MEMORANDUM

DATE: February 22, 2021

TO: Zoning Review Office

FROM: Office of Administrative Hearings

RE: Case No. 2020-0005-X – Appeal Period Expired

The appeal period for the above-referenced cases expired on February 18, 2021. There being no appeal filed, the subject file is ready for return to the Zoning Review Office and is placed in the 'pick up box.'

/dlw

c: Case File
Office of Administrative Hearings

IN RE: PETITION FOR SPECIAL EXCEPTION (920 Essex Avenue) 15th Election District 7th Council District Boulevard Christian Church *Legal Owner* Churches for Streets of Hope, Inc. *Lessee* Petitioners	*	BEFORE THE OFFICE OF ADMINISTRATIVE HEARINGS FOR BALTIMORE COUNTY **Case No. 2020-0005-X**

* * * * * * * * * * *

OPINION AND ORDER

This matter comes before the Office of Administrative Hearings ("OAH") of a Petition for Special Exception filed on behalf of Boulevard Christian Church, legal owner, and Churches for Streets of Hope, Inc., lessee (collectively "Petitioners") for the property located at 920 Essex Avenue, Essex (the "Property") pursuant to Baltimore County Zoning Regulations ("BCZR") §502.1 to approve a Community Care Center.

Due to the COVID-19 pandemic, a public WebEx hearing was conducted virtually in lieu of an in-person hearing. The Petition was properly advertised and posted on December 18, 2020 by the posting of two (2) signs as directed by the Department of Permits, Approvals and Inspections ("PAI"), and re-photographed and certified under oath by sworn statement on January 3, 2021 by Linda O'Keefe, pursuant to BCZR, §500.7. Appearing in support of the Petition were Barbara Koch, Pastor Ken White, Patrick Dickerson, and Amelia Jackson, along with Matthew Sichel, PE of KCI Technologies who prepared a site plan which accompanied the Petition (the "Site Plan"). (Pet. Ex. 1). Michael J. Moran, Esquire represented the Petitioners. There were several Protestants/interested citizens in attendance who testified in opposition.

ZAC comments were received from the Department of Planning ("DOP"), the Bureau of Development Plans Review ("DPR"). Neither agency opposed the requested relief.

ORDER RECEIVED FOR FILING
Date 1/19/21
By DMugnon

FACTS AND EVIDENCE

The Property is 5.89 acres (169,620 sf) located between Essex Avenue and Catherine Avenue and zoned density-residential (DR 5.5). It is improved with an 'L' shaped, 2-story building constructed in 1962 and occupied by the Boulevard Christian Church (the "Church"). (Pet. Ex. 2). The Church fronts on Essex Avenue, with mature trees in the rear, and a parking lot on both sides of the building. On the eastern side of the Property is a 6 ft. alley and a series of brick row homes which face Leeanne Road. On the western side is Trinity Temple Church. (*Id.*). The Church also owns the adjoining property located at 913 Catherine Avenue.

Churches for Streets of Hope, Inc. ("Streets of Hope") was incorporated in January of 2011 and received 501(c)(3) status in 2012. Streets of Hope is governed by a Board of Directors with the members elected to serve for 1 year and employees running the day-to-day operations. (Pet. Ex. 4). The mission of Streets of Hope is to provide housing and food to homeless men in the southeast community of Baltimore County between November and April of each year. (Pet. Ex. 5). The proposal here is for Streets of Hope to operate a permanent shelter for homeless men in the Church as depicted on the Site Plan. (Pet. Ex. 1). Additionally, Streets of Hope seeks to assist homeless men with job opportunities, training and permanent shelter. A detailed description of Streets of Hope was provided. (Pet. Ex. 18).

The first witness to testify for the Petitioner was Barbara Koch, 8819 Walther Blvd., Apt 1313, Parkville. She is currently the Secretary of the Board of Directors of Streets of Hope and also served as Past-President. In 2009, responding to a letter sent by Back River United Methodist Church in regard to a homeless man who died during the winter, Ms. Koch explained that 12 churches in the area elected to act as a shelter on a rotating basis beginning in 2011. In 2010, in preparation for the rotating shelter, Baltimore County, through the Office of Planning, provided a

ORDER RECEIVED FOR FILING
Date 4/19/21
By DMugnon

By DMugnon

PETITION FOR ZONING HEARING(S)

To be filed with the Department of Permits, Approvals and Inspections

To the Office of Administrative Law of Baltimore County for the property located at:

Address 920 Essex Avenue, 21220 **which is presently zoned** DR 5.5

Deed References: 3528/628 10 Digit Tax Account # 1502572600

Property Owner(s) Printed Name(s) Boulevard Christian Church

(SELECT THE HEARING(S) BY MARKING X AT THE APPROPRIATE SELECTION AND PRINT OR TYPE THE PETITION REQUEST)

The undersigned legal owner(s) of the property situate in Baltimore County and which is described in the description and plan attached hereto and made a part hereof, hereby petition for:

1. ____ **a Special Hearing** under Section 500.7 of the Zoning Regulations of Baltimore County, to determine whether or not the Zoning Commissioner should approve

2. x **a Special Exception** under the Zoning Regulations of Baltimore County to use the herein described property for community care center.

~~for the purpose of allowing guests in the community care center~~

3. ____ **a Variance** from Section(s)

of the zoning regulations of Baltimore County, to the zoning law of Baltimore County, for the following reasons: **(Indicate below your hardship or practical difficulty or indicate below "TO BE PRESENTED AT HEARING". If you need additional space, you may add an attachment to this petition)**

Property is to be posted and advertised as prescribed by the zoning regulations.
I, or we, agree to pay expenses of above petition(s), advertising, posting, etc. and further agree to and are to be bounded by the zoning regulations and restrictions of Baltimore County adopted pursuant to the zoning law for Baltimore County.
Legal Owner(s) Affirmation: I / we do so solemnly declare and affirm, under the penalties of perjury, that I / We are the legal owner(s) of the property which is the subject of this / these Petition(s).

