



SHELTER, Inc. Recovery Housing Grant Program
Confidential Participant Information under HIPAA & 42 CFR Part 2

What We Do

SHELTER, Inc. Recovery Housing Grant Program (a part of Shelter, Inc.) provides short-term rental assistance grants in approved Sober Living Environments (SLE's), for those who are homeless and transitioning from either a Substance Use Disorders (SUD) Residential Treatment Program or currently enrolled in an SUD Outpatient Program. Grants are available through Substance Abuse Block Grant(SABG)funding

SOBER LIVING ASSISTANCE APPLICATION

(All items must be completed)

Participant Name: _____

Participant's Personal Phone: _____ Participant D.O.B. ___/___/___

Participant current email: _____

Gender: (select one) F [] M [] Other [] Unspec./Preferred not to state []

Program Name and Address & Zip Code: _____

Counselor Name and Phone number: _____ Ext. _____

Counselor's current email: _____

What is your expected date of completion? _____

Name of IOP and Intake Date: _____

Name of SLE: _____ Rent \$: _____

Address and Zip Code: _____

SLE Contact Person: _____

Phone: _____

APPLICATION REQUIREMENTS:

- Submit your application at least 2 weeks prior to discharge date.
-Incomplete applications will NOT be accepted. Every line must be filled out.
-All applicants must be approved by SHELTER, Inc prior to moving into the SLE.

To ensure HIPAA compliance we only accept applications emailed to aods@shelterinc.org

Race/Ethnicity: (select one)

- Caucasian/Non-Hispanic
African-American
American Indian/Alaska Native
Pacific Islander
Asian:
Chinese Other Asian
Japanese
Vietnamese
Korean
Middle Eastern
Hispanic:
Mexican Other Hispanic
Central American
South American
Puerto Rican
Declined to State



Participant applying for grant: On a separate piece of paper please provide details describing your recovery so far; sobriety date; challenges; progress made; your sober support system; and any relapses. Include ways you maintain your recovery and any future goals. What is your plan to obtain employment? (This may be typed or handwritten.) **Your application will be incomplete and will be rejected without this page.**

You are required to be actively seeking employment while receiving the rental assistant grant.

What are you currently doing to become financially independent? _____

Do you do any volunteer work? Where? _____ Hours per week? _____

Do you regularly attend self-help meetings, support groups, church, other? How often? _____

Are you currently on parole or probation? **Which/How Long: _____

*** (Please note: Being on parole or probation will not affect S4H's decision. However, it may affect which SLE you can select)*

What is your source(s) of income? _____ Amount (s)\$ _____

Other income source(s) and amounts: _____

Have you applied to any other agencies for housing assistance? When: _____

Name(s) of Agency(s) _____

In the past 12 months, have you received a rental assistant grant from SHELTER, Inc. Recovery Program? *Circle one:*

YES NO Date(s): _____



HOUSING ASSISTANCE REQUIREMENTS:

I understand that I am required to meet with my SHELTER, Inc. Recovery Program mentor once a month and that missed meetings **may** result in my assistance (grant) being discontinued. Initial _____

I understand that SHELTER, Inc. Recovery Program requires regular alcohol and other drug testing and that a relapse **will** result in my support (grant) being discontinued. Initial _____

I have signed the attached consent form that allows my SLE to share alcohol and other drug test results with S] SHELTER, Inc. Recovery Program. Initial _____

I understand that if I am incarcerated for any new criminal charges that my support (grant) **will** be discontinued. Initial _____

Print Name _____

Signature: _____

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____

(Participant's name. Please print)

authorize: _____

(Name or general designation of alcohol/drug program permitted to make the disclosure)

To disclose information to **SHELTER, Inc. Recovery Program (component of SHELTER, Inc.)**

(Name of person or organization to which the disclosure is to be made)

The following information: **INTAKE AND DISCHARGE DATES, PROGRESS IN PROGRAM,**

DRUG/ALCOHOL TEST RESULTS

(Nature AND amount of information to be exchanged, as limited as possible)

The purpose of the disclosure authorized in this consent is to:

ASSIST WITH HOUSING SUPPORT

(Purpose of the disclosure, as specific as possible)

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160& 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent, in writing, 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:

Date Which Consent Expires: *(if no date is specified, this consent expires upon discharge from the treatment program or one year from the date it was signed, whichever occurs first. If applicable, please specify event or condition upon which this consent may also expire:*

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by State law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Printed Name

Signature of Participant

Date

Do you have children: YES - if yes, list below:

NO

GENDER IDENTIFIED	AGE

Do you: (Check all that apply)

Have custody of your children

Have parental rights: Yes or No If No:

Parental rights been terminated

Have an open adoption

Other (Please explain) _____

CALWORKS		
Are you receiving CalWorks?	YES	NO
If No: Are you eligible for CalWorks:	YES	NO

Below is for Office use only

Date Submitted _____

Date Reviewed: _____

Date Approved: _____

Forms Received:
Release of alcohol and other drug testing results –SLE []
Treatment counselor recommendation []
Treatment program/facility Release of Information []
S4R Release of Information []

Date Not Approved and reason: _____

Item: Application
12/27/2021