amount of voucher _____

Subsidy _____ amount of subsidy _____

Subsidy resource _____

Purpose of subsidy: rent _____ deposit _____ storage _____ utilities _____ other: _____

Evictions: yes _____ no _____

Has Client ever received voucher or subsidy _____

Does client owe any landlord past rent? _____

Legal Involvement: _____

Barriers to housing: _____

Community Support Team Members: _____

Supports will be providing client: _____

Client Signature

Date

FCS Housing Specialist Signature

Date



M.H.A SPEAKOUT SPEAKUP

3012 N.nevada ST, ste #1
Spokane, WA 99207-2800

phone: 509-385-5286

Fax: 509-206-9500

HOUSING INTAKE GUIDELINES

Here at M.H.A Speakout Speakup we are a housing supportive agency; with this we **cannot** guarantee housing placement by a certain time.

We will do everything we can to assist in finding suitable housing in a timely manner but due to the current housing crisis in Spokane and surrounding areas, long wait lists, and requirements for certain properties such as income, credit score, etc.

As a nonprofit agency we strive to help our clients in the most efficient way we can, however we cannot predict unforeseen circumstances such as property availability and are unable to guarantee approval into all properties.

X _____

Client signature & Date

X _____

Case Manager



M.H.A SPEAKOUT SPEAKUP

3012 N.nevada st, ste #1

Spokane, WA 99207-2800

phone: 509-385-5286

Fax: 509-206-9500

Consent of release of information

I, _____ of _____

(print name)

(county)

Authorize MHA SPEAKOUT SPEAKUP to disclose and/or receive information from
Agency/Person's Name:

Address:

City, State, Zip code: _____

Telephone Number: _____

Fax Number: _____

Email Address: _____

I understand that the purpose of this release is to allow MHA SPEAKOUT SPEAKUP to exchange information about me in any form including verbal, writing and electronic with the above-named entity to facilitate appropriate treatment, medical care and monitoring; and promote public safety. I also understand that if I decline to sign this or any additional requested releases that I am not eligible to participate in services with MHA SPEAKOUT SPEAKUP.

Types of information that may be shared include, but are not limited to:

- Substance use history, legal issues and license status.
- Diagnostic impression, symptomology, and treatment recommendations or services.
- Rental history
- Medical and/or psychiatric conditions
- Prescribed medications

- Results of urine, blood, hair, ect testing
 - Monitoring program compliance and status
 - Housing, utilities, employment
 - Court records and criminal history
 - Other:
-

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient records, 43 CFR Part 2, and cannot be disclosed without my written consent. I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as follows; specification of the date, event, or condition upon which this consent expires: (initial one)

_____ Ninety (90) days from the date listed below _____ Ninety (90) days after program completion

_____ Other (specify length of time)

Signature & Date:

MHA SPEAKOUT SPEAKUP

3012 N Nevada St. #1 Spokane, WA 99207

(509) 385-5286 Phone (509) 206-9500 Fax

www.mhaspeakoutspakeup.org

Client FCS housing TAP funding

I _____ understand that the FCS (Foundation Community support) housing program can possibly change how and what funds within the program are allocated each year. MHA SPEAKOUT SPEAKUP has no control over what the FCS determines how the funds can be used or when funds will run out.

I also understand the we can never predict when funds will run out for the year.

Client

Case Worker

Foundational Community Supports (FCS) Attestation of Chronic Homelessness

Washington | Medicaid

Those interested in enrolling in the Foundational Community Supports (FCS) supportive housing program must meet one health need and one risk factor to be eligible for the program, in addition to other criteria listed below.

I attest that I am a duly authorized FCS intake worker and that I have followed my agency's policies and procedures as well as Washington State Health Care Authority policy to establish chronic homelessness for the purposes of the FCS program. I have determined chronic homelessness by one of the following criteria:

- Homelessness Management Information System (HMIS)
- A written and signed attestation by an outreach worker
- A written and signed referral by another housing or service provider
- The enrollee's signed attestation of duration and frequency of homelessness

I attest that _____ meets the duration and frequency requirements of chronic homelessness; the individual has lived in a place not meant for human habitation, in a safe haven, or in an emergency shelter for at least 12 months, or at least four separate occasions in the last three years as long as the combined occasions equal at least 12 months.