Contract Purchaser/Lessee:

Churches for Streets of Hope - Patrick Dickerson
Name- Type or Print

Signature

PO Box 34073 Essex MD
Mailing Address City State

21221, 443-764-4244, director@churchesforsoh.org
Zip Code Telephone # Email Address

Legal Owners (Petitioners):

BOULEVARD CHRISTIAN CHRISTIAN
Name #1 – Type or Print Name #2 – Type or Print

Ken White, Pastor,
Signature #1 Signature # 2

920 North Essex Avenue, Essex, MD 21221
Mailing Address City State

21221 (410) 687-8014, CONTACTUS@BOULEVARDCHRISTIAN.ORG
Zip Code Telephone # Email Address

Attorney for Petitioner:

Michael J. Moran, Esq.
Name- Type or Print

Signature

3407 Eastern Blvd., Middle River, MD
Mailing Address City State

21220, 410.687.8494,
Zip Code Telephone # Email Address

Representative to be contacted:

Michael J. Moran, Esq.
Name – Type or Print

Signature

3407 Eastern Blvd., Middle River, MD
Mailing Address City State

21220, 410.687.8494
Zip Code Telephone # Email Address

ORDER RECEIVED FOR FILING
Date 1/9/20
By

CASE NUMBER 2020-0005-X **Filing Date** 1/7/20 **Do Not Schedule Dates:** _____ **Reviewer** JE

lawoffices of pmkelmoran @ gmail.com

REV. 10/4/11

KCI TECHNOLOGIES

ISO 9001:2008 CERTIFIED

ENGINEERS • PLANNERS • SCIENTISTS • CONSTRUCTION MANAGERS

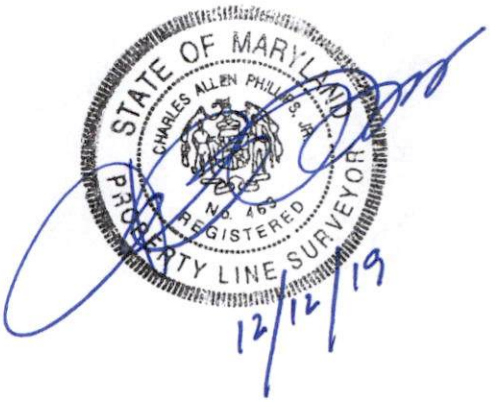
P.O. Box 791479 • Baltimore, MD 21279-1479 • Phone 800-572-7496

ZONING PROPERTY DESCRIPTION FOR 920 ESSEX AVENUE, BALTIMORE, MD 21221

Beginning at a point on the north side of Essex Avenue which is 45 feet wide at the distance of 151.7 feet west of the centerline of the nearest point of the improved intersecting street LeeAnne Road which is 60 feet wide.

Being part of Lot #3A and all of Lot #3B, Block H, Section #B, in the subdivision of the Property of The Taylor Land Co. as recorded in the Baltimore County PB #0009, Folio #0074, containing 3.89 acres more or less. Located in the 15th Election District and 7th Council District.

Proposed special exception use area 1,488 SF for community care center.



PETITION FOR ZONING HEARING(S)

To be filed with the Department of Permits, Approvals and Inspections

To the Office of Administrative Law of Baltimore County for the property located at:

Address 920 Essex Avenue, 21221 **which is presently zoned** DR 5.5

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Contract Purchaser/Lessee:

Churches for Streets of Hope - Patrick Dickerson
Name- Type or Print

Signature

PO Box 34073 Essex MD
Mailing Address City State

21234 443-764-4884 director@churchesforsoh.org
Zip Code Telephone # Email Address

Legal Owners (Petitioners):

BOULEVARD CHRISTIAN CHURCH
Name #1 – Type or Print Name #2 – Type or Print

Ken Lytle, Pastor
Signature #1 Signature # 2

920 NORTH ESSEX AVENUE, ESSEX, MD
Mailing Address City State

21221 (410) 687-8014 CONTACTUS@BOULEVARDCHRISTIAN.ORG
Zip Code Telephone # Email Address

Attorney for Petitioner:

Michael J. Moran, Esq.
Name- Type or Print

Signature

3407 Esatern Blvd., Ste. A, 21220
Mailing Address City State

, 410.687.8494
Zip Code Telephone # Email Address

Representative to be contacted:

Michael J. Moran, Esq.
Name – Type or Print

Signature

3407 Esastern Blvd., Middle River, MD
Mailing Address City State

21220 , 410.687.8494
Zip Code Telephone # Email Address

CASE NUMBER 2020-0005-X **Filing Date** 1/7/20 **Do Not Schedule Dates:** ____ **Reviewer** JR

REV. 10/4/11

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P.O. Box 791479 • Baltimore, MD 21279-1479 • Phone 800-572-7496

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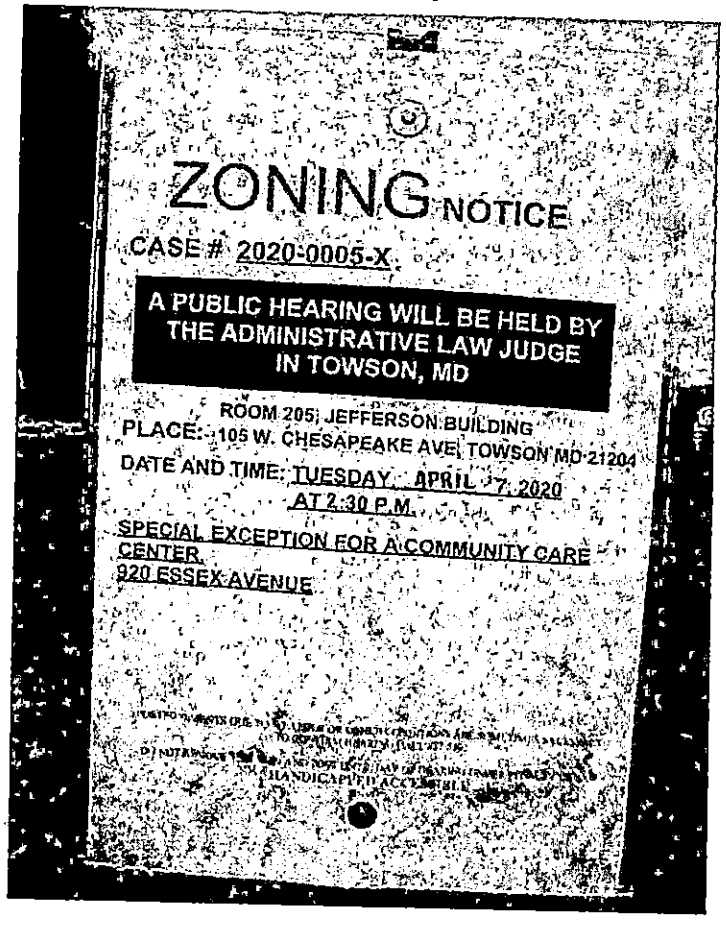


CERTIFICATE OF POSTING

ATTENTION: KRISTEN LEWIS
DATE: 3/16/2020
Case Number: 2020-0005-X
Petitioner / Developer: MICHAEL MORAN ~ CHURCHES FOR STREETS OF HOPE ~ BOULEVARD CHRISTIAN CHURCH
Date of Hearing: APRIL 7, 2020

