



CITY OF HUNTINGTON BEACH
HOME-AMERICAN RESCUE PLAN (ARP)
ALLOCATION PLAN
FY 2021/22

Adopted April 19, 2022

**CITY OF HUNTINGTON BEACH
COMMUNITY ENHANCEMENT DIVISION
2000 MAIN STREET, 5TH FLOOR
HUNTINGTON BEACH, CA 92648**

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FY 2021/22 HOME-ARP ALLOCATION PLAN

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CITY OF HUNTINGTON BEACH

HOME-ARP Allocation Plan

CONSULTATION

Before developing its plan, a Participating Jurisdiction (PJ or PJs) must, at a minimum, consult with the Continuums of Care (CoCs) serving the jurisdiction's geographic area, homeless and domestic violence service providers, veterans' groups, public housing agencies (PHAs), public agencies that address the needs of the qualifying populations, and public or private organizations that address fair housing, civil rights, and the needs of persons with disabilities. State PJs are not required to consult with every PHA or CoC within the state boundaries; however, local PJs must consult with all PHAs (including statewide or regional PHAs) and CoCs serving the jurisdiction.

Summarize the consultation process.

Consultation played a vital role in the development of this HOME-American Rescue Plan (HOME-ARP) Allocation Plan ("Plan"). To develop this Plan, the City of Huntington Beach launched an in-depth and collaborative effort to consult with the local Orange County Continuum of Care, City departments, the Orange County Public Housing Agency, and several non-profit agencies that serve homeless, at risk of homelessness, seniors, victims of domestic violence, and other qualifying population groups. Consultation included both a countywide and personal consultation meeting with the Orange County Health Care Agency, Office of Care Coordination (CoC) and distribution of both a Provider Questionnaire and a Homeless Questionnaire that collected information on service needs among the qualifying population groups.

List the organizations consulted, and summarize the feedback received from these entities.

Agency/Organization Consulted	Type of Agency / Organization	Method of Consultation	Feedback
Orange County Health Care Agency, Office of Care Coordination	Continuum of Care	Countywide Grantee Meeting on November 17, 2021 and Huntington Beach-only consultation meeting on January 6, 2022.	Office of Care Coordination staff provided overview of HOME-ARP eligible activities and CoC consultation, including PIT, HIC, and HMIS data.
Various Agencies	Supportive Service Provider	CoC meeting with Huntington Beach on January 6, 2022 to discuss plans for HOME-ARP projects	On January 6, 2022, the following agencies attended the one-on-one consultation meeting between the City of Huntington Beach and the Orange County CoC to go over Huntington Beach's proposed HOME-ARP projects. There was

Agency/Organization Consulted	Type of Agency / Organization	Method of Consultation	Feedback
			<p>no rejection to Huntington Beach’s plan. The following agencies were in attendance:</p> <ul style="list-style-type: none"> • ACLU Southern California (civil rights agency) • CalOptima (County-Organized Health System) • Community Action Partnership Orange County (homeless, at risk of homelessness, job and educational services, advocacy for racial equity services) • Covenant House California (transitional and rapid re-housing for transitional age youth) • Families Forward (homeless children and families TBRA and supportive service provider) • Family Solutions Collaborative (family coordinated entry system) • Family Assistance Ministries (provides assistance to homeless and at risk of homelessness including food and essential goods, case management, coordinated entry, emergency shelter, transitional housing, and wrap around homeless services) • Friendship Shelter (provider of homeless outreach, shelter, and housing) • Health Advocates (provider of legal, clinical, advocacy, and health recovery services) • His OC (homeless, at risk of homelessness, transitional housing, TAY support, housing navigation services)

Agency/Organization Consulted	Type of Agency / Organization	Method of Consultation	Feedback
			<ul style="list-style-type: none"> • Interval House (domestic violence services, emergency shelters, transitional housing, permanent housing, legal assistance, career development) • Jewish Federation of Orange County (emergency assistance due to COVID19) • Mercy House (provider of homeless outreach, emergency housing, TBRA, and permanent housing) • Pathways of Hope (homeless services including food pantry, shelter, rapid re-housing, homeless prevention, and permanent supportive housing) • Orange County Community Resources (housing and community development) • Orange County Health Care Agency (homeless, children and family services) • StandUp for Kids (youth homelessness agency offering street outreach, mentoring, and housing) • Volunteers of America Los Angeles (provider of a variety of programs for all qualifying populations)
Fair Housing Foundation	Fair Housing	Provider Questionnaire	Agency assists approximately 230 Huntington Beach residents per year. Agency sees a need for tenant based rental assistance and other housing financial assistance, and a need for supportive services in the areas of mental health, outpatient health, transportation, homeless prevention, and domestic violence.

Agency/Organization Consulted	Type of Agency / Organization	Method of Consultation	Feedback
Families Forward (FF)	Developer/Owner of Affordable Housing TBRA Operator Supportive Service Provider	Provider Questionnaire	FF serves approximately 30-50 homeless, victims of domestic violence, veterans, and low-income children and adults annually. FF indicated a need for various housing options including rental housing, TBRA, and security deposit, utility, first and last month's rent, and moving assistance. Among supportive services, FF sees a need for childcare, housing search and counseling, transportation, case management, landlord/tenant liaison, and homeless prevention as most critical.
Homeless United Huntington Beach	Other: Advocacy	Provider Questionnaire	A provider of homeless advocacy, Homeless United Huntington Beach reported a significant need for: rental housing, non-congregate shelter, education services, employment assistance, housing search and counseling, legal services, life skills training, mental and outpatient health services, substance abuse treatment, transportation, housing financial assistance, and homeless prevention services.
Huntington Beach Police Department – Homeless Outreach Services	Supportive Services Provider	Provider Questionnaire	The Homeless Outreach Services program works with all segments of the qualifying populations. In assisting nearly 2,800 persons annually, the Homeless Outreach program sees a significant need for all housing option and all supportive services except for childcare, legal services, mediation, and credit repair.

Agency/Organization Consulted	Type of Agency / Organization	Method of Consultation	Feedback
Mercy House	Developer/Owner of Affordable Housing TBRA Operator Supportive Services Provider Emergency Shelter	Provider Questionnaire	Agency provides a variety of housing options and services to homeless, Veterans, elderly, persons with disabilities, and low-income households. Agency indicated a significant need for various housing options (rental, TBRA, etc.), as well as food, housing, mental health, life skills, landlord/tenant liaison, substance abuse, transportation, case management, credit repair, and homeless prevention services.
NAACP-OC	Civil Rights Other: Food Distributor Comm.	Provider Questionnaire	The NAACP-OC serves all qualifying populations and reported a significant need for food services in Huntington Beach.
Robyne's Nest	Supportive Service Provider	Provider Questionnaire	Robyne's Nest serves approximately 350-400 transitional aged youth annually. They reported a significant need for rental housing, TBRA, and other housing financial assistance. In supportive services, employment assistance, housing search and counseling, life skills training, mental health, case management, homeless prevention, and housing counseling services ranked the highest.
City of Huntington Beach, Senior Center in Central Park	Supportive Service Provider	Provider Questionnaire	The Huntington Beach Senior Center assists approximately 3,000-6,000 elderly persons each year. In their dealings with their clientele, the Senior Center has determined the most significant need for rental housing and tenant based rental assistance.

Agency/Organization Consulted	Type of Agency / Organization	Method of Consultation	Feedback
South County Outreach	Developer/Owner of Affordable Housing Supportive Service Provider	Provider Questionnaire	Assisting all of the qualified populations, the South County Outreach Program reported a significant need for rental housing, non-congregate shelters, housing financial assistance, and supportive services such as childcare, employment assistance/job training, food, mental health services, outreach services, transportation, credit repair, landlord/tenant liaison, services for victims of domestic violence, and homeless prevention.
StandUp for Kids	Supportive Service Provider	Provider Questionnaire	Agency assists homeless youth characterized as either Transitional Aged Youth (TAY) or McKinney Vento. Agency reported affordable rental housing, life skills training, street outreach services, case management, other housing financial assistance (utility/security deposit assistance), and homeless prevention as the most significant needs in Huntington Beach.
Persons Experiencing Homelessness	Homeless Persons	Homeless Questionnaire	The City of Huntington Beach consulted with 63 homeless persons currently experiencing homelessness to inquire on their individual needs. The top five needs were the following: housing search services, housing counseling, homeless prevention, food, and non-congregate shelter.

PUBLIC PARTICIPATION

PJs must provide for and encourage citizen participation in the development of the HOME-ARP allocation plan. Before submission of the plan, PJs must provide residents with reasonable notice

*and an opportunity to comment on the proposed HOME-ARP allocation plan of **no less than 15 calendar days**. The PJ must follow its adopted requirements for “reasonable notice and an opportunity to comment” for plan amendments in its current citizen participation plan. In addition, PJs must hold **at least one public hearing** during the development of the HOME-ARP allocation plan and prior to submission.*

For the purposes of HOME-ARP, PJs are required to make the following information available to the public:

- *The amount of HOME-ARP the PJ will receive,*
- *The range of activities the PJ may undertake.*

Describe the public participation process, including information about and the dates of the public comment period and public hearing(s) held during the development of the plan.

- ***Public comment period: start date – 04/01/2022. end date – 04/19/2022.***
- ***Public hearing: 04/19/2022.***

The City of Huntington Beach provided two opportunities for the public to participate in the HOME-ARP planning process. The City published a public hearing notice in the Huntington Beach Wave (“The Wave”) on April 1, 2022 to notify the public of the Plan’s availability for review and comment through April 19, 2022, and also to invite interested persons to the public hearing to approve the Plan scheduled for April 19, 2022. The public notice provided the following information to the public: description of the HOME-ARP program; amount of funds allocated to the City of Huntington Beach; eligible activities; and the proposed use of funds.

Describe any efforts to broaden public participation.

In an effort to broaden public participation in the development of the HOME-ARP Allocation Plan, the City followed citizen participation steps outlined in its Citizen Participation Plan. For public review, the Plan was made available at the following locations Monday through Friday (except for legal holidays) from 8:00 a.m. to 5:00 p.m., or otherwise during the Department’s normal business hours:

City of Huntington Beach
Community Enhancement Division
2000 Main Street, 5th Floor
Huntington Beach, CA 92648

Oak View Branch Library
17251 Oak Lane
Huntington Beach, CA 92648

The Plan was also available for citizen review on the City’s website at <https://www.huntingtonbeachca.gov/business/economic-development/cdbg>.

Finally, the public was invited to participate in the April 19th public hearing in person or virtually via Zoom.

A PJ must consider any comments or views of residents received in writing, or orally at a public hearing, when preparing the HOME-ARP allocation plan.

Summarize the comments and recommendations received through the public participation process.

No comments were received during the public participation process including during the 15-day public comment period or at the public hearing on April 19, 2022.

Summarize any comments or recommendations not accepted and state the reasons why.

No comments were received during the public participation process including during the 15-day public comment period or at the public hearing on April 19, 2022.