Note: This definition also includes individuals who previously met the HUD definition of chronic homelessness but have been housed in the last 60 days (time housed may not exceed 60 days).

*Signature of authorized FCS intake worker:

*Date:

*Agency name:

Address:

Enrollee attestation

I, _____, have experienced being homeless for the last 12 months in which I lived in a place not meant for human habitation, in a safe haven, or in an emergency shelter; or on at least four separate occasions in the last three years, I was homeless for a total of at least 12 months.

Note: This definition also includes individuals who previously met the HUD definition of chronic homelessness but have been housed in the last 60 days (time housed may not exceed 60 days).

*Signature:

*Date:

* Indicates a required field.

Supplemental and Optional Contact Information for HUD-Assisted Housing Applicants

SUPPLEMENT TO APPLICATION FOR FEDERALLY ASSISTED HOUSING

This form is to be provided to each applicant for federally assisted housing

Instructions: Optional Contact Person or Organization: You have the right by law to include as part of your application for housing, the name, address, telephone number, and other relevant information of a family member, friend, or social, health, advocacy, or other organization. This contact information is for the purpose of identifying a person or organization that may be able to help in resolving any issues that may arise during your tenancy or to assist in providing any special care or services you may require. You may update, remove, or change the information you provide on this form at any time. You are not required to provide this contact information, but if you choose to do so, please include the relevant information on this form.

Applicant Name:	
Mailing Address:	
Telephone No:	Cell Phone No:
Name of Additional Contact Person or Organization:	
Address:	
Telephone No:	Cell Phone No:
E-Mail Address (if applicable):	
Relationship to Applicant:	
Reason for Contact: (Check all that apply)	
<input type="checkbox"/> Emergency	<input type="checkbox"/> Assist with Recertification Process
<input type="checkbox"/> Unable to contact you	<input type="checkbox"/> Change in lease terms
<input type="checkbox"/> Termination of rental assistance	<input type="checkbox"/> Change in house rules
<input type="checkbox"/> Eviction from unit	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Late payment of rent	
Commitment of Housing Authority or Owner: If you are approved for housing, this information will be kept as part of your tenant file. If issues arise during your tenancy or if you require any services or special care, we may contact the person or organization you listed to assist in resolving the issues or in providing any services or special care to you.	
Confidentiality Statement: The information provided on this form is confidential and will not be disclosed to anyone except as permitted by the applicant or applicable law.	
Legal Notification: Section 644 of the Housing and Community Development Act of 1992 (Public Law 102-550, approved October 28, 1992) requires each applicant for federally assisted housing to be offered the option of providing information regarding an additional contact person or organization. By accepting the applicant's application, the housing provider agrees to comply with the non-discrimination and equal opportunity requirements of 24 CFR section 5.105, including the prohibitions on discrimination in admission to or participation in federally assisted housing programs on the basis of race, color, religion, national origin, sex, disability, and familial status under the Fair Housing Act, and the prohibition on age discrimination under the Age Discrimination Act of 1975.	

Check this box if you choose not to provide the contact information.

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Signature of Applicant

Date

The information collection requirements contained in this form were submitted to the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520). The public reporting burden is estimated at 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Section 644 of the Housing and Community Development Act of 1992 (42 U.S.C. 13604) imposed on HUD the obligation to require housing providers participating in HUD's assisted housing programs to provide any individual or family applying for occupancy in HUD-assisted housing with the option to include in the application for occupancy the name, address, telephone number, and other relevant information of a family member, friend, or person associated with a social, health, advocacy, or similar organization. The objective of providing such information is to facilitate contact by the housing provider with the person or organization identified by the tenant to assist in providing any delivery of services or special care to the tenant and assist with resolving any tenancy issues arising during the tenancy of such tenant. This supplemental application information is to be maintained by the housing provider and maintained as confidential information. Providing the information is basic to the operations of the HUD Assisted-Housing Program and is voluntary. It supports statutory requirements and program and management controls that prevent fraud, waste and mismanagement. In accordance with the Paperwork Reduction Act, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information, unless the collection displays a currently valid OMB control number.