This is to certify under the penalties of perjury that the necessary sign(s) required by law were posted conspicuously on the property located at:
920 ESSEX AVENUE

The sign(s) were posted on: MARCH 16, 2020



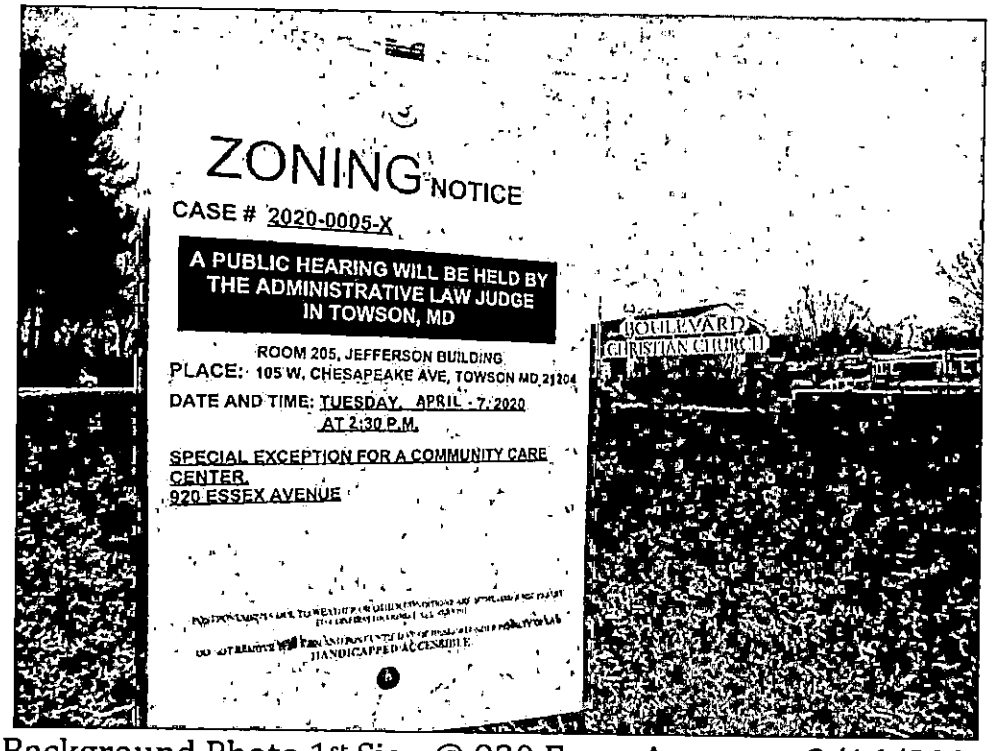
Linda O'Keefe
(Signature of Sign Poster)

Linda O'Keefe
(Printed Name of Sign Poster)

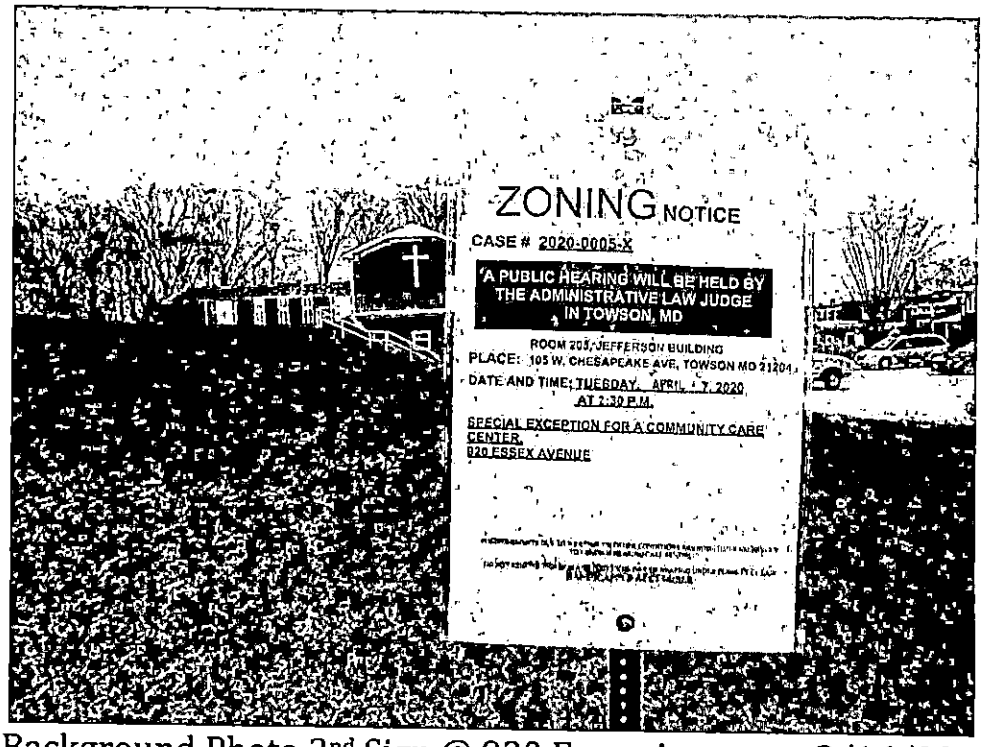
523 Penny Lane
(Street Address of Sign Poster)

Hunt Valley, MD 21030
(City, State, Zip of Sign Poster)

410-666-5366
(Telephone Number of Sign Poster)



Background Photo 1st Sign @ 920 Essex Avenue ~ 3/16/2020



Background Photo 2nd Sign @ 920 Essex Avenue ~ 3/16/2020

CASE # 2020-0005-X

JOHN A. OLSZEWSKI, JR.
County Executive

MICHAEL D. MALLINOFF, *Director*
Department of Permits, Approvals & Inspections

NEW NOTICE OF ZONING HEARING

The Administrative Law Judge of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing in Towson, Maryland on the property identified herein as follows:

CASE NUMBER: 2020-0005-X
920 Essex Avenue
North side of Essex Avenue at the distance of 151.7 west of centerline of Lee Anne Road
15th Election District – 7th Councilmanic District
Legal Owners: Boulevard Christian Church
Contract Purchaser/Lessee: Churches for Streets of Hope

Special Exception for a community care center.