NEEDS ASSESSMENT AND GAP ANALYSIS

PJs must evaluate the size and demographic composition of qualifying populations within its boundaries and assess the unmet needs of those populations. In addition, a PJ must identify any gaps within its current shelter and housing inventory as well as the service delivery system. A PJ should use current data, including point in time count, housing inventory count, or other data available through CoCs, and consultations with service providers to quantify the individuals and families in the qualifying populations and their need for additional housing, shelter, or services. The PJ may use the optional tables provided below and/or attach additional data tables to this template.

OPTIONAL Homeless Needs Inventory and Gap Analysis Table

HOMELESS DATA									
	Current Inventory					Homeless Population			
	Family		Adults Only		Vets	Family HH (at least 1 child)	Adult HH (w/o child)	Vets	Victims of DV
	# of Beds	# of Units	# of Beds	# of Units	# of Beds				
Emergency Shelter	124		4						
Transitional Housing	36		5						
Permanent Supportive Housing	610		405						
Other Permanent Housing									
Sheltered Homeless						50	5	1	
Unsheltered Homeless						18	271	16	
Current Gap									

Sources: 1. Point in Time Count (PIT); 2. Continuum of Care Housing Inventory Count (HIC); 3. Consultation

OPTIONAL Housing Needs Inventory and Gap Analysis Table

NON-HOMELESS DATA		
	Current Inventory	Level of Need
	# of Units	# of Households
Total Rental Units	32,415	
Rental Units Affordable to HH at 30% AMI (At-Risk of Homelessness)	5,610	
Rental Units Affordable to HH at 30% -50% AMI (Other Populations)	4,425	
0%-30% AMI Renter HH w/ 1 or More Severe Housing Problems (At-Risk of Homelessness)		4,210
30%-50% AMI Renter HH w/ 1 or More Severe Housing Problems (Other Populations)		2,760
Current Gaps		

Data Sources: 1. American Community Survey (ACS); 2. Comprehensive Housing Affordability Strategy (CHAS)

Describe the size and demographic composition of qualifying populations within the PJ's boundaries.

HOMELESS

The U.S. Department of Housing and Urban Development (HUD) requires that all Continuum of Care jurisdictions across the country complete a biennial unsheltered count and an annual sheltered count of all individuals experiencing homelessness in the community on a single point in time during the last ten days of January. Orange County's 2019 Sheltered Point in Time (PIT) Count took place the night of Tuesday, January 22, 2019, with client-level demographic information collected from all emergency shelter and transitional housing programs throughout the County. The 2019 Unsheltered PIT Count took place over two days, Wednesday January 23 and Thursday January 24, to ensure the 800 square mile county jurisdiction was canvassed effectively. Because of an improved PIT process, methodology and data quality from the use of GIS technology, the results of the 2019 PIT reflect the most accurate count of Orange County's homeless population ever. It is important to note that the PIT Count goes beyond just the physical counting of persons experiencing homelessness and, in some instances, uses a formula to extrapolate the total number of homeless present. Also important to note is that the 2021 Point in Time Count was affected by local COVID-19 restrictions; therefore, the City of Huntington Beach will be relying on 2019 counts for this HOME-ARP Allocation Plan.

City of Huntington Beach and Central Service Planning Area (SPA) Homeless Statistics

The January 2019 PIT count enumerated 349 homeless individuals in the City of Huntington Beach. Among the 349 homeless counted, only 60 (17%) were in some kind of emergency or transitional shelter, while the remaining 289 were found to live in places not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground. Most of the homeless counted, 276 (79%), were individuals, whereas 68 (19%) were part of a family. Homeless persons characterized as “transitional age youth” (18-24 years old) made up 4% (14 persons) of the homeless count in Huntington Beach. There were also 24 seniors and 17 veterans among the 349 total homeless persons counted as part of the 2019 PIT count.

The 2019 PIT Report did not include specific demographic composition data for the Huntington Beach homeless population; however, Huntington Beach is one of 10 cities that make up the Central Service Planning Area (SPA). The 2019 PIT reported 3,332 homeless persons in the Central SPA – 1,827 unsheltered and 1,505 were sheltered. The homeless count was made up of 72% White, 11% Black or African American, 8% that identified with Multiple or Other Races, and nearly 5% Asian persons. Additionally, 37% of all homeless persons in this count reported being of Hispanic ethnicity.

Orange County Homeless Statistics

According to the latest full homeless census (2019 Point in Time Count), there were 6,860 homeless persons in Orange County. Of this total, 57.74% (3,961 persons) were unsheltered and 42.26% (2,899 persons) were sheltered. The racial and ethnicity breakdown of the entire County resembled that of the Central SPA described above. White persons made up 72% of the total homeless population, 11% were Black or African American, nearly 9% are listed in the Multiple Races or Other category, and 3% were Asian. Hispanic or Latinos made up 36% of the 6,860 homeless persons. Additionally, there were 311 veterans, 275 transitional age youth (18-24 years old), and 612 seniors.

Also noteworthy is the prevalence of chronic homelessness or one or more disabling conditions among adult individuals belonging to a family compared to those experiencing homelessness alone. The 2019 PIT counted a total of 5,880 adults (18+ yrs.) among the 6,860 total homeless and found that in general, disabling conditions in adults who were members of a family household were much lower than the disabling conditions experienced by individual adults that were not part of a family unit. For example, 15% of adults who were members of a family household had a substance abuse issue compared to 33% of individual adults. Also, 13% of adults who were members of a family household had a mental health issue compared to 30% of those not belonging to a family. Finally, 9% of adults in a family household fall into the Chronically Homeless subpopulation compared to 46% of individual adults.

Adult Subpopulation and Disabling Conditions Statistics
Adults in Families v. Individuals
2019 Orange County Point in Time Count

	Adults in Families			Individuals (Not Part of a Family Unit)			All Adults
	Unsheltered Persons %	Sheltered Persons %	Total	Unsheltered Persons %	Sheltered Persons %	Total	Total %
Homeless Persons 18+ Yrs.	152 persons	432 persons	584 persons	3,562 persons	1,734 persons	5,296 persons	5,880 persons
Subpopulation*							
Chronically Homeless	33 persons 21.71%	20 persons 4.63%	53 persons 9.07%	1,914 persons 53.73%	547 persons 31.55%	2,461 persons 46.47%	2,491 persons 42.36%
Domestic Violence	20 persons 13.16%	86 persons 19.91%	106 persons 18.15%	331 persons 9.29%	99 persons 5.71%	430 persons 8.12%	541 persons 9.20%
Disabling Condition*							
Developmental Disability	12 persons 7.89%	5 persons 1.16%	17 persons 2.91%	509 persons 14.29%	100 persons 5.77%	609 persons 11.50%	622 persons 10.58%
HIV/AIDS	2 persons 1.32%	3 persons 0.69%	5 persons 0.86%	64 persons 1.80%	36 persons 2.08%	100 persons 18.89%	106 persons 1.80%
Mental Health Issues	20 persons 13.16%	58 persons 13.43%	78 persons 13.36%	976 persons 27.40%	618 persons 35.64%	1,594 persons 30.10%	1,654 persons 28.13%
Physical Disability	25 persons 16.45%	14 persons 3.24%	39 persons 6.68%	1,133 persons 31.81%	307 persons 17.70%	1,440 persons 27.19%	1,471 persons 25.02%
Substance Abuse Issues	10 persons 6.58%	80 persons 18.52%	90 persons 15.41%	1,243 persons 34.90%	497 persons 28.66%	1,740 persons 32.85%	1,801 persons 30.63%

**Some individuals may identify with more than one subpopulation or disabling condition.*

In 2020 and 2021, only sheltered persons were counted in the homeless census, due to the COVID-19 pandemic. In 2020, there were 3,017 total sheltered persons, up by 118 persons from 2019. In 2021, there were 2,441 sheltered persons, down by 576 persons from 2020. This sheltered total included 1,379 individuals (one-person households), ages 18 and over. The majority of the sheltered persons were in emergency housing, as opposed to transitional housing. The drop in sheltered persons in 2021 is likely due to the closing of some emergency shelters and the opening of others in new locations, with differing requirements and capacities.

AT RISK OF HOMELESSNESS

To account for persons at-risk of becoming homeless, the most recent (2014-2018) Comprehensive Housing Affordability Strategy (CHAS) data was analyzed. This data contains

three particular characteristics of households that meets the definition of “at risk of homelessness” found in 24 CFR Part 91.5. First, the CHAS data breaks down occupied housing units by HUD Area Median Family Income (HAMFI), including 30% and below of HAMFI. Next, the CHAS data provides information on occupied housing units with households that are severely cost burdened; that is, they are spending more than 50% of their income on housing related expenses. For renters, that includes rent and utilities. For homeowners, it includes the mortgage payment, utilities, association fees, insurance, and real estate taxes. And finally, the CHAS data contains information on housing units in which there reside more than 1.5 people per room, which is considered to be severely over-crowded.

The CHAS data shows that of the 32,415 renter households in the City of Huntington Beach, 5,610 or 17% are occupied by households earning 30% or less of the HAMFI. Further, of these households, 82% (4,620) have one or more housing problems, defined as housing units that: 1) lack complete kitchen facilities; 2) lack complete plumbing facilities; 3) are over overcrowded; and 4) are cost burdened. A household is said to have a housing problem if they have any one or more of these four problems. The CHAS data shows that White households make up an overwhelming share of households that meet both criteria (earn 30% or less of HAMFI and have one or more housing problems) at 55%, with Hispanic households ranked second at 28%, and Asian households third at 11%. Black or African American households constitute 3% of these households.

With regard to age, 33% of households earning less than 30% of the HAMFI and with one or more housing problems are seniors (62+ years of age). This category of seniors has a higher risk of homelessness due to the ever-increasing cost of living in California (rising housing, utility, food, and gas prices) while at the same time living on fixed incomes.

Finally, the CHAS data revealed that of the 4,620 households earning less than 30% HAMFI, 77% are severely cost-burdened, and 3% are severely overcrowded. Severely cost burdened households are spending more than 50% of their income on housing related expenses, leaving the remaining 50% or less of their income available for other daily necessities such as food, gas, child and healthcare. Together, these make up 3,690 households that specifically meet the definition of “at risk of homelessness” at 24 CFR Part 91.5.

Renter-Occupied Housing Units with Households Earning <= 30% HAMFI		5,610	
One or More Housing Problems*		4,620	82%
Race/Ethnicity	White	2,565	56%
	Black or African American	150	3%
	Asian	530	11%
	American Indian or Alaska Native	20	< 1%
	Pacific Islander	0	0%
	Other Race/Multiple Races	80	2%
	Hispanic	1,275	27%
Age	Non-Elderly	3,100	67%
	62-74 Years Old	925	20%
	75+ Years Old	590	13%
Housing Problem	Households with No Kitchen or Plumbing Facilities	215	5%
	Households with 1.5+ Persons per Room	145	3%
	Households with 1 – 1.5 Persons per Room	390	8%
	Households Over 50% Cost Burdened	3,545	77%
	Households 30-50% Cost Burdened	325	7%

* 1) lack complete kitchen facilities; 2) lack complete plumbing facilities; 3) are over overcrowded; and 4) are cost burdened

FLEEING, OR ATTEMPTING TO FLEE, DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, STALKING, OR HUMAN TRAFFICKING

The City has seen a slight decline in domestic violence-related calls for assistance to the Huntington Beach Police Department. From 2011-2015, there was an average of 463 domestic violence-related calls per year while the most recent data (2016-2020) shows an average of 425 domestic violence-related calls per year (State of California Department of Justice, (<https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance>)).