Privacy Statement: Public Law 102-550, authorizes the Department of Housing and Urban Development (HUD) to collect all the information (except the Social Security Number (SSN)) which will be used by HUD to protect disbursement data from fraudulent actions.



Suicide Risk Screening Tool

Ask Suicide-Screening Questions

Ask the patient:

- 1. In the past few weeks, have you wished you were dead? Yes No
- 2. In the past few weeks, have you felt that you or your family would be better off if you were dead? Yes No
- 3. In the past week, have you been having thoughts about killing yourself? Yes No
- 4. Have you ever tried to kill yourself? Yes No

If yes, how? _____

When? _____

If the patient answers **Yes** to any of the above, ask the following acuity question:

- 5. Are you having thoughts of killing yourself right now? Yes No
- If yes, please describe: _____

Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (*Note: Clinical judgment can always override a negative screen).
- If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:
 - "Yes" to question #5 = **acute positive screen** (imminent risk identified)
 - Patient requires a **STAT safety/full mental health evaluation**. Patient cannot leave until evaluated for safety.
 - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
 - "No" to question #5 = **non-acute positive screen** (potential risk identified)
 - Patient requires a **brief suicide safety assessment to determine if a full mental health evaluation is needed**. Patient cannot leave until evaluated for safety.
 - Alert physician or clinician responsible for patient's care.

Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

PATIENT HEALTH QUESTIONNAIRE - 9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>
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HOUSING DISCLOSURE

Some people ask their housing specialist to talk to property managers on their behalf. For instance, if a person was interested in housing the housing specialist might meet property managers of a complex to learn more about the grounds or amenities. The housing specialist may advocate for the client and talk about the positives of the client. When housing specialists talk to the property managers they may mention that the client will have caregiving services coming in as a strength. Or could talk about the client's other resources such as PACT services. The reasons a person may want the housing specialist to talk about these things could include:

- Extra help with housing help when housed. Housing specialists can describe the client's strengths for living in the complex, learn about available units, and request showings.
- Extra feedback about how the client is doing once housed. Housing specialists can keep in touch with the property manager once the client is housed and ask how the client is doing and for feedback.

Other people do not give housing specialists permission to talk to property managers on their behalf. Instead, the housing specialist helps provide housing leads, filling out applications, and other housing activities. The reason why some people would not want to disclose they are supported by employment services might include:

- Concern that property managers may not accept a person for housing with a disability or mental health condition. It is true that there is a stigma about mental health problems and some property managers do discriminate. It is also true that many apartment managers do work with government or federal housing programs and subsidies.
- Some people do not mind if their property manager knows that they are working with a housing specialist or program.
- Some people do not feel that this type of help is necessary.

Either option is fine. You should pick the strategy or mix of the strategies that work for you. It is okay to change your mind during the housing search or after you are housed.

You probably have your own personal feelings about disclosure. Try working on the table below with you housing specialist.

Possible Advantages of Disclosure	Possible Disadvantages of Disclosure

When housing specialists talk to employers, it is usually possible for them to keep some things private. For example, some people do not want their housing specialist to share information like diagnosis or medications. Talk this over with you housing specialist and write down the things that you would not want the specialist to share with an employer.

If you might want our housing specialist to speak with employers, you can let the specialist know what information is okay what he or she should not say. You and your housing specialist should **stop here** and discuss what might be said to property managers.

For now, what is your preference about approaching property managers?

I do not want my housing specialist to talk to property managers.

I am not sure right now and I would like some more time to think about this and receive some more information.

It is fine with me if my housing specialist talks to employers on my behalf and shares any information needed.

It is fine with me if my housing specialist talks with property managers but does not share the above information when speaking with them.

Client _____ Date _____

Housing Specialist _____ Date _____