Hearing: Tuesday, April 7, 2020 at 2:30 p.m. in Room 205, Jefferson Building,
105 West Chesapeake Avenue, Towson 21204

Michael Mallinoff
Director

MM:kl

C: Michael Moran, 3407 Eastern Blvd., Middle River 21220
Churches for Streets of Hope, P.O. Box 34073, Essex 21221
Boulevard Christian Church, 920 North Essex Avenue, Essex 21221

NOTES: (1) **THE PETITIONER MUST HAVE THE ZONING NOTICE SIGN POSTED BY AN APPROVED POSTER ON THE PROPERTY BY WEDNESDAY, MARCH 18, 2020**
(2) HEARINGS ARE HANDICAPPED ACCESSIBLE; FOR SPECIAL ACCOMMODATIONS PLEASE CALL THE ADMINISTRATIVE HEARINGS OFFICE AT 410-887-3868.
(3) FOR INFORMATION CONCERNING THE FILE AND/OR HEARING, CONTACT THE ZONING REVIEW OFFICE AT 410-887-3391.

TO: THE DAILY RECORD
Friday, March 20, 2020 – Issue

Please forward billing to:
Patrick Dickerson 443-764-4249
Churches for Streets of Hope
P.O. 34073
Essex, MD 21221

NOTICE OF ZONING HEARING

The Administrative Law Judge of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing in Towson, Maryland on the property identified herein as follows:

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Michael Mallinoff
Director of Permits, Approvals and Inspections for Baltimore County

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JOHN A. OLSZEWSKI, JR.
County Executive

MICHAEL D. MALLINOFF, *Director*
Department of Permits, Approvals & Inspections

December 15, 2020

NEW NOTICE OF ZONING HEARING

The Administrative Law Judge of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a virtual hearing on the property identified herein as follows:

CASE NUMBER: 2020-0005-X
920 Essex Avenue
North side of Essex Avenue at the distance of 151.7 west of centerline of Lee Anne Road
15th Election District – 7th Councilmanic District
Legal Owners: Boulevard Christian Church
Contract Purchaser/Lessee: Churches for Streets of Hope

Special Exception for a community care center.

Hearing: Thursday, January 7, 2021 at 1:30 p.m.

For information on how to participate in the hearings please go to www.baltimorecountymd/gov/adminhearings no later than 48 hours prior to the hearing. You will be asked to provide your contact information and the case number provided above. You may also call 410-887-3868, ext. 0.

Michael Mallinoff
Director

MM:kl

C: Michael Moran, 3407 Eastern Blvd., Middle River 21220
Churches for Streets of Hope, P.O. Box 34073, Essex 21221
Boulevard Christian Church, 920 North Essex Avenue, Essex 21221

NOTES: (1) **THE PETITIONER MUST HAVE THE ZONING NOTICE SIGN POSTED BY AN APPROVED POSTER ON THE PROPERTY BY FRIDAY, DECEMBER 18, 2020**

The Daily Record

200 St. Paul Place Suite 2480
Baltimore, Maryland 21202
1 (443) 524-8100
www.thedailyrecord.com

PUBLISHER'S AFFIDAVIT

We hereby certify that the annexed advertisement was published in **The Daily Record**, a daily newspaper published in the State of Maryland 1 times on the following dates:

12/18/2020

Darlene Miller

Darlene Miller, Public Notice Coordinator
(Representative Signature)

Order #: 11944478
Case #: 2020-0005-X
Description:

NOTICE OF ZONING HEARING - CASE NUMBER: 2020-0005-X

RECEIVED
JAN 04 2021
OFFICE OF
ADMINISTRATIVE HEARINGS

Baltimore County

NOTICE OF ZONING HEARING

The Administrative Law Judge of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a virtual hearing on the property identified herein as follows:

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Michael Mallinoff
Director of Permits, Approvals and Inspections for Baltimore County

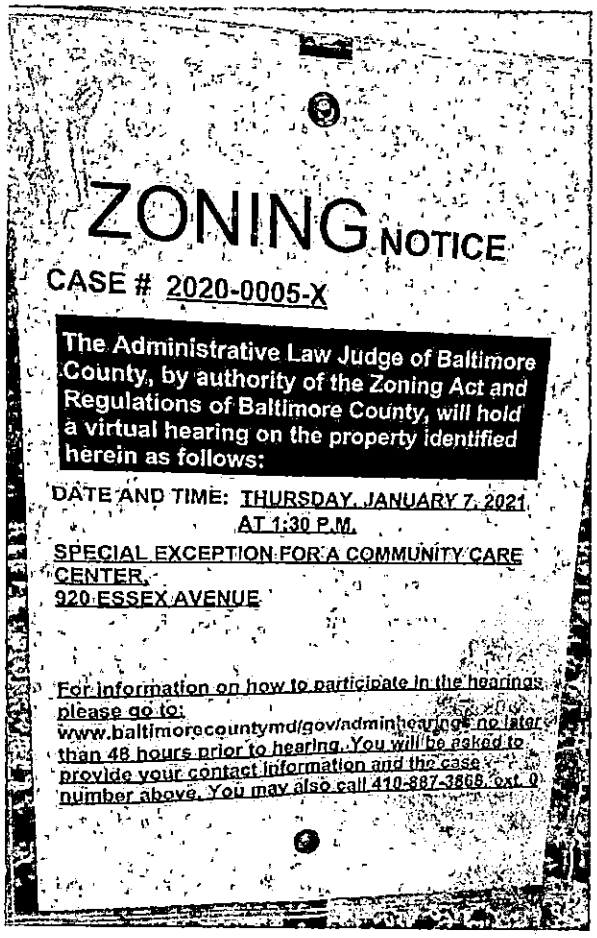
d18

CERTIFICATE OF POSTING

ATTENTION: KRISTEN LEWIS
DATE: 12/18/2020
Case Number: 2020-0005-X
Petitioner / Developer: MICHAEL MORAN ~ CHURCHES FOR STREETS OF HOPE ~ BOULEVARD CHRISTIAN CHURCH
Date of Hearing: JANUARY 7, 2021

This is to certify under the penalties of perjury that the necessary sign(s) required by law were posted conspicuously on the property located at:
920 ESSEX AVENUE

The sign(s) were posted on: DECEMBER 18, 2020



Linda O'Keefe
(Signature of Sign Poster)

Linda O'Keefe
(Printed Name of Sign Poster)