The 2019 Orange County Point in Time count reported 104 homeless households living in units designated for victims of domestic violence in the Central SPA, which includes the City of Huntington Beach. Of the 104 households, one was a one-person household and the remaining 103 were households with children. The 2021 Orange County Housing Inventory Count shows no housing projects dedicated to persons fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or human trafficking in Huntington Beach or in the Central SPA. However, Interval House operates one Crisis Shelter & Center for Victims of Domestic Violence with 75 beds, and manages an additional 70 rapid re-housing beds at scattered sites throughout Orange County.

OTHER POPULATIONS

Other Families Requiring Services or Housing Assistance to Prevent Homelessness

As discussed above, the 2019 Point in Time Count reported 60 sheltered individuals in the City of Huntington Beach. Of these, five were individuals and 50 were part of a family unit (the remaining five individuals from the PIT were not identified). Additionally, of the 60 sheltered homeless, two were transitional age youth (18-24 years old), one was a senior, and one was a veteran. Race and ethnicity data was not available for these homeless subpopulations. All 60 persons were previously qualified as “homeless” as defined under 24 CFR Part 91.5 before entering temporary or emergency shelter. The fact that they reside in temporary or emergency shelter, undoubtedly makes them more vulnerable to entering homelessness again if supportive services and/or housing assistance is terminated.

At Greatest Risk of Housing Instability

Persons at greatest risk of housing instability are those that: 1) are earning 30% or below the HAMFI and are severely cost-burdened (paying 50% or more on housing); or 2) are earning 50% or less of HAMFI and meet one of the following conditions:

1. Has moved two or more times in the two months immediately preceding their application for homelessness prevention assistance.
2. Is living in the home of another because of economic hardship.
3. Has been formally notified of eviction within 21 days after the date of application for assistance.
4. Lives in a hotel or motel and the cost of staying at the hotel or motel is not borne by a federal, state, or local government program.
5. Lives in an over-crowded (more than one person per room) single-room occupancy (SRO) or efficiency apartment units, or lives in a severely overcrowded (more than 1.5 persons per room) larger housing unit.
6. Is exiting a publicly funded institution, or system of care (health care facility, mental health facility, foster care or other youth facility, or correction program or institution).
7. Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient’s approved Consolidated Plan.

For the first group of persons/households at greatest risk of instability, that is, they earn less than or equal to 30% of HAMFI *and* are severely cost-burdened, the 2014-2018 CHAS data reports that there are 6,270 households that meet this criterion. Of these, 67% or 4,210 are households that rent, making them more vulnerable to housing instability and homelessness.

Information on each of the conditions listed above for the second category of persons at greatest risk of housing instability is not readily available, with the exception of data on overcrowding. The 2014-2018 CHAS data described 615 households earning 50% or less of HAMFI living in

overcrowded conditions, 93% of which were renter households. Worse, the data showed an additional 320 households experiencing severe overcrowding, and 97% of them were renters.

VETERANS AND FAMILIES THAT INCLUDE A VETERAN FAMILY MEMBER

According to the 2019 American Community Survey (ACS), Huntington Beach currently has a population of 8,029 veterans in the city. The number of veterans that are homeless make up less than 1% (17 persons) of the veteran population, pursuant to the 2019 Point in Time Count. Of this, 94% were unsheltered and 6% were sheltered. Review of the 2021 Orange County Housing Inventory Count listed one HUD-VASH program operating in Huntington Beach providing 971 vouchers to veterans, individuals, and families. The HUD-VASH program is a partnership between the Department of Housing and Urban Development (HUD) and the Department of Veterans Affairs (VA) designed to provide case management and supportive services along with subsidized housing vouchers for eligible homeless veteran families.

Describe the unmet housing and service needs of qualifying populations, including but not limited to: Sheltered and unsheltered homeless populations; Those currently housed populations at risk of homelessness; Other families requiring services or housing assistance or to prevent homelessness; and Those at greatest risk of housing instability or in unstable housing situations.

According to the U.S. Department of Health & Human Services, "...poverty, unemployment, and lack of affordable housing are commonly recognized causes of homelessness. These risk factors can be exacerbated by personal vulnerabilities, such as mental and substance use disorders, trauma and violence, domestic violence, justice-system involvement, sudden serious illness, divorce, death of a partner, and disabilities." The City of Huntington Beach is no exception to this finding. As the number of homeless persons in Huntington Beach continues to increase, so does the need for additional affordable housing and supportive services aimed to move them out of homelessness and housing instability.

As reported in the 2019 Point in Time Count, Huntington Beach is home to nearly 60 homeless people experiencing homelessness with shelter, and another 289 people experiencing homelessness without shelter. Further, according to the 2014-2018 Comprehensive Housing Affordability Strategy ("CHAS"), of the 32,415 renter households in the City, 52% (16,785 households) are paying the normal or expected 30% or below of their income on housing related expenses; however, that means that the remaining 48% of all renter households are experiencing some level of cost burden. The cost burdens are more serious for households with the lowest incomes (at or below 30% of Area Median Income). Of the 5,610 renter households earning less than or equal to 30% AMI, 4,575 of them (82%) are cost burdened (paying more than 30% of their income toward rent), and 75% of them are severely cost burdened (paying more than 50% of their income toward rent) making them more at risk of homelessness. These significant housing cost burdens affect thousands of Huntington Beach residents, and it is critical that the City continue developing new affordable housing for people with the lowest incomes in the community.

According to the 2021 Orange County Housing Inventory Count, the City of Huntington Beach has 770 family beds and 414 adult-only beds, for a total of 1,184 beds within the City. While it would appear that Huntington Beach has sufficient bed capacity to meet the shelter demands of the City's homeless population, it should be noted that over 80% of these units are HUD Veterans Affairs Supportive Housing (VASH) tenant-based vouchers that are controlled and implemented by the County of Orange. These vouchers are available to veterans and their families only and are portable, meaning veteran families may use vouchers anywhere in the County; not all 971 VASH vouchers are available to Huntington Beach homeless persons and families. In fact, the 2019 PIT reported a mere 17 veteran homeless persons in the City; therefore, the vast majority of the 971 VASH vouchers available are for eligible veterans from other jurisdictions. In reality, only 213 beds are available in the City including 128 emergency shelter beds (number of beds increases to 178 without social distancing imposed by COVID-19 requirements), 41 transitional housing beds, and 44 permanent supportive housing beds.

Ultimately, what this means is that there is a shortage of housing options for those that are homeless or at risk of homelessness in Huntington Beach. Despite the 213 beds in emergency, transitional, and permanent supportive housing, there remains 305 unsheltered homeless individuals, and over 4,200 renter households earning below 30% HAMFI that are severely cost burdened making them at risk of homelessness.

With regard to needed services, the PIT report for Orange County (information not available for Huntington Beach only) describes homeless persons as:

- 36% chronically homeless
- 26% with substance abuse issues
- 21% with a physical disability
- 24% with mental health disorders
- 9% with developmental disabilities
- 8% are victims of domestic violence

With a variety of issues afflicting and often contributing to homelessness, as seen above, services to support the homeless is crucial for longstanding success. Case management and other housing and shelter programs can help address the root causes of homelessness through a range of essential support services, including childcare, mental and substance abuse treatments, domestic violence advocacy, employment training, and other wrap around services. As was learned from the consultation process, many of these services are already being carried out throughout the community. However, when offered in tandem with housing in a streamlined process, the chances of success are increased.

Referring once again to the U.S. Department of Health & Human Services website, it is reported that "research suggests that intervention services to prevent homelessness is more cost effective than addressing issues after someone is already homeless. The longer a person is homeless, the harder and more expensive it becomes to re-house this person." In that vein, services such as

rapid re-housing, providing food support, childcare, benefits advocacy, veteran's services, rental and/or utility assistance, security deposit assistance, and trauma or domestic violence support systems, can be very beneficial to prevent homelessness in the first place.

Identify and consider the current resources available to assist qualifying populations, including congregate and non-congregate shelter units, supportive services, TBRA, and affordable and permanent supportive rental housing.

The City of Huntington Beach is a recipient of the annual Community Development Block Grant (CDBG) and HOME Investment Partnership Act Program (HOME). Together, the City receives approximately \$1.9 million from these entitlement programs to address affordable housing and low- and moderate-income community development needs. Additionally, the City received a special allocation of CARES Act CDBG in 2019 as a response to the COVID-19 pandemic in the sum of almost \$2.16 million.

Huntington Beach uses its federal funding on a variety of projects and programs that serve the qualifying populations already. For example, HOME funds are used to provide 50 lower income households a year with tenant based rental assistance (TBRA). TBRA is targeted specifically to homeless persons, persons at risk of homelessness, victims of domestic violence, and veterans. HOME will also be used to help fund a 43-unit affordable, permanent supportive housing development for seniors. Many of the recipients of TBRA and affordable housing units would likely enter homelessness without the financial assistance they are receiving from the City.

The CDBG program funds several supportive services for qualifying populations, as well. For example, the Cameron Lane Navigation Center, an emergency homeless shelter offering onsite services including benefits and document, employment, substance use and recovery, education, mental health, self-care, housing navigation, and physical health services is currently being funded with CDBG and CARES Act funding. So necessary are these supportive services to the successful transition to housing stability and overall health, that the City is proposing to use HOME-ARP to fund additional supportive services at the Navigation Center. Recipients of these services are the homeless, persons at risk of homelessness, victims of domestic violence, veterans, and other qualifying populations.

CDBG also helps to support local programs, such as StandUp for Kids Street Outreach, which provides wrap-around support aimed at moving youth facing homelessness into safe and stable housing. Youth are assessed for their immediate needs and provided with food, clothing, hygiene products, and transitional housing as needed. Youth are then linked with a volunteer mentor who assists the youth to create a pathway to self-sufficiency and to obtain safe and stable housing. This pathway can include assistance, job search and resume strategies, household and budget management, and home-finding assistance.

The City's General Fund is also an important funding source to assist the qualifying populations. The General Fund is currently being utilized to support the City's Homeless Task Force, comprised of Case Managers and Homeless Liaison Officers. The Task Force works collaboratively to connect

individuals experiencing homelessness or at risk of homelessness with resources to help them navigate the barriers they face in maintaining stable housing. Resources include, but are not limited to, shelter, reunification with family members, mental and physical health services, addiction services, social services, and government benefits.

