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?  
   *If not, the client must sign a release before the Housing Matching Process can begin*  
   - [ ] YES  - [ ] NO

**QUESTIONS TO ASSIST WITH HOUSING MATCH**

8. Do you need an individual or family unit?  
   - [ ] Individual  - [ ] 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?  
   - [ ] Not Applicable  - [ ] 1 child  - [ ] 2 children  
   - [ ] 3 children  - [ ] 4 children  
   - [ ] 5 children  - [ ] 6 children  
   - [ ] 7 children  - [ ] 8 children

10. If a family unit is needed, are there any adults (18+) who will be living in the unit?  
    - [ ] Not Applicable  - [ ] Yes  - [ ] 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?  
    - [ ] Not Applicable - I need an individual unit  
    - [ ] 1 bedroom  - [ ] 2 bedrooms  
    - [ ] 3 bedrooms  - [ ] 4 bedrooms  
    - [ ] 5 or more bedrooms

13. Do you need shared housing?  
    *Two or more unrelated people share a 2 or more bedroom unit.*  
    - [ ] Yes  - [ ] No
14. If you reside within the City of Los Angeles, which community do you live in?

- Not Applicable (I don’t reside within the City of Los Angeles)
- Atwater Village
- Baldwin Hills
- Bel Air
- Beverly Crest
- Beverly Glen
- Boyle Heights
- Brentwood
- Canoga Park
- Century City
- Chatsworth
- Chinatown
- Cypress Park
- Downtown Los Angeles (Skid Row)
- Eagle Rock
- East Hollywood
- Echo Park
- Encino
- Glassel Park
- Granada Hills
- Hancock Park
- Harbor City
- Harbor Gateway
- Hermon
- Highland Park
- Hollywood
- Holmby Hills
- Hyde Park
- Jefferson Park
- Korea Town
- Ladera Heights
- Lake Balboa
- Lake View Terrace
- Larchmont District
- Laurel Canyon
- Leimert Park
- Lincoln Heights
- Los Feliz
- Manchester
- Mar Vista
- Marina Del Ray
- Mid City
- Mid Wilshire
- Miracle Mile
- Montecito Heights
- Mount Washington
- North Hollywood
- Northridge
- Pacific Palisades
- Pacoima
- Palms
- Panorama City
- Porter Ranch
- Rancho Park
- Reseda
- San Pedro
- Shadow Hills
- Sherman Oaks
- Silver Lake
- South Central
- South Los Angeles
- South Robertson
- Southeast Los Angeles
- Studio City
- Sun Valley
- Sunland
- Sylmar
- Tarzana
- Toluca Lake
- Tujunga
- University Park
- Van Nuys
- Venice
- Vermont
- Warner Center
- Watts
- West Adams
- West Hills
- Westlake
- Westwood
- Wilmington
- Wilshire
- Winnetka
- Woodland Hills

15. For how long have you stayed in that city/community?

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

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

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

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

### Final Questions to Assist with Housing Match

### 20. Which of the following documents do you have with you or have easily accessible?
- CA-Issued ID Card or Driver’s License (or receipt of application)
- Social Security Card (or receipt of application)
- Birth Certificate
21. What are your sources of income right now?  
Select all that apply. Note: If Client refuses to answer, Housing Match cannot begin.
- Refused to Answer
- No Income
- General Relief (GR)
- SSI
- SSDI/SSA
- VA
- Food Stamps (Cal Fresh)
- CAPI
- Work
- Other: _______________________________

22. How much income do you receive in total each month?  
Answer can be rounded to the nearest $10 and should NOT include the value of Food Stamps. Please write without the “$” sign or commas.