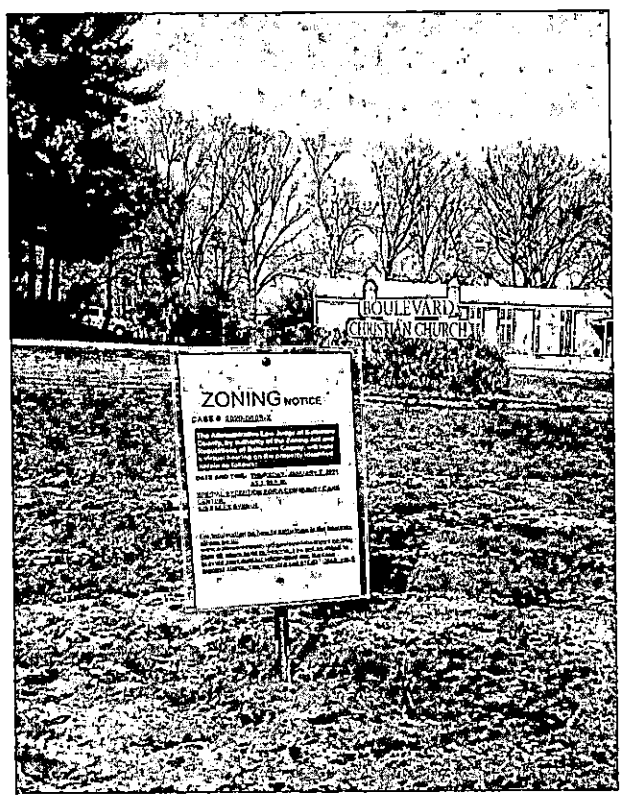
523 Penny Lane
(Street Address of Sign Poster)

Hunt Valley, MD 21030
(City, State, Zip of Sign Poster)

410-666-5366
(Telephone Number of Sign Poster)



Background Photo 1st Sign @ 920 Essex Avenue ~ 12/18/2020



Background Photo 2nd Sign @ 920 Essex Avenue ~ 12/18/2020

CASE # 2020-0005-X

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Friday, December 18, 2020 – Issue

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Michael Mallinoff
Director of Permits, Approvals and Inspections for Baltimore County

The Daily Record

200 St. Paul Place Suite 2480
Baltimore, Maryland 21202
1 (443) 524-8100
www.thedailyrecord.com

PUBLISHER'S AFFIDAVIT

We hereby certify that the annexed advertisement was published in The Daily Record, a daily newspaper published in the State of Maryland 1 times on the following dates:

3/20/2020

Darlene Miller, Public Notice Coordinator
(Representative Signature)

Order #: 11873371
Case #:
Description:

Baltimore County. NOTICE OF ZONING HEARING The Administrative Law Judge of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing in Towson, Maryland on the property identified herein as follows:

Baltimore County

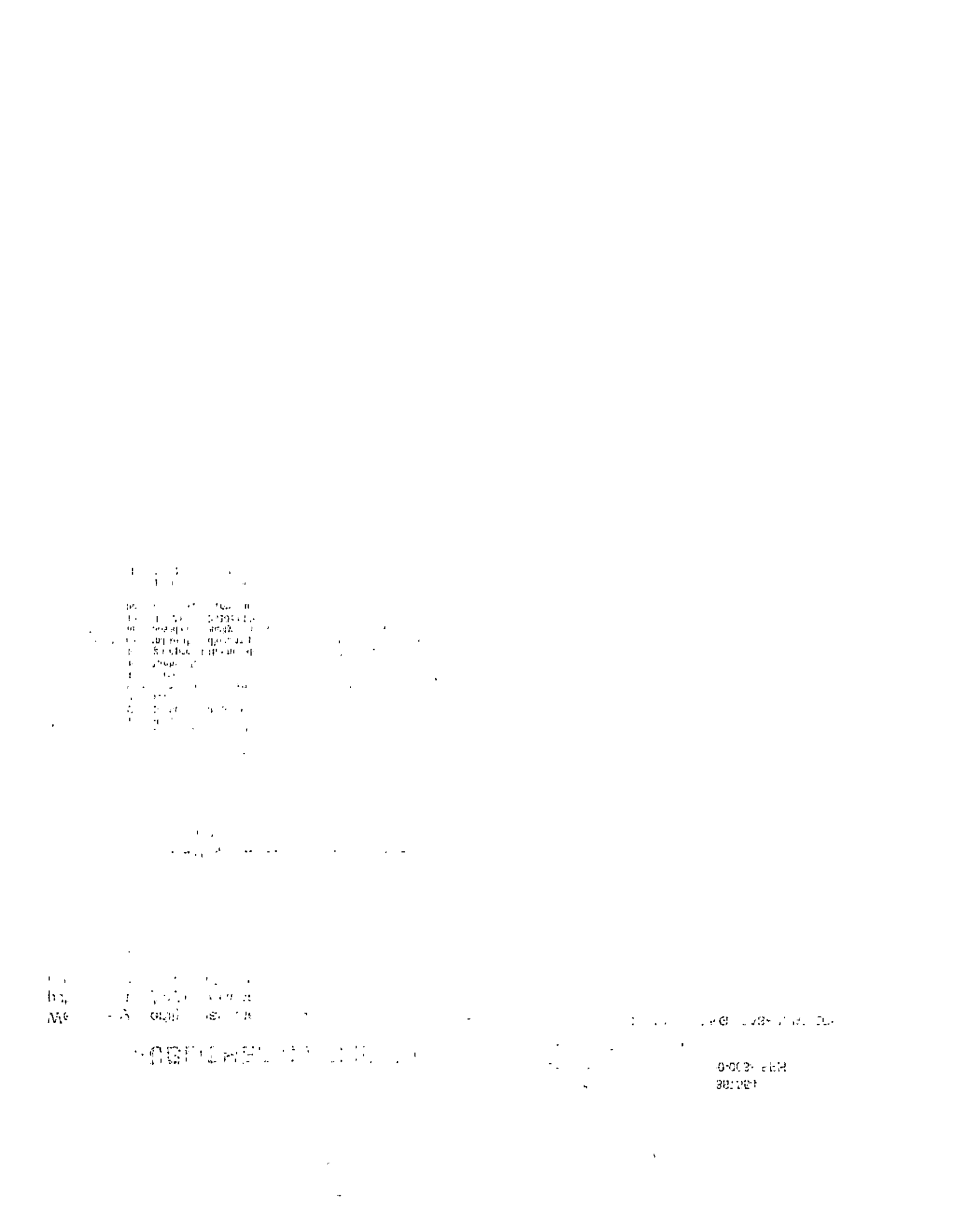
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Legal Owners: Boulevard Christian Church
Contract Purchaser/Lessee: Churches for Streets of Hope
Special Exception for a community care center.
Hearing: Tuesday, April 7, 2020 at 2:30 p.m. in Room 205, Jefferson Building, 105 West Chesapeake Avenue, Towson 21204

Michael Mallinoff
Director of Permits, Approvals and Inspections for Baltimore County

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(2) FOR INFORMATION CONCERNING THE FILE AND/OR HEARING, CONTACT THE ZONING REVIEW OFFICE AT 410-887-3391.
mh20