Be Well Huntington Beach is a Mobile Crisis Response Team also funded by the City of Huntington Beach and staffed by Be Well OC to provide 24/7 community-based assessment and stabilization of individuals experiencing psychological crisis, challenges related to substance abuse, and other non-medical emergency challenges. Each team consists of two crisis counselors who deescalate a situation and provide a compassionate response to those experiencing a mental health crisis in their homes, on the streets or at a public location.

Finally, the City of Huntington Beach has an Affordable Housing Program consisting of multifamily apartment complexes throughout the City that include affordable units. The City has agreements with the owners of these units to maintain rents at levels below regular market rent rates. In total, the City currently has a portfolio of 2,467 rental units affordable to households at various levels:

- 8 units affordable to extremely low-income households
- 899 units affordable to very low-income households
- 543 units affordable to low-income households
- 25 units affordable to median income households
- 326 units affordable to moderate (up to 120% AMI) income households

Affordable and permanent supportive housing developments in Huntington Beach have long wait lists for entry. The Orange County Coordinated Entry generally assesses thousands of people each year, and offers housing to a small fraction. With 350 people experiencing homelessness and thousands more experiencing rental cost burden, additional affordable and permanent supportive housing is desperately needed for all of the qualifying populations. The 2021-2029 Regional Housing Needs Allocation (RHNA) for the City of Huntington Beach echoes this sentiment. The RHNA reports that the City of Huntington Beach has a total housing need of 13,368 units. From this allocation, the RHNA designates:

- 3,661 units affordable to very low-income households
- 2,184 units affordable to low-income households
- 2,308 units affordable to moderate-income households
- 5,215 units affordable to above moderate-income households

Identify any gaps within the current shelter and housing inventory as well as the service delivery system.

As presented earlier in this Plan, the number of individuals and families that meet the criteria of a qualifying population under the HOME-ARP guidance exceeds the number of available units to house them. The City has 349 homeless individuals when last counted in 2019, 289 that are

unsheltered and 60 that are sheltered. The number of homeless reveals the need for additional housing units, along with services to support them. Moreover, the thousands of renter households that are both living in poverty and are severely cost burdened or severely overcrowded are indications of the serious deficit of homes affordable and available to all of the qualified populations, including victims of domestic violence and veterans. This housing shortage in Huntington Beach demonstrated above by the CHAS and RHNA data, shows the dire need for additional homeless housing opportunities including emergency shelters, permanent supportive housing, and non-congregate shelter options, including through opportunistic acquisitions of existing multifamily buildings, hotels, and motels.

The City distributed 20 Provider Questionnaires to local service agencies that provide a variety of services ranging from homeless services, affordable housing, street outreach, fair housing, civil rights, and tenant based rental assistance, among other services. Ten agencies responded to the questionnaire. In addition, the City conducted a similar questionnaire with individuals who were experiencing homelessness and received 63 responses. Providers were asked what they perceived to be the services that the homeless community significantly needed. Individuals experiencing homelessness were directly asked what services they significantly needed. The tables below show how each service ranked by respondents.

As seen in the *Results of Service Provider Questionnaire* table below, affordable rental housing, housing financial assistance, and homeless prevention services ranked first among all of the services and programs listed on the questionnaire with 80% of respondents identifying these as having the most significant need among their clientele. Tenant based rental assistance, employment assistance/job training, mental health services, and transportation ranked second with 60% of respondents marking these as being significantly needed in Huntington Beach. Housing search and counseling, life skills training, and case management were the third most popular responses among service providers.

Results of Service Provider Questionnaire

Rank	Service
1 (80%)	Affordable Rental Housing Housing Financial Assistance (security deposits, utility assistance, moving costs, first and last month's rent) Homeless Prevention Services
2 (60%)	Tenant Based Rental Assistance (TBRA) Employment Assistance/Job Training Mental Health Services Transportation
3 (50%)	Housing Search and Counseling Services Life Skills Training Case Management
4 (40%)	Food Outpatient Health Services Outreach Services Landlord/Tenant Liaison
5 (30%)	Non-Congregate Shelter Substance Abuse Treatment Services Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking

6 (20%)	Childcare Education Services Housing Counseling
7 (10%)	Legal Services Credit Repair
8 (0%)	Mediation

Similar to the responses received from service providers, the 63 homeless persons that provided completed questionnaires agree that their most significant needs are for affordable rental housing (84% of respondents), tenant based rental housing (84%), housing search and counseling services (73%), transportation (62%), housing financial assistance (63%), homeless prevention (63%), housing counseling (62%), and case management (60%). However, while providers ranked employment assistance/job training, mental health services, and life skills training among the top three significant needs, these services were only ranked in 5th and 6th place by homeless persons. Specifically, 44% of homeless respondents felt mental health services were significantly needed, and even less, 32%, reported employment assistance/job training and life skills training were in significant need.

Results of Homeless Questionnaire

Rank	Service
1 (80+%)	Affordable Rental Housing Tenant Based Rental Assistance
2 (70+%)	Housing Search and Counseling Services
3 (60+%)	Transportation Housing Financial Assistance (security deposits, utility assistance, moving costs, first and last month's rent) Homeless Prevention Housing Counseling Case Management
4 (50+%)	Food
5 (40+%)	Non-Congregate Shelter Mental Health Services
6 (30+%)	Employment Assistance/Job Training Life Skills Training Outpatient Health Services Outreach Services Credit Repair Landlord/Tenant Liaison
7 (20+%)	Education Services Legal Services Substance Abuse Treatment Services Mediation Services for Victims of Domestic Violence/Dating Violence/Sexual Assault/Human Trafficking
8 (10+%)	Childcare

Identify the characteristics of housing associated with instability and an increased risk of homelessness if the PJ will include such conditions in its definition of “other populations” as established in the HOME-ARP Notice.

Housing associated with instability and an increased risk of homelessness are those that 1) are occupied by persons earning 30% or below the HAMFI and are severely cost-burdened (paying 50% or more on housing); or 2) inhabit persons that are earning 50% or less of HAMFI and are severely overcrowded (living with 1.5 or more persons per room). Households meeting these definitions tend to live in housing with deferred maintenance and are in need of rehabilitation.

Identify priority needs for qualifying populations.

Without a doubt, analysis of the 2019 Point in Time Count, CHAS data, American Community Survey data, and consultation with the various agencies conducted as part of this Plan reveal the need for more affordable housing and housing-related supportive services. People without homes, need homes. The high and rapidly escalating housing costs combined with the COVID-19 pandemic and economic displacement in Orange County creates harmful instability for the qualified populations. It is difficult for members of the qualified populations to find affordable housing of any kind in Huntington Beach. Personal needs and challenges become exponentially worse if you are in poverty, or worse, homeless. Investing in transitional housing and non-congregate shelters allows services to be accessed and for individuals to begin to recover.

Explain how the level of need and gaps in its shelter and housing inventory and service delivery systems based on the data presented in the plan were determined.

The City of Huntington Beach analyzed several data sources to determine the needs and gaps in the City’s shelter and housing inventory and in the service delivery systems. First, the City extracted Huntington Beach-specific data, Central SPA data, and Orange County data from the 2019 Orange County Point in Time Count. The PIT provided valuable data on the number of sheltered and unsheltered homeless, families and individual homeless persons, and transitional aged youth, senior, and veteran homeless persons. Further, data on the number of homeless persons fleeing domestic violence was provided on a countywide basis.

Next, the City accessed data from the Comprehensive Housing Affordability Strategy (“CHAS”). CHAS data is provided annually from the U.S. Department of Housing and Urban Development (HUD) and includes custom tabulations of American Community Survey (ACS) data from the U.S. Census. The data demonstrates the extent of housing problems and needs, particularly for low-income households. CHAS data was used by Huntington Beach to determine housing tenure by the various income levels, the number of households experiencing cost burden and/or overcrowded conditions, race and ethnicity statistics of extremely low-income households, and other data needed to characterize households at risk of homelessness.

Third, the City retrieved data from the City's 2020-2024 Consolidated Plan, the Regional Housing Needs Allocation (RHNA), and the Orange County Housing Inventory Count to gather information on housing needs, current housing available in Huntington Beach, and current service programs offered with federal funding.

Finally, the City consulted with various stakeholders including the Orange County CoC, the Fair Housing Foundation, NAACP-OC, Families Forward, Homeless United, the City's Homeless Outreach Program and Senior Center, Mercy House, Robyne's Nest, South County Outreach, and StandUp for Kids to find out what they felt are the priority needs of their clientele (homeless persons, veterans, elderly persons, persons with disabilities, and victims of domestic violence). The most pressing need is for affordable rental housing, tenant based rental assistance, and various wrap around homeless services, such as employment and job training, mental health services, and transportation to name a few. The City also consulted with 63 homeless persons who reported affordable housing, transportation, homeless prevention, housing counseling, and case management as a significant need.

Overall, the City found that the highest need for the qualifying populations in Huntington Beach was for additional affordable housing with wrap-around supportive services. A decent and affordable place to live, coupled with supportive services, helps homeless and those at risk of homelessness by freeing them from such physical and mental hardships and placing them on a path of new opportunity and increased confidence and self-reliance.

PROPOSED HOME-ARP ACTIVITIES

Describe the method for soliciting applications for funding and/or selecting developers, service providers, subrecipients and/or contractors and whether the PJ will administer eligible activities directly.

Huntington Beach HOME-ARP funds will be used to fund supportive services at two major homeless endeavors in the City. First, the City will provide \$385,971 for supportive services at the Cameron Lane Navigation Center, located at 17631 Cameron Lane. The operator for the emergency homeless shelter is Mercy House, a local non-profit agency that was one of two agencies that responded to the City's Request for Proposals (RFP).

The bulk of HOME-ARP funds, \$1,804,704, will be used to fund supportive services at the upcoming Huntington Beach Oasis project, a non-congregate shelter located at 17251 Beach Boulevard (former Quality Inn & Suites). This Homekey project will be developed in partnership with American Family Housing, National CORE, and the County of Orange. The County of Orange will solicit applications through a Request for Proposals from non-profit agencies to provide supportive services.

If any portion of the PJ's HOME-ARP administrative funds were provided to a subrecipient or contractor prior to HUD's acceptance of the HOME-ARP allocation plan because the

subrecipient or contractor is responsible for the administration of the PJ's entire HOME-ARP grant, identify the subrecipient or contractor and describe its role and responsibilities in administering all of the PJ's HOME-ARP program:

Not applicable.

PJs must indicate the amount of HOME-ARP funding that is planned for each eligible HOMEARP activity type and demonstrate that any planned funding for nonprofit organization operating assistance, nonprofit capacity building, and administrative costs is within HOME-ARP limits. The following table may be used to meet this requirement.