23. What kind(s) of health insurance do you have, if any?  
Select all that apply.
- None
- Medi-Cal (Medicaid)
- Healthy Way LA
- Medicare
- VA
- Private Insurance

24. Are you already receiving supportive services that can/will follow you into permanent housing?
- Yes  
- No

25. If yes, what agency provides those supportive services?

26. Have you ever been a patient at any of the following Hospitals and/or at a DHS Clinic? *DHS stands for the LA County Department of Health Services. If other, please state the name of the specific DHS Clinic.*
- No
- Harbor-UCLA Medical Center
- Olive-View Medical Center
- LAC+USC Medical Center
- Rancho Los Amigos Rehab Center

27. Are you currently or have you ever received treatment for mental health issues?
- Yes  
- No

28. If yes, what are the names of all clinics, hospitals and/or agencies that you have received treatment from?

29. What is your citizenship status?
- Citizen
- Permanent Legal Resident
- Asylee, Refugee, or other Eligible Immigrant
- Ineligible Immigrant (including Undocumented)

30. Do you have a permanent physical disability that limits your mobility?
- Yes  
- No

31. If yes, please describe the limits to your mobility:
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>32. Have you ever been evicted from housing or abandoned a unit, of which your name was on the lease?</td>
<td>☐</td>
<td>☑</td>
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<tr>
<td>33. If yes, approximate month and year of last eviction:</td>
<td></td>
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<td><em>If you are unsure of the day, please select the first day of the month.</em></td>
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<td>34. Were any of the evictions from Public Housing Authority units?</td>
<td>☐</td>
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<td>35. If you’ve been evicted from a PHA unit, was it due to fraud?</td>
<td>☐</td>
<td>☑</td>
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<td>36. If yes, approximate month and year of the last eviction due to fraud:</td>
<td></td>
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<tr>
<td><em>If you are unsure of the day, please select the first day of the month.</em></td>
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<tr>
<td>37. If you’ve been evicted from a PHA unit, was it due to unit damage?</td>
<td>☐</td>
<td>☑</td>
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<td>38. If applicable, approximate month and year of the last eviction due to unit damage:</td>
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<td><em>If you are unsure of the day, please select the first day of the month.</em></td>
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<td>39. If you’ve been evicted from a PHA unit, do you owe money?</td>
<td>☐</td>
<td>☑</td>
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<td>40. If yes, do you have a payment plan in place?</td>
<td>☐</td>
<td>☑</td>
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<tr>
<td>41. Have you ever been convicted of a felony?</td>
<td>☐</td>
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<td>42. If yes, please describe all felonies for which you have been convicted?</td>
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<td>43. If yes, when was the month and year of your last conviction?</td>
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<td><em>If you are unsure of the day, please select the first day of the month.</em></td>
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<td>44. If you’ve been convicted, were any of the felonies considered violent?</td>
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<td>45. If yes, when was the month and year of your last violent felony conviction?</td>
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<td><em>If you are unsure of the day, please select the first day of the month.</em></td>
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<tr>
<td>46. Have you ever been convicted of manufacturing or producing methamphetamine?</td>
<td>☐</td>
<td>☑</td>
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<tr>
<td>47. Have you ever been convicted of arson?</td>
<td>☐</td>
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<td>48. Are you a registered sex offender?</td>
<td>☐</td>
<td>☑</td>
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<td>49. Are you currently on probation or parole?</td>
<td>☐</td>
<td>☑</td>
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<td>50. If you are receiving disability benefits (Social Security, VA, or other), what is/are the disabling condition(s) for which you receive payments?</td>
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</table>
51. Have you ever been diagnosed with or are currently experiencing any of the following?
   Select all that apply.
   ☐ A Physical Disability
   ☐ A Serious Mental Illness, such as bipolar disorder, schizophrenia, PTSD, etc.
   ☐ Problems with Alcohol
   ☐ A Substance Use disorder
   ☐ Chronic Physical Illness
   ☐ A Developmental Disability
   ☐ None of the above

52. Do you need a smoking or non-smoking apartment?
   ☐ Smoking ☐ Non-smoking

53. Do you use an accompaniment (service) animal?
   Please only specify yes if the pet is required rather than just nice to have.
   ☐ Yes ☐ No

54. Do you have a pet?
   Please only specify yes if this is a non-required pet.
   ☐ Yes ☐ No

55. If yes, what type of pet is it?

56. Are there other requirements or requests around permanent housing that we need to be aware of? If so, please list them.
   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.

57. Date this Match Initiation Form is being submitted:
   _______ / _______ / ___________

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.