JOHN A. OLSZEWSKI, JR.
County Executive

MICHAEL D. MALLINOFF, *Director*
Department of Permits, Approvals & Inspections

March 09, 2020

Michael J. Moran,
3407 Eastern Blvd
Middle River MD 21220

RE: Case Number: 2020-0005-X, 920 Essex Avenue

To Whom It May Concern:

The above referenced petition was accepted for processing **ONLY** by the Bureau of Zoning Review, Department of Permits, Approvals, and Inspection (PAI) on January 7, 2020. This letter is not an approval, but only a **NOTIFICATION.**

The Zoning Advisory Committee (ZAC), which consists of representatives from several approval agencies, has reviewed the plans that were submitted with your petition. All comments submitted thus far from the members of the ZAC are attached. These comments are not intended to indicate the appropriateness of the zoning action requested, but to ensure that all parties (zoning commissioner, attorney, petitioner, etc.) are made aware of plans or problems with regard to the proposed improvements that may have a bearing on this case. All comments will be placed in the permanent case file.

If you need further information or have any questions, please do not hesitate to contact the commenting agency.

Very truly yours,

W. Carl Richards, Jr.
Supervisor, Zoning Review

WCR/kl

Enclosures

c: People's Counsel
Boulevard Christian Christian 920 North Essex Avenue Essex MD 21221
Church for Streets of Hope PO Box 34073 Essex MD 21221

Date: 1/15/20

Ms. Kristen Lewis
Baltimore County Office of
Permits and Development Management
County Office Building, Room 109
111 West Chesapeake Avenue
Towson, Maryland 21204

Dear Ms. Lewis:

Thank you for the opportunity to review your referral request on the subject of the Case number referenced below. We have determined that the subject property does not access a State roadway and is not affected by any State Highway Administration projects. Therefore, based upon available information this office has no objection to Baltimore County Zoning Advisory Committee approval of Case No. 2020-0005-X
Special Exception
Boulevard Christian Church
920 Essex Avenue.

Should you have any questions regarding this matter, please contact Mr. Richard Zeller at 410-229-2332 or 1-866-998-0367 (in Maryland only) extension 2332, or by email at (rzeller@mdot.maryland.gov).

Sincerely,

Wendy Wolcott, P.L.A.
Metropolitan District Engineer
Maryland Department of Transportation
State Highway Administration
District 4 - Baltimore and Harford Counties

WW/RAZ

BALTIMORE COUNTY, MARYLAND
INTER-OFFICE MEMORANDUM

TO: Michael D. Mallinoff
Director, Department of Permits, Approvals and Inspections

DATE: 2/7/2020

FROM: C. Pete Gutwald
Director, Department of Planning

SUBJECT: **ZONING ADVISORY COMMITTEE COMMENTS**
Case Number: 20-005

INFORMATION:
Property Address: 920 Essex Avenue
Petitioner: Boulevard Christian Church
Zoning: DR 5.5
Requested Action: Special Exception

The Department of Planning has reviewed the petition for a special exception to permit a community care center within a portion of the existing church building. The area dedicated to the community care center will be 1,488 sq. ft. The existing church use will remain.

The site is located along Essex Avenue in a residential area behind Middlesex Shopping Center.

The proposed use of a community care center is permitted in the DR 5.5 Zone. The site already has enough parking to satisfy the parking requirements for the two uses of the building.

The Department of Planning has no objection to the special exception request.

For further information concerning the matters stated herein, please contact Joseph Fraker at 410-887-3480.

Division Chief:
Jenifer G. Nugent

CPG/JGN/kma/

c: Joseph Fraker
Michael J. Moran, Esquire
Office of the Administrative Hearings
People's Counsel for Baltimore County

BALTIMORE COUNTY, MARYLAND

INTEROFFICE CORRESPONDENCE

TO: Michael Millanoff, Director
Department of Permits, Approvals

DATE: 02/10/2020

FROM: Vishnu Desai, Supervisor
Bureau of Development Plans Review

SUBJECT: Zoning Advisory Committee Meeting
For January 20, 2020
Item No. 2020-0003-SPH, 0004-A, 0005-X & 0006-A

The Bureau of Development Plans Review has reviewed the subject zoning items and we have no comments.

* * * * *

VKD: cen
cc: file

BALTIMORE COUNTY, MARYLAND
INTER-OFFICE MEMORANDUM

TO: Michael D. Mallinoff
Director, Department of Permits, Approvals and Inspections

DATE: 2/7/2020

FROM: C. Pete Gutwald
Director, Department of Planning

SUBJECT: **ZONING ADVISORY COMMITTEE COMMENTS**
Case Number: 20-005

INFORMATION:
Property Address: 920 Essex Avenue
Petitioner: Boulevard Christian Church
Zoning: DR 5.5
Requested Action: Special Exception

The Department of Planning has reviewed the petition for a special exception to permit a community care center within a portion of the existing church building. The area dedicated to the community care center will be 1,488 sq. ft. The existing church use will remain.

The site is located along Essex Avenue in a residential area behind Middlesex Shopping Center.

The proposed use of a community care center is permitted in the DR 5.5 Zone. The site already has enough parking to satisfy the parking requirements for the two uses of the building.

The Department of Planning has no objection to the special exception request.

For further information concerning the matters stated herein, please contact Joseph Fraker at 410-887-3480.

Division Chief:
Jenifer G. Nugent

CPG/JGN/kma/

c: Joseph Fraker
Michael J. Moran, Esquire
Office of the Administrative Hearings
People's Counsel for Baltimore County

s:\planning\dev rev\zac\zacs 2020\20-005\20-005.docx

BALTIMORE COUNTY, MARYLAND
INTER-OFFICE MEMORANDUM

TO: Michael D. Mallinoff
Director, Department of Permits, Approvals and Inspections

DATE: 2/7/2020

FROM: C. Pete Gutwald
Director, Department of Planning

RECEIVED
FEB 10 2020
OFFICE OF
ADMINISTRATIVE HEARINGS

SUBJECT: **ZONING ADVISORY COMMITTEE COMMENTS**
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Division Chief:

Jenifer G. Nugent

CPG/JGN/kma/

c: Joseph Fraker
Michael J. Moran, Esquire
Office of the Administrative Hearings
People's Counsel for Baltimore County

BALTIMORE COUNTY, MARYLAND

Inter-Office Correspondence

RECEIVED
JAN 14 2020
OFFICE OF
ADMINISTRATIVE HEARINGS

TO: Hon. Paul M. Mayhew; Managing Administrative Law Judge
Office of Administrative Hearings

FROM: Jeff Livingston, Department of Environmental Protection and Sustainability (EPS) - Development Coordination

DATE: January 14, 2020

SUBJECT: DEPS Comment for Zoning Item # 2020-0005-X
Address 920 Essex Avenue
(Boulevard Christian Church Property)

Zoning Advisory Committee Meeting of **January 20, 2020**.