Use of HOME-ARP Funding

	Proposed Funding Amount	Percent of the Grant	Statutory Limit
Supportive Services	\$ 2,190,675		
Acquisition and Development of Non-Congregate Shelters	\$ 0		
Tenant Based Rental Assistance (TBRA)	\$ 0		
Development of Affordable Rental Housing	\$ 0		
Non-Profit Operating	\$ 0	0 %	5%
Non-Profit Capacity Building	\$ 0	0 %	5%
Administration and Planning	\$ 50,000	2.23 %	15%
Total HOME ARP Allocation	\$ 2,240,675		

Additional narrative, if applicable.

The City of Huntington Beach will provide essential supportive services at two local project locations utilizing HOME-ARP funding. First, \$1,804,704 will be allocated to the Project Homekey development, Huntington Beach Oasis (formerly the Quality Inn & Suites), located at 17251 Beach Boulevard, Huntington Beach. The City of Huntington Beach, along with American Family Housing, National CORE, and the County of Orange will partner to convert a former hotel into 62 affordable apartment units plus two (2) manager's units, for a total of 64 units. The income of the tenants will be restricted to 30 percent of the Area Median Income (AMI) for Orange County (TCAC Income Limits). The units will target chronically homeless persons and homeless persons with disabilities. Tenants will not be required to pay rent (interim housing). The unit types will consist of studio and one-bedroom plans. The City's contribution of \$1,804,704 in HOME-ARP will provide supportive services in Year 5 of the project (FY 2027/28).

Secondly, the City of Huntington Beach will invest \$385,971 in HOME-ARP to supportive services offered at the new Cameron Lane Navigation Center located at 17631 Cameron Lane. The Navigation Center opened in December 2020 as a 174-bed emergency homeless shelter. Supportive services to be funded with HOME-ARP include housing search and counseling services, mental health services, and life skills training and case management. The project timeline for expenditure of HOME-ARP funds is Fiscal Years 2022/23 and 2023/24.

Describe how the characteristics of the shelter and housing inventory, service delivery system, and the needs identified in the gap analysis provided a rationale for the plan to fund eligible activities.

The City continues to make a considerable effort to increase its inventory of affordable housing units. However, the demand for the available units far outstrips the supply as shown in the tables above. Based on the Point in Time Count, there were 349 total homeless persons in Huntington Beach in 2019, 289 of them unsheltered despite the efforts of the City, County, and non-profit industry to house and provide needed support services to them. Additionally, there are over 4,000 renter households at risk of homelessness. They are reportedly making equal to or less than 30% HAMFI while at the same time, spending over 50% of their incomes on housing related expenses. The RHNA further indicates a need for 3,661 units for very low-income families, and 2,184 units for low-income households.

New affordable housing developments typically take at least 3-6 years from concept to occupancy. However, the state Homekey program requires project completion within 12 months of the funding award, which results in affordable units on an expedited timeline. The HB Oasis project will provide additional housing units for homeless persons on an immediate basis, and will utilize HOME-ARP to provide wrap around supportive services to give them the help they need to become stable and transition to more permanent housing.

Supportive services will also be offered at the Cameron Lane Navigation Center. Any individual who has experienced time living on the streets unhoused is likely to have struggled with a variety of challenges. These challenges may include mental and/or physical health issues, substance use problems, trauma or abuse, lack of employment, or contact with the criminal justice system. Supportive services that address these and many other issues are key in assisting any individual experiencing homelessness.

HOME-ARP PRODUCTION HOUSING GOALS

Estimate the number of affordable rental housing units for qualifying populations that the PJ will produce or support with its HOME-ARP allocation.

The proposed HB Oasis Homekey project will convert 66 motel rooms into 64 interim/transitional housing units – 31 for homeless and 31 for chronically homeless persons, and two units for an onsite manager and a maintenance technician. Once Project Based Vouchers can be obtained, the project will convert to permanent supportive housing (PSH). Huntington Beach’s HOME-ARP funds will be used to support this development by providing onsite supportive services to residents to move them into housing stability.

Describe the specific affordable rental housing production goal that the PJ hopes to achieve and describe how it will address the PJ’s priority needs.

The City expects to use the HOME-ARP funds to provide supportive services at two projects for homeless persons in Huntington Beach and the surrounding areas. First, the City is in the process of developing HB Oasis, a non-congregate shelter located at 17251 Beach Boulevard, Huntington Beach. HB Oasis will provide interim housing services for up to 62 units for adult individuals and households experiencing homelessness in the Orange County Central Service Planning Area. The HB Oasis will provide property management, residential and supportive services that meet the complex needs of people experiencing homelessness. HB Oasis will provide a trauma informed, and evidence-based interim operations by identifying tools and re-integrating participants back into the community through case management and linkages to permanent housing. The City will invest \$1.8 million of HOME-ARP funding to provide individualized supportive services to meet the complex needs of those experiencing homelessness.

PREFERENCES

Identify whether the PJ intends to give preference to one or more qualifying populations or a subpopulation within one or more qualifying populations for any eligible activity or project:

- *Preferences cannot violate any applicable fair housing, civil rights, and nondiscrimination requirements, including but not limited to those requirements listed in 24 CFR 5.105(a).*
- *PJ's are not required to describe specific projects to which the preferences will apply.*

The proposed Homekey project would serve individuals who are homeless and chronically homeless.

If a preference was identified, explain how the use of a preference or method of prioritization will address the unmet need or gap in benefits and services received by individuals and families in the qualifying population or category of qualifying population, consistent with the PJ's needs assessment and gap analysis.

As previously discussed in the section on unmet needs and gaps in services for people who were homeless, there is a high need for affordable rental housing, transitional housing, permanent supportive housing, and wrap around supportive services. This decision was largely based on the data analysis of the Point in Time Count, CHAS data, RHNA projections, and consultation with various non-profit agencies and homeless persons.

If a preference was identified, describe how the PJ will use HOME-ARP funds to address the unmet needs or gaps in benefits and services of the other qualifying populations that are not included in the preference.

The City of Huntington Beach will continue to utilize its annual federal CDBG and HOME allocations to provide services and housing to persons in the other qualifying populations.

HOME-ARP REFINANCING GUIDELINES

If the PJ intends to use HOME-ARP funds to refinance existing debt secured by multifamily rental housing that is being rehabilitated with HOME-ARP funds, the PJ must state its HOME- ARP refinancing guidelines in accordance with [24 CFR 92.206\(b\)](#). The guidelines must describe the conditions under which the PJ will refinance existing debt for a HOME-ARP rental project, including:

Establish a minimum level of rehabilitation per unit or a required ratio between rehabilitation and refinancing to demonstrate that rehabilitation of HOME-ARP rental housing is the primary eligible activity.

Not applicable.

Require a review of management practices to demonstrate that disinvestment in the property has not occurred; that the long-term needs of the project can be met; and that the feasibility of serving qualified populations for the minimum compliance period can be demonstrated.

Not applicable.

State whether the new investment is being made to maintain current affordable units, create additional affordable units, or both.

Not applicable.

Specify the required compliance period, whether it is the minimum 15 years or longer.

Not applicable.

State that HOME-ARP funds cannot be used to refinance multifamily loans made or insured by any federal program, including CDBG.

Not applicable.

Other requirements in the PJ's guidelines, if applicable.

Not applicable.



APPENDIX

HOME-ARP CERTIFICATIONS

SF424 APPLICATION FOR FEDERAL ASSISTANCE

SF424-B ASSURANCES – NON-CONSTRUCTION PROGRAMS

SF424-D ASSURANCES – CONSTRUCTION PROGRAMS

PROOF OF PUBLICATION

SERVICE PROVIDER QUESTIONNAIRE RESPONSES

HOMELESS QUESTIONNAIRE RESPONSES



APPENDIX A

HOME-ARP CERTIFICATIONS

HOME-ARP CERTIFICATIONS

In accordance with the applicable statutes and the regulations governing the consolidated plan regulations, the participating jurisdiction certifies that:

Affirmatively Further Fair Housing --The jurisdiction will affirmatively further fair housing pursuant to 24 CFR 5.151 and 5.152.

Uniform Relocation Act and Anti-displacement and Relocation Plan --It will comply with the acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended, (42 U.S.C. 4601-4655) and implementing regulations at 49 CFR Part 24. It will comply with the acquisition and relocation requirements contained in the HOME-ARP Notice, including the revised one-for-one replacement requirements. It has in effect and is following a residential anti-displacement and relocation assistance plan required under 24 CFR Part 42, which incorporates the requirements of the HOME-ARP Notice. It will follow its residential anti-displacement and relocation assistance plan in connection with any activity assisted with funding under the HOME-ARP program.

Anti-Lobbying --To the best of the jurisdiction's knowledge and belief:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of it, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, it will complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions; and
3. It will require that the language of paragraph 1 and 2 of this anti-lobbying certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Authority of Jurisdiction --The consolidated plan is authorized under State and local law (as applicable) and the jurisdiction possesses the legal authority to carry out the programs for which it is seeking funding, in accordance with applicable HUD regulations and program requirements.

Section 3 --It will comply with section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. 1701u) and implementing regulations at 24 CFR Part 75.

HOME-ARP Certification --It will use HOME-ARP funds consistent with Section 3205 of the American Rescue Plan Act of 2021 (P.L. 117-2) and the CPD Notice: *Requirements for the Use of Funds in the HOME-American Rescue Plan Program*, as may be amended by HUD, for eligible activities and costs, including the HOME-ARP Notice requirements that activities are consistent with its accepted HOME-ARP allocation plan and that HOME-ARP funds will not be used for prohibited activities or costs, as described in the HOME-ARP Notice.



Signature of Authorized Official

4-21-22
Date

Interim City Manager
Title



APPENDIX B

APPLICATION FOR FEDERAL ASSISTANCE (SF 424) FOR HOME-ARP PROGRAM

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- ☐ Preapplication
☒ Application
☐ Changed/Corrected Application

*** 2. Type of Application:**

- ☒ New
☐ Continuation
☐ Revision

*** If Revision, select appropriate letter(s):**

*** Other (Specify):**

*** 3. Date Received:**

4-21-22

4. Applicant Identifier:

M-21-MP-06-0514

5a. Federal Entity Identifier:

95-6000723

5b. Federal Award Identifier:

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

*** a. Legal Name:**

City of Huntington Beach

*** b. Employer/Taxpayer Identification Number (EIN/TIN):**

95-6000723

*** c. UEI:**

LKKFRC4PW7L4

d. Address:

*** Street1:**

2000 Main Street

Street2:

5th Floor

*** City:**

Huntington Beach

County/Parish:

Orange

*** State:**

CA: California

Province:

*** Country:**

USA: UNITED STATES

*** Zip / Postal Code:**

92648-0000

e. Organizational Unit:

Department Name:

Community Development Dept

Division Name:

Community Enhancement Division

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Ms.