X The Department of Environmental Protection and Sustainability has no comment on the above-referenced zoning item.

Reviewer: Steve Ford

INDEX TO PETITIONER'S EXHIBITS

DM 1/21/21

No.	Description
1.	Plan
2.	Aerial photograph of site
3.	Memorandum of Understanding among Churches
4.	Organizational Chart
5.	Mission Statement
6.	Annual Report
7.	Emergency Protocols
8.	Emergency Prevention Procedures
9.	`Staff Policies and Procedures
10.	Drug Free Workplace Policy
11.	Resource Guide for Advocates, etc.
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20.	Volunteer Solicitation
21.	Application for License Exemption

22. Exemption Letter

23. Summary of Intake Sheets

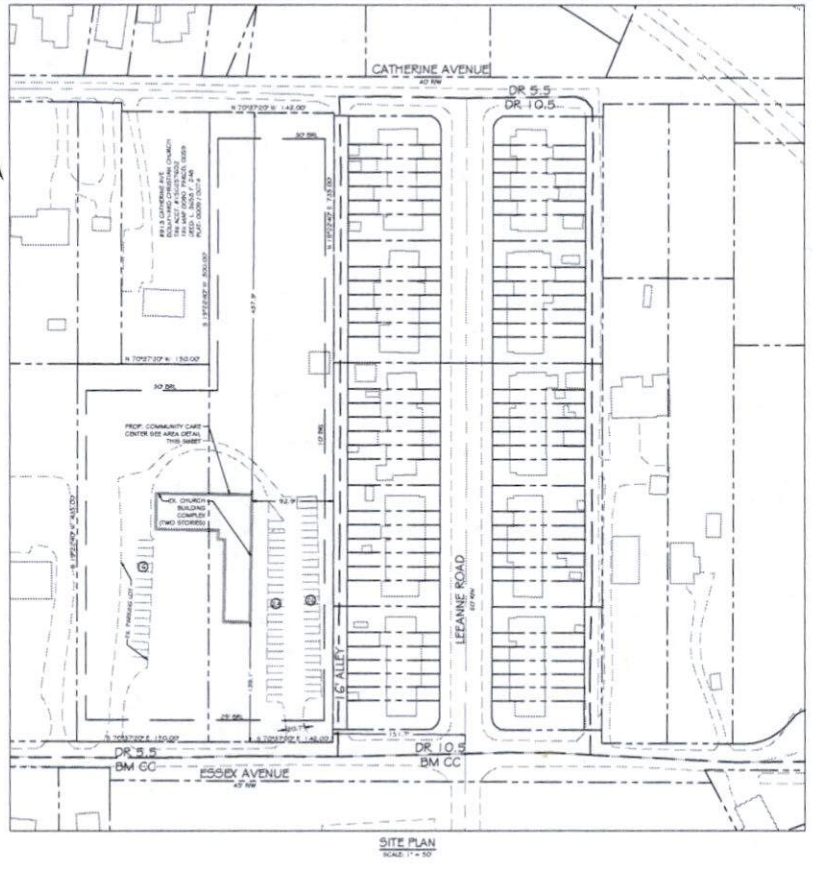
24. Intake Sheets (I)

25. Photographs (Client.1 through Client 5)

26. Photographs (Outreach.1 through Outreach.9)

27. Photographs (Volunteers.1 through Volunteers.10)

28. Summary of Intake Sheets (II)



SITE PLAN
SCALE: 1" = 50'

SITE DATA

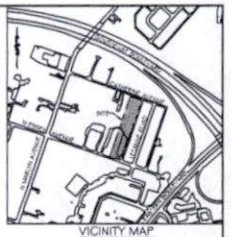
1. SITE ADDRESS: 913 & 920 ESSEX AVE.
2. OWNER: BOULEVARD CHRISTIAN CHURCH
3. TAX ACCT NO.: 1502572600, 1502572602
4. DEED REF.: L. 3528 F. 628 & L. 3628 F. 248
5. PLAT REF.: 0009 / 0074, LOTS 5A & 5B
6. SITE AREA: 169,620 SF / 5.89 AC ±
7. ZONING: DR 5.5
8. EXISTING USE: CHURCH
   PROPOSED USES: COMMUNITY CARE CENTER AND CHURCH
9. SETBACKS:

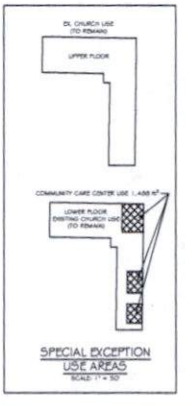
	FRONT	SIDE	REAR
REQUIRED	25'	10'	30'
PROVIDED	139.1'	92.9'	437.9'

10. PARKING TABULATION:
    REQUIRED: COMMUNITY CARE CENTER USE:
    1 SPACE PER 2 BEDS
    @ PROP. BEDS = 6 SPACES REQ.
    CHURCH USE:
    1 SPACE PER 4 SEATS
    @ 20 PROP. SEATS = 30 SPACES REQ.
    PROVIDED: 66 SPACES INCL. 2 HANDICAP
11. ZONING HISTORY:
    CASE #: 1956-371-A: GRANTED 2/24/1956
    PETITION FOR RECLASSIFICATION FROM R-E (RESIDENCE) TO R.G. (GROUP HOUSE) ZONE AND VARIANCES TO ZONING REGULATIONS:
    STREET CORNER LOT - PERMIT WIDTH OF 58.5' INSTEAD OF 63', LOT DEPTH OF 107' INSTEAD OF 115', SIDE YARD WIDTH OF 20' INSTEAD OF 25', AND LOT AREA OF 3834 SF INSTEAD OF 4845 SF.
    INTERIOR LOT - PERMIT LOT DEPTH OF 100' INSTEAD OF 115' AND LOT AREA OF 1944 SF INSTEAD OF 2070 SF.
    INTERIOR LOT END - PERMIT LOT DEPTH OF 100' INSTEAD OF 115' AND LOT AREA OF 3619 SF INSTEAD OF 3795 SF.
12. THIS PROPERTY IS NOT IN THE CBCA, IS NOT IN THE 100-YR. FLOOD PLAIN AND NOT ON THE HISTORIC REGISTER.