*** First Name:**

Ursula

Middle Name:

*** Last Name:**

Luna-Reynosa

Suffix:

Title:

Community Development Director

Organizational Affiliation:

*** Telephone Number:**

(714) 536-5554

Fax Number:

(714) 375-5087

*** Email:**

Ursula.Luna-Reynosa@surfcity-hb.org

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

C: City or Township Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

U.S. Department of Housing and Urban Development

11. Catalog of Federal Domestic Assistance Number:

14-239

CFDA Title:

HOME Investment Partnerships Program

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

HOME-ARP helps individuals/households who are homeless, at risk of homelessness, and other vulnerable populations with housing, rental assistance, supportive services, and NCS to reduce homelessness.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424**16. Congressional Districts Of:*** a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:* a. Start Date: * b. End Date: **18. Estimated Funding (\$):**

* a. Federal	<input type="text" value="2,240,675.00"/>
* b. Applicant	<input type="text"/>
* c. State	<input type="text"/>
* d. Local	<input type="text"/>
* e. Other	<input type="text"/>
* f. Program Income	<input type="text"/>
* g. TOTAL	<input type="text" value="2,240,675.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**☐ a. This application was made available to the State under the Executive Order 12372 Process for review on ☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.☒ c. Program is not covered by E.O. 12372.*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**☐ Yes ☒ No

If "Yes", provide explanation and attach

Add Attachment

Delete Attachment

View Attachment

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

☒ ** I AGREE


** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:	<input type="text" value="Mr."/>	* First Name:	<input type="text" value="Sean"/>
Middle Name:	<input type="text"/>		
* Last Name:	<input type="text" value="Joyce"/>		
Suffix:	<input type="text"/>		

* Title: * Telephone Number: Fax Number: * Email:

* Signature of Authorized Representative:

* Date Signed:



APPENDIX C

ASSURANCES – CONSTRUCTION PROGRAM (SF 424-B) FOR HOME-ARP PROGRAM

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.


PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 	TITLE Interim City Manager
APPLICANT ORGANIZATION City of Huntington Beach	DATE SUBMITTED 4-21-22



APPENDIX D

ASSURANCES – CONSTRUCTION PROGRAM (SF 424-D) FOR HOME-ARP PROGRAM

ASSURANCES - CONSTRUCTION PROGRAMS

OMB Number: 4040-0009
Expiration Date: 02/28/2025

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0042), Washington, DC 20503.

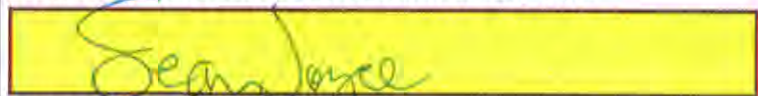
PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the Awarding Agency. Further, certain Federal assistance awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, the right to examine all records, books, papers, or documents related to the assistance; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will not dispose of, modify the use of, or change the terms of the real property title or other interest in the site and facilities without permission and instructions from the awarding agency. Will record the Federal awarding agency directives and will include a covenant in the title of real property acquired in whole or in part with Federal assistance funds to assure non-discrimination during the useful life of the project.
4. Will comply with the requirements of the assistance awarding agency with regard to the drafting, review and approval of construction plans and specifications.
5. Will provide and maintain competent and adequate engineering supervision at the construction site to ensure that the complete work conforms with the approved plans and specifications and will furnish progressive reports and such other information as may be required by the assistance awarding agency or State.
6. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
7. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
8. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards of merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
9. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
10. Will comply with all Federal statutes relating to non-discrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681 1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.

11. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal and federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
12. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
13. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333) regarding labor standards for federally-assisted construction subagreements.
14. Will comply with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
15. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
16. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
17. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq).
18. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
19. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
20. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Interim City Manager
APPLICANT ORGANIZATION	DATE SUBMITTED
City of Huntington Beach	4-21-22



APPENDIX E

PROOF OF PUBLICATION

Huntington Beach Wave

1771 S. Lewis Street
Anaheim, CA 92805
714-796-2209

5190751

HUNTINGTON BEACH, CITY OF
CITY CLERK DEPARTMENT
2000 MAIN ST
HUNTINGTON BEACH, CA 92648-2763

PROOF OF PUBLICATION

Legal No. **0011527726**

FILE NO. HB HOME-ARP Public Notice FINA

AFFIDAVIT OF PUBLICATION

STATE OF CALIFORNIA, }

County of Orange }

SS.

I am a citizen of the United States and a resident of the County aforesaid; I am over the age of eighteen years, and not a party to or interested in the above entitled matter. I am the principal clerk of the Huntington Beach Wave, a newspaper that has been adjudged to be a newspaper of general circulation by the Superior Court of the County of Orange, State of California, on July 1, 1998, Case No. A-185906 in and for the City of Huntington Beach, County of Orange, State of California; that the notice, of which the annexed is a true printed copy, has been published in each regular and entire issue of said newspaper and not in any supplement thereof on the following dates, to wit:

04/07/2022

I certify (or declare) under the penalty of perjury under the laws of the State of California that the foregoing is true and correct:

Executed at Anaheim, Orange County, California, on
Date: March 31, 2022.



Signature

**CITY OF HUNTINGTON BEACH PUBLIC NOTICE
NOTICE OF PUBLIC HEARING AND SOLICITATION OF PUBLIC COMMENTS
ON THE FISCAL YEAR 2021/22 ANNUAL ACTION PLAN SUBSTANTIAL
AMENDMENT TO INTEGRATE HOME-ARP ALLOCATION PLAN**

NOTICE IS HEREBY GIVEN that on April 19, 2022, at 6:00 PM or shortly thereafter, the City Council will hold a public hearing to approve a Substantial Amendment to the FY 2021/22 Annual Action Plan, and will accept public comments on the proposed Substantial Amendment. The Substantial Amendment will be published for public comment for a minimum 15-day period starting Friday, April 1, 2022 through Tuesday, April 19, 2022. The public hearing will be held at the Huntington Beach Civic Center, City Council Chambers, located at 2000 Main Street, Huntington Beach, CA 92648.

Tuesday, April 19, 2022, 6:00 pm
<https://huntingtonbeach.zoom.us/j/97154130528>
By phone: (669) 900-6833
Meeting ID: 971 5413 0528

As directed by the U.S. Department of Housing and Urban Development (HUD), the City will process a Substantial Amendment to integrate a HOME-ARP Allocation Plan that budgets a special allocation of HOME American Rescue Plan (ARP) funding provided to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. These grant funds will be administered through HUD's HOME Investment Partnerships Program (HOME).

The City of Huntington Beach is slated to receive \$2,240,675 in HOME-ARP funding and is proposing to utilize such funds on the following projects:

- ☞ \$1,804,704 for supportive services for homeless and those at-risk of homelessness at the HB Oasis Homekey project located at 17251 Beach Boulevard, Huntington Beach.
- ☞ \$385,971 for supportive services for homeless and those at risk of homelessness at the Cameron Lane Navigation Center located at 17631 Cameron Lane, Huntington Beach.
- ☞ \$50,000 for HOME-ARP Planning and Administration

Complete copies of the FY 2021/22 Annual Action Plan Substantial Amendment inclusive of the HOME-ARP Allocation Plan are available for public review and comment at the following locations and at <http://huntingtonbeachca.gov/business/economic-development/cdbg/>

City of Huntington Beach
Community Enhancement Division
2000 Main Street, 5th Floor
Huntington Beach, CA 92648

Oak View Branch Library
17251 Oak Lane
Huntington Beach, CA 92648

Written comments can be addressed to:
Charles Kovac, Housing Manager
Community Enhancement Division
2000 Main Street – 5th Floor
Huntington Beach, CA 92648

The City Council will consider all comments received during the 15-day public review period at the April 19, 2022 City Council public hearing.

MEETING ASSISTANCE NOTICE

In accordance with the Americans with Disabilities Act, services are available to members of our community who require special assistance to participate in public meetings. If you require special assistance, 48-hour prior notification will enable the City to make reasonable arrangements for an assisted listening device (ALD) for the hearing impaired, American Sign Language interpreters, a reader during the meeting and/or large print agendas. Please contact the City Clerk's Office at (714) 536-5227 for more information.

PUBLICATION DATE: March 31, 2022, The Wave





APPENDIX F

SERVICE PROVIDER QUESTIONNAIRE RESPONSES

City of Huntington Beach

HOME American Rescue Plan

Provider Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire and emailing it back to Charles Kovac, Housing Manager at Charles.Kovac@surfcity-hb.org.

Organization Fair Housing Foundation

Contact Stella Verdeja

Phone 562-989-1206 ext 1100

Email sverdeja@fhfca.org

Address 3605 Long Beach Blvd. Ste 302, Long Beach, CA 90807

Agency Type

- ☐ Developer/Owner of Affordable Hsg
- ☐ TBRA Operator
- ☐ Supportive Service Provider
- ☐ Public Housing Agency
- ☐ Emergency Shelter
- ☒ Fair Housing
- ☐ Civil Rights
- ☐ Non-Congregate Shelter
- ☐ Other _____

Population(s) Served

- ☐ Homeless
- ☐ Victims of Domestic Violence
- ☐ Veterans
- ☒ Elderly Persons (62+ Yrs.)
- ☒ Persons with Disabilities
- ☐ Transitional Aged Youth
- ☒ Low-Income Households
- ☐ Other _____

Approx. how many Huntington Beach households/persons does your agency serve annually? 230

In interactions with your clients, how would you describe their need for the following services?

Service	<u>Level of Need</u>			Service	<u>Level of Need</u>		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tenant Based Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Provider Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire and emailing it back to Charles Kovac, Housing Manager at Charles.Kovac@surfcity-hb.org.

Organization Families Forward

Contact Madelynn Hirneise

Phone 949-716-5863

Email mhirneise@families-forward.org

Address 8 Thomas Irvine Ca 92618

Agency Type

- ☒ Developer/Owner of Affordable Hsg
- ☒ TBRA Operator
- ☒ Supportive Service Provider
- ☐ Public Housing Agency
- ☐ Emergency Shelter
- ☐ Fair Housing
- ☐ Civil Rights
- ☐ Non-Congregate Shelter
- ☐ Other _____

Population(s) Served

- ☒ Homeless
- ☒ Victims of Domestic Violence
- ☒ Veterans
- ☐ Elderly Persons (62+ Yrs.)
- ☐ Persons with Disabilities
- ☐ Transitional Aged Youth
- ☒ Low-Income Households
- ☐ Other _____

Approx. how many Huntington Beach households/persons does your agency serve annually? 30-50 children and adults

In interactions with your clients, how would you describe their need for the following services?

Service	<u>Level of Need</u>			Service	<u>Level of Need</u>		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tenant Based Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Provider Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire and emailing it back to Charles Kovac, Housing Manager at Charles.Kovac@surfcity-hb.org.

Organization Homeless United Huntington Beach Contact Pat Goodman
 Phone _____ Email HomelessUnitedHB@gmail.com
 Address 900 N. MC Cook Ave. Huntington Beach, CA 92647

Agency Type

- ☐ Developer/Owner of Affordable Hsg
- ☐ TBRA Operator
- ☐ Supportive Service Provider
- ☐ Public Housing Agency
- ☐ Emergency Shelter
- ☐ Fair Housing
- ☐ Civil Rights
- ☐ Non-Congregate Shelter
- ☒ Other Advocacy

Population(s) Served

- ☒ Homeless
- ☐ Victims of Domestic Violence
- ☐ Veterans
- ☐ Elderly Persons (62+ Yrs.)
- ☐ Persons with Disabilities
- ☐ Transitional Aged Youth
- ☐ Low-Income Households
- ☐ Other _____

Approx. how many Huntington Beach households/persons does your agency serve annually? _____

In interactions with your clients, how would you describe their need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Based Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

P. Goodman 7/9/22

City of Huntington Beach

HOME American Rescue Plan

Provider Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire and emailing it back to Charles Kovac, Housing Manager at Charles.Kovac@surfcity-hb.org.

Organization HBPD - HTF CASE MANAGEMENT Contact JASON AUSTIN
 Phone (714) 374-1704 Email JAUSTIN@HBPD.ORG
 Address 2000 MAIN ST., HUNTINGTON BEACH 92648

Agency Type

- ☐ Developer/Owner of Affordable Hsg
- ☐ TBRA Operator
- ☒ Supportive Service Provider
- ☐ Public Housing Agency
- ☐ Emergency Shelter
- ☐ Fair Housing
- ☐ Civil Rights
- ☐ Non-Congregate Shelter
- ☐ Other _____

Population(s) Served

- ☒ Homeless
- ☒ Victims of Domestic Violence
- ☒ Veterans
- ☒ Elderly Persons (62+ Yrs.)
- ☒ Persons with Disabilities
- ☒ Transitional Aged Youth
- ☒ Low-Income Households
- ☐ Other _____

Approx. how many Huntington Beach households/persons does your agency serve annually? 2,784

In interactions with your clients, how would you describe their need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Based Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Provider Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire and emailing it back to Charles Kovac, Housing Manager at Charles.Kovac@surfcity-hb.org.

Organization Mercy House

Contact Allison Davenport, Chief Strategy and Compliance Officer

Phone (714) 836-7188 x114

Email allisond@mercyhouse.net

Address PO Box 1905 Santa Ana, CA 92702

Agency Type

- ☒ Developer/Owner of Affordable Hsg
- ☒ TBRA Operator
- ☒ Supportive Service Provider
- ☐ Public Housing Agency
- ☒ Emergency Shelter
- ☐ Fair Housing
- ☐ Civil Rights
- ☐ Non-Congregate Shelter
- ☐ Other _____

Population(s) Served

- ☒ Homeless
- ☒ Victims of Domestic Violence
- ☒ Veterans
- ☒ Elderly Persons (62+ Yrs.)
- ☒ Persons with Disabilities
- ☒ Transitional Aged Youth
- ☒ Low-Income Households
- ☐ Other _____

Approx. how many Huntington Beach households/persons does your agency serve annually? 300+

In interactions with your clients, how would you describe their need for the following services?

Service	<u>Level of Need</u>			Service	<u>Level of Need</u>		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Based Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Provider Questionnaire



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Organization NAACP-OC Contact Gigi Jackson / Joyce Mayes
 Phone 457-351-0168 Email gjnacp.oc1052@gmail.com
 Address P.O. Box 3141 Santa Ana, CA 92703

Agency Type

- ☐ Developer/Owner of Affordable Hsg
- ☐ TBRA Operator
- ☐ Supportive Service Provider
- ☐ Public Housing Agency
- ☐ Emergency Shelter
- ☐ Fair Housing
- ☐ Civil Rights
- ☐ Non-Congregate Shelter
- ☐ Other NAACP-OC

Population(s) Served

- ☒ Homeless
- ☒ Victims of Domestic Violence
- ☒ Veterans
- ☒ Elderly Persons (62+ Yrs.)
- ☒ Persons with Disabilities
- ☒ Transitional Aged Youth
- ☒ Low-Income Households
- ☐ Other O.C. Heritage Council

Food Distribution Comm.

Approx. how many Huntington Beach households/persons does your agency serve annually?

In interactions with your clients, how would you describe their need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tenant Based Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Provider Questionnaire



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Organization Robyne's Nest

Contact Robyne Wood

Phone 714-794-5149

Email robyme@robynesnest.org

Address 1602 Talbert Ave, Unit F, Huntington Beach 92648

Agency Type

- ☐ Developer/Owner of Affordable Hsg
- ☐ TBRA Operator
- ☒ Supportive Service Provider
- ☐ Public Housing Agency
- ☐ Emergency Shelter
- ☐ Fair Housing
- ☐ Civil Rights
- ☐ Non-Congregate Shelter
- ☐ Other _____

Population(s) Served

- ☐ Homeless
- ☐ Victims of Domestic Violence
- ☐ Veterans
- ☐ Elderly Persons (62+ Yrs.)
- ☐ Persons with Disabilities
- ☒ Transitional Aged Youth
- ☐ Low-Income Households
- ☐ Other _____

Approx. how many Huntington Beach households/persons does your agency serve annually? 350-400 w/ varying
In interactions with your clients, how would you describe their need for the following services? Services

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Based Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Robyne's Nest provides most of these services and where we don't, we reach out to the community for help!

City of Huntington Beach

HOME American Rescue Plan Provider Questionnaire



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Organization City of HB, Senior Center in Central Park Contact Michelle Yerke

Phone 714-374-1521 Email myerke@surfcity-hb.org

Address 18041 Goldenwest St, Huntington Beach CA 92648

Agency Type

- ☐ Developer/Owner of Affordable Hsg
- ☐ TBRA Operator
- ☒ Supportive Service Provider
- ☐ Public Housing Agency
- ☐ Emergency Shelter
- ☐ Fair Housing
- ☐ Civil Rights
- ☐ Non-Congregate Shelter
- ☐ Other _____

Population(s) Served

- ☐ Homeless
- ☐ Victims of Domestic Violence
- ☐ Veterans
- ☒ Elderly Persons (62+ Yrs.)
- ☐ Persons with Disabilities
- ☐ Transitional Aged Youth
- ☐ Low-Income Households
- ☐ Other _____

Approx. how many Huntington Beach households/persons does your agency serve annually? 3,000-6,000 people annually
 In interactions with your clients, how would you describe their need for the following services? Low number is during Covid19/
High number is prior to Covid19

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tenant Based Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other Shared Housing opportunity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Provider Questionnaire



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Organization South County Outreach Contact Nicki Cordero
 Phone (949) 687-2406 Email ncordero@SCO-OC.org
 Address 7 Whitney Suite B, Irvine CA 92618

Agency Type

- ☒ Developer/Owner of Affordable Hsg
- ☐ TBRA Operator
- ☒ Supportive Service Provider
- ☐ Public Housing Agency
- ☐ Emergency Shelter
- ☐ Fair Housing
- ☐ Civil Rights
- ☐ Non-Congregate Shelter
- ☐ Other _____

Population(s) Served

- ☒ Homeless
- ☒ Victims of Domestic Violence
- ☒ Veterans
- ☒ Elderly Persons (62+ Yrs.)
- ☒ Persons with Disabilities
- ☒ Transitional Aged Youth
- ☒ Low-Income Households
- ☒ Other Underserved/Underemployed

Approx. how many Huntington Beach households/persons does your agency serve annually? _____

In interactions with your clients, how would you describe their need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Based Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Provider Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire and emailing it back to Charles Kovac, Housing Manager at Charles.Kovac@surfcity-hb.org.

Organization STANDUP for kids Contact Justine Palmore
Phone (714) 356-5437 Email justines@standupforkids.org
Address PO BOX 14398 IRVINE CA 92623

Agency Type

- ☐ Developer/Owner of Affordable Hsg
- ☐ TBRA Operator
- ☒ Supportive Service Provider
- ☐ Public Housing Agency
- ☐ Emergency Shelter
- ☐ Fair Housing
- ☐ Civil Rights
- ☐ Non-Congregate Shelter
- ☐ Other _____

Population(s) Served

- ☒ Homeless
- ☐ Victims of Domestic Violence
- ☐ Veterans
- ☐ Elderly Persons (62+ Yrs.)
- ☐ Persons with Disabilities
- ☒ Transitional Aged Youth
- ☒ Low-Income Households
- ☐ Other _____

Approx. how many Huntington Beach households/persons does your agency serve annually? 95

In interactions with your clients, how would you describe their need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tenant Based Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



APPENDIX G

HOMELESS QUESTIONNAIRE RESPONSES

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire.

Name [REDACTED] Phone N/A

Age 45 Race White Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 3-4 yrs How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?
☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☒ Yes ☐ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? General Relief + EBT

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire.

Name [REDACTED]

Phone N/A

Age 29 Race white

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 5 yrs

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? NO income

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 38 Race white

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: _____

How many times have you been homeless? _____

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? No income

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 56 Race White Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 6 yrs. How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? revenue, "odd jobs"

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED] Phone _____

Age 44 Race White Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 1.5 mon. How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No WMA AT

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? Retirement

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 37 Race White

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: June 2018 How many times have you been homeless?

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? Blue gold

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 34 Race Black/White Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 2 months How many times have you been homeless? a lot

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☐ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? _____

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire.

Name: [REDACTED]

Phone: [REDACTED]

Age 20 Race Black

Hispanic? ☐ Yes ☐ No

Length of current episode of homelessness: 1 year

How many times have you been homeless? 5

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? Work

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 30 Race white

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 2 months ago

How many times have you been homeless? more than a month

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability

☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? unemploy

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach
HOME American Rescue Plan
Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 41

Race Hispanic

Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 9 years How many times have you been homeless? more than a year

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? _____

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name _____

Phone _____

Age 24

Race Hispanic

Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: _____

How many times have you been homeless? 3

Household Type: ☐ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? NO Income

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED]

Phone N/A

Age 34 Race _____

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: _____

How many times have you been homeless? _____

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? _____

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED]

Phone N/A

Age 41 Race White

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 4 yrs

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability

☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? NONE

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 41 Race White

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 8 months How many times have you been homeless? 1

Household Type: ☐ Single Adult ☐ Couple without Children ☒ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? Calworks

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire.

Name [REDACTED]

Phone [REDACTED]

Age 36 Race White

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 3

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☒ Yes ☐ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? WORK

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name [REDACTED]

Phone [REDACTED]

Age 47

Race HISPANIC/FRENCH

Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness SINCE MARCH 5 2020

How many times have you been homeless? 2

Household Type: ☐ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☒ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? SSI

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name [REDACTED]

Phone [REDACTED]

Age 55 Race W

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 2

How many times have you been homeless? 1,000

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☒ Yes ☐ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? GR

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name [REDACTED]

Phone NA

Age _____ Race White

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: _____

How many times have you been homeless? 2

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? NA

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u>Interview clothes / uniform / work kits</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				

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Name [REDACTED]

Phone [REDACTED]

Age 56 Race white

Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 8 yrs

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? GR

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name [REDACTED]

Phone [REDACTED]

Age 59

Race White

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 20YRS

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☒ Street ☐ Vehicle ☐ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☒ Yes ☐ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? Food Stamps, GR, panhandling

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name

[Redacted Name]

Phone N/A

Age 62

Race Caucasian

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 3 yrs

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☒ Yes ☐ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? NONE

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Name [REDACTED]

Phone [REDACTED]

Age 50

Race White

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 55M

How many times have you been homeless? AN

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☒ Street ☐ Vehicle ☐ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☒ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? 0

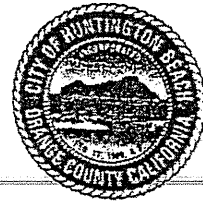
How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire.

Name

[Redacted Name]

Phone

[Redacted Phone]

Age

34

Race

Irish

Hispanic?

☐ Yes

☒ No

Length of current episode of homelessness:

2018-present

How many times have you been homeless?

1

Household Type:

☒ Single Adult

☐ Couple without Children

☐ Single Parent w/Children

☐ Two Parents w/Children

☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street

☐ Vehicle

☒ Shelter

☐ In a Park

☐ Motel/Hotel

☐ Family/Friend

☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☒ Yes ☐ No

Do you have any of the following conditions?

☐ Mental/Emotional Disorder

☐ Physical Disability

☐ Development Disability ☐ Chronic Substance Abuse

☒ None

What do you do for income/money?

\$ earned income \$498/week

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach
HOME American Rescue Plan
Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 44 Race White Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 14 months How many times have you been homeless? 2

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☒ Street ☐ Vehicle ☐ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☒ Yes ☐ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability
☒ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? 60K income

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED] Phone N/A
 Age 27 Race HISPANIC Hispanic? ☒ Yes ☐ No
 Length of current episode of homelessness: 7 years How many times have you been homeless? 4

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☒ Street ☐ Vehicle ☐ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? N/A don't know

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED] Phone _____

Age 53 Race WHITE Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: _____ How many times have you been homeless? _____

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☐ Shelter ☒ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☒ Yes ☐ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? RECYCLIN

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED]

Phone

Age 60

Race White

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 3 years

How many times have you been homeless? 2

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? N/A

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED] Phone N/A

Age 59 Race WHITE Hispanic? ☐ Yes ☐ No

Length of current episode of homelessness: 3 How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?
☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? _____

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 59 Race White Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 1 Month How many times have you been homeless? 2

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? Food Stamps, GR

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire.

Name [REDACTED] Phone N/A

Age 40 Race Native Amer. Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 15 months How many times have you been homeless? 2

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?
☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? Indian check

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 41 Race Hawaiian Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 7 How many times have you been homeless? 12

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☒ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? GR

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 34 Race white

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 1 mos.

How many times have you been homeless? 3

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? N/A

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED]

Phone N/A

Age 24 Race White

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 8+ yrs

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? \$ 0

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED]

Phone NA

Age _____ Race _____

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: _____

How many times have you been homeless? Multiple

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☒ Street ☐ Vehicle ☐ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? NA

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED] Phone N/A

Age 58 Race ASIAN/AMERICAN Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 10 yrs. How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☒ Yes ☐ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☒ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? SSI, EBT

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 47

Race PI

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 1 1/2

How many times have you been homeless? many

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☒ Yes ☐ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☒ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? EBT, medical

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED] Phone _____

Age 50 Race White / Caucasian Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 1-2 yr How many times have you been homeless? 1

Household Type: ☐ Single Adult ☐ Couple without Children ☒ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☒ Yes ☐ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☒ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? SSDI

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED] Phone _____

Age 46 Race C Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 7 yrs How many times have you been homeless? _____

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?
☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? SS

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 64 Race White Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 1 month How many times have you been homeless? 3

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?
☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? SSI INCOME

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach
HOME American Rescue Plan
Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 52 Race Latino

Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: since 2010

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? \$954, SSI

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach
HOME American Rescue Plan
Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 57 Race Portuguese / Italt. Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 01/01/2018 How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? part fulltime job / earned income

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach
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Name [REDACTED]

Phone [REDACTED]

Age 60 Race White

Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 12/24/21

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☐ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? SSI \$1043

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

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Name [REDACTED]

Phone [REDACTED]

Age 58 Race W

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 7 yrs

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? _____

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire.

Name [REDACTED] Phone [REDACTED]

Age 57 Race White Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 10 yrs How many times have you been homeless? many

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger) shelter

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? applying for SSI

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 71 Race japanese / filipino Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 4 mos How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? SSI

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 81 Race White Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 1.5 yr How many times have you been homeless? 2

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?
☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☒ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? SSI

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED] Phone N/A

Age 23 Race White Hispanic? ☐ Yes ☐ No

Length of current episode of homelessness: First 6m How many times have you been homeless? 0

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? SSI

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 64

Race W

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 3 yrs

How many times have you been homeless? 2

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? SSDI

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <u>LIFE</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 39 Race WHITE

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: _____

How many times have you been homeless? _____

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☐ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability

☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? LOT OF DIFFERENT THINGS

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance <u>MAKE SURE PAID</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 59 Race _____ Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 7 mos, How many times have you been homeless? 2

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability

☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? Social Security

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach
HOME American Rescue Plan
Homeless Questionnaire



The American Rescue Plan (ARP) will provide \$2.24 million to assist individuals or households who are homeless, at risk of homelessness, and other vulnerable populations, by providing housing, rental assistance, supportive services, and non-congregate shelter, to reduce homelessness and increase housing stability in Huntington Beach. Please help the City of Huntington Beach gather important data needed for this grant by completing this questionnaire.

Name [REDACTED]

Phone [REDACTED]

Age 65 Race Hispanic

Hispanic? ☐ Yes ☐ No

Length of current episode of homelessness: one year How many times have you been homeless? none

Household Type: ☐ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? none

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

City of Huntington Beach
HOME American Rescue Plan
Homeless Questionnaire



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Name

[Redacted Name]

Phone

None

Age

48

Race

White

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness:

90 days

How many times have you been homeless?

Lot 10

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability
☒ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money?

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach
HOME American Rescue Plan
Homeless Questionnaire



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Name

Phone

Age

Race

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 8 mo.

How many times have you been homeless? 1 time

Household Type: ☐ Single Adult ☒ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money?

SSI

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Christine Scheffer
2-1-2022

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name

Phone

Age

Race

Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 5 m

How many times have you been homeless? 2

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money?

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 63 Race _____

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: _____

How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? \$307

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 56 Race Lat

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 3 yrs

How many times have you been homeless? 3

Household Type: ☐ Single Adult ☒ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? Caregive

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name

Phone

Age

Race

Hispanic? ☐ Yes ☐ No

Length of current episode of homelessness: 3 years

How many times have you been homeless? _____

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☒ Motel/Hotel ☐ Family/Friend ☐ Other _____

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money?

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name

Phone

Age

Race

Hispanic?

☐ Yes ☒ No

Length of current episode of homelessness:

How many times have you been homeless?

Household Type:

☒ Single Adult

☐ Couple without Children

☐ Single Parent w/Children

☐ Two Parents w/Children

☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street

☐ Vehicle

☒ Shelter

☐ In a Park

☐ Motel/Hotel

☐ Family/Friend

☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)?

☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking?

☐ Yes ☒ No

Do you have any of the following conditions?

☒ Mental/Emotional Disorder

☐ Physical Disability

☐ Development Disability

☐ Chronic Substance Abuse

☐ None

What do you do for income/money?

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If everyone stood up for themselves the situation could be better for each & every one of "US" instead of blaming other's people for their mistakes

City of Huntington Beach

HOME American Rescue Plan Homeless Questionnaire



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Name

[REDACTED]

Phone

N/A

Age

44/79

Race

Hispanic? ☐ Yes ☐ No UNKNOWN

Length of current episode of homelessness: NOT KNOWN

How many times have you been homeless? LONG TIME

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other N/A FOURTH FLOOR

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☐ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☒ Yes ☐ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☐ Physical Disability NOT KNOWN
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? CURRENTLY TRYING TO OBTAIN EMPLOYMENT

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

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Name [REDACTED] Phone

Age 12-23-61 Race His Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: How many times have you been homeless?

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☐ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? 0

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other <u> </u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED]

Phone [REDACTED]

Age 37

Race HI

Hispanic? ☒ Yes ☐ No

Length of current episode of homelessness: 5 yrs

How many times have you been homeless? 5 yrs

Household Type: ☐ Single Adult ☒ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability

☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money?

Pending

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach

HOME American Rescue Plan

Homeless Questionnaire



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Name [REDACTED] Phone

Age 32 Race White Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 7 years How many times have you been homeless? ONCE 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☐ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other Mercy (HOUSE)

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☒ Yes ☐ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☐ None

What do you do for income/money? Clean & SOBER!!!!

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Case Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Housing Search and Counseling Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u>↓</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

For (DIEING) on The (Middle) CROSS made of WOOD!!! Absolute

City of Huntington Beach
HOME American Rescue Plan
Homeless Questionnaire



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Name [REDACTED] Phone [REDACTED]

Age 67 Race Am ind Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 2 How many times have you been homeless?

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☐ Yes ☒ No

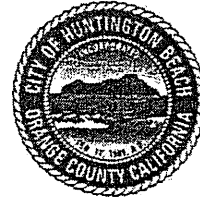
Do you have any of the following conditions? ☐ Mental/Emotional Disorder ☐ Physical Disability
☐ Development Disability ☐ Chronic Substance Abuse ☒ None

What do you do for income/money? Retire

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Congregate Shelter	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Assistance / Job Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Landlord/Tenant Liaison	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Homeless Prevention	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

City of Huntington Beach
HOME American Rescue Plan
Homeless Questionnaire



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Name

Phone

Age

Race

Hispanic? ☐ Yes ☒ No

Length of current episode of homelessness: 34 yrs How many times have you been homeless? 1

Household Type: ☒ Single Adult ☐ Couple without Children ☐ Single Parent w/Children ☐ Two Parents w/Children
☐ Unaccompanied Youth (17 or younger)

Where will you be sleeping tonight?

☐ Street ☐ Vehicle ☒ Shelter ☐ In a Park ☐ Motel/Hotel ☐ Family/Friend ☐ Other

Veteran (18+ yrs. old and US Armed Service or Activated National Guard/Reservist)? ☐ Yes ☒ No

Are you trying to flee from domestic violence, dating violence, sexual assault, or human trafficking? ☒ Yes ☐ No

Do you have any of the following conditions? ☒ Mental/Emotional Disorder ☒ Physical Disability
☐ Development Disability ☒ Chronic Substance Abuse ☐ None

What do you do for income/money? Disability G.R.

How would you describe your need for the following services?

Service	Level of Need			Service	Level of Need		
	Significant Need	Some Need	No Need		Significant Need	Some Need	No Need
Rental Housing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Outreach Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Treatment Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Congregate Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transportation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Case Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mediation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Assistance / Job Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Credit Repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landlord/Tenant Liaison	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Housing Search and Counseling Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Services for Victims of Domestic Violence / Dating Violence / Sexual Assault / Human Trafficking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Financial Assistance (Security Deposits, Utility Assistance, Moving Costs, First and Last Month's Rent)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life Skills Training	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Homeless Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Housing Counseling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Health Services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>