LEGEND

- PROPERTY LINE
- BUILDING RESTRICTION LINE
- DR 5.5 / BM CC — ZONING DIVIDE
- EXIST. EDGE OF PAVING
- EXIST. BUILDING
- PROP. COMMUNITY CARE CENTER





SPECIAL EXCEPTION USE AREAS
SCALE: 1" = 50'

50' 0 50' 100'
SCALE: 1" = 50'

PROFESSIONAL CERTIFICATION. I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 17253, EXP. DATE: 7/1/2021

KCI TECHNOLOGIES
Engineers
Planners
Surveyors
Construction Managers
936 Ridgebrook Road
Sparks, Maryland 21152
Telephone: (410) 316-7800
Fax: (410) 316-7844

NO.	DATE	REVISIONS DESCRIPTION	BY

DATE: 7/1/2021
SCALE: 1" = 50'
DESIGNED BY: VRP
DRAWN BY: VRP
CHECKED BY:

PLAN TO ACCOMPANY PETITION FOR
ZONING HEARING
913 & 920 ESSEX AVENUE
ESSEX, MD 21221

5TH ELECTION DISTRICT — 7TH COUNCILMANIC DISTRICT

DRAWING NO. C-01
DATE: 1" = 50'
SHT. OF
JOB NUMBER: 27190620

Google Maps **920 Essex Ave**

Churches for Streets of Hope



Imagery ©2019 Google, Imagery ©2019 Maxar Technologies, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2019 100 ft

2

Debra Wiley

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 2:38 PM
To: Administrative Hearings
Subject: 2020-0005X
Attachments: CLIENT.1.jpg; CLIENT.2.jpg; CLIENT.3.jpg; CLIENT.4.jpg; CLIENT.5.jpg

O 1-5

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See attached

--

Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

3407 Eastern Boulevard, Baltimore, MD 21220

The Law Offices of
MIKE MORAN
BALTIMORE, MD

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2-10


pepsi



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STREETS of HOPE
UTZ
VENDING




DON
BILITY
410-685-3737
Advocates for
SOCIAL SECURITY DISABILITY
400 E. Pratt St, Suite 510, Baltimore, MD 21202

Debra Wiley

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 2:41 PM
To: Administrative Hearings
Subject: 2020-0005X
Attachments: OUTREACH.1.jpg; OUTREACH.2.jpg; OUTREACH.3.jpg; OUTREACH.4.jpg; OUTREACH.5.jpg

1-5

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_OUTREACH.7.jpg

_OUTREACH.9.jpg

Exhibits attached

--

Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

3407 Eastern Boulevard, Baltimore, MD 21220

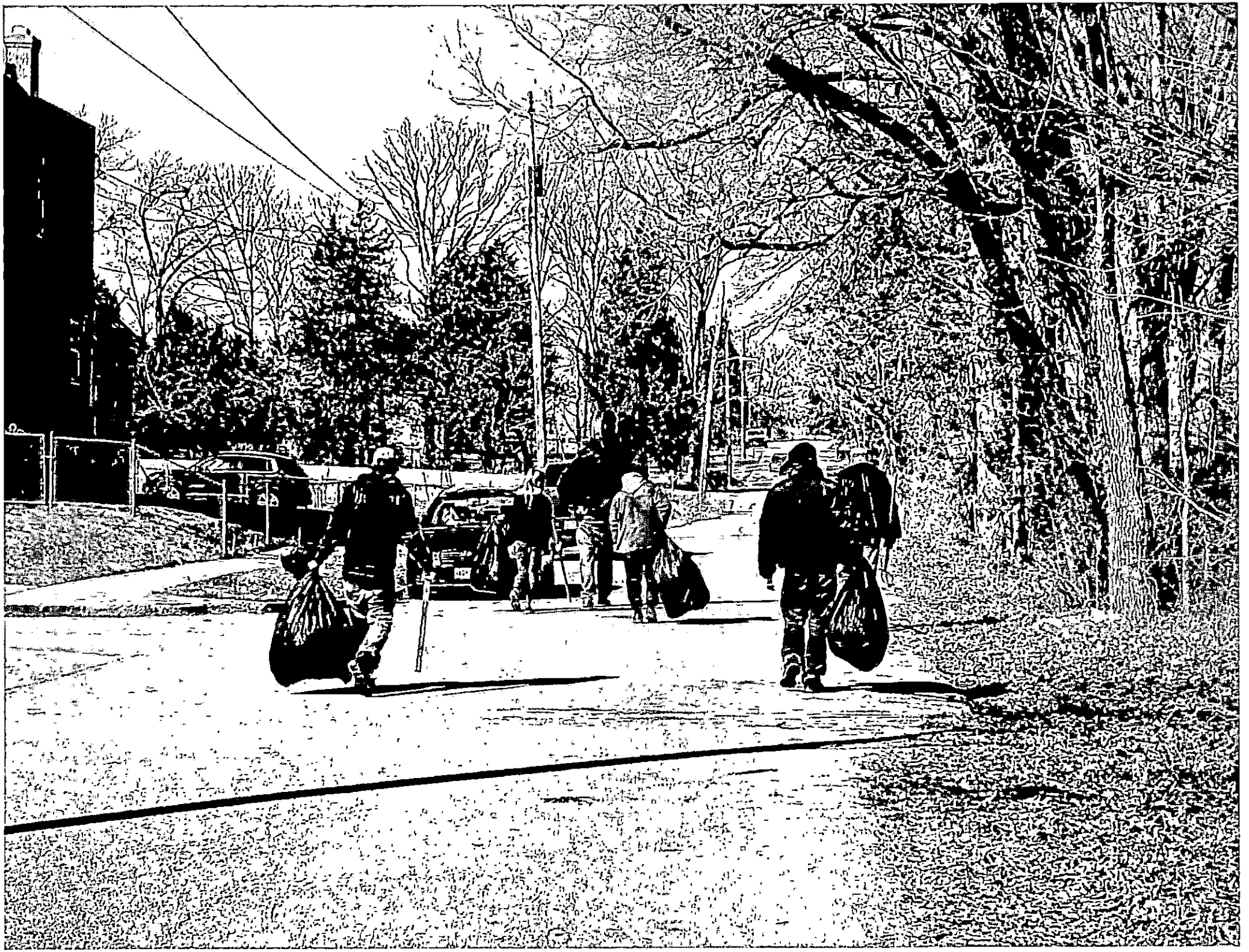
The Law Offices of MIKE MORAN BALTIMORE, MD

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Debra Wiley

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 3:24 PM
To: Debra Wiley
Subject: PDF Exhibits
Attachments: OUTREACH 7 AND 8.pdf

CAUTION: This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

No. 7 and 9 Renumbered as 7 and 8 ("Outreach")

--

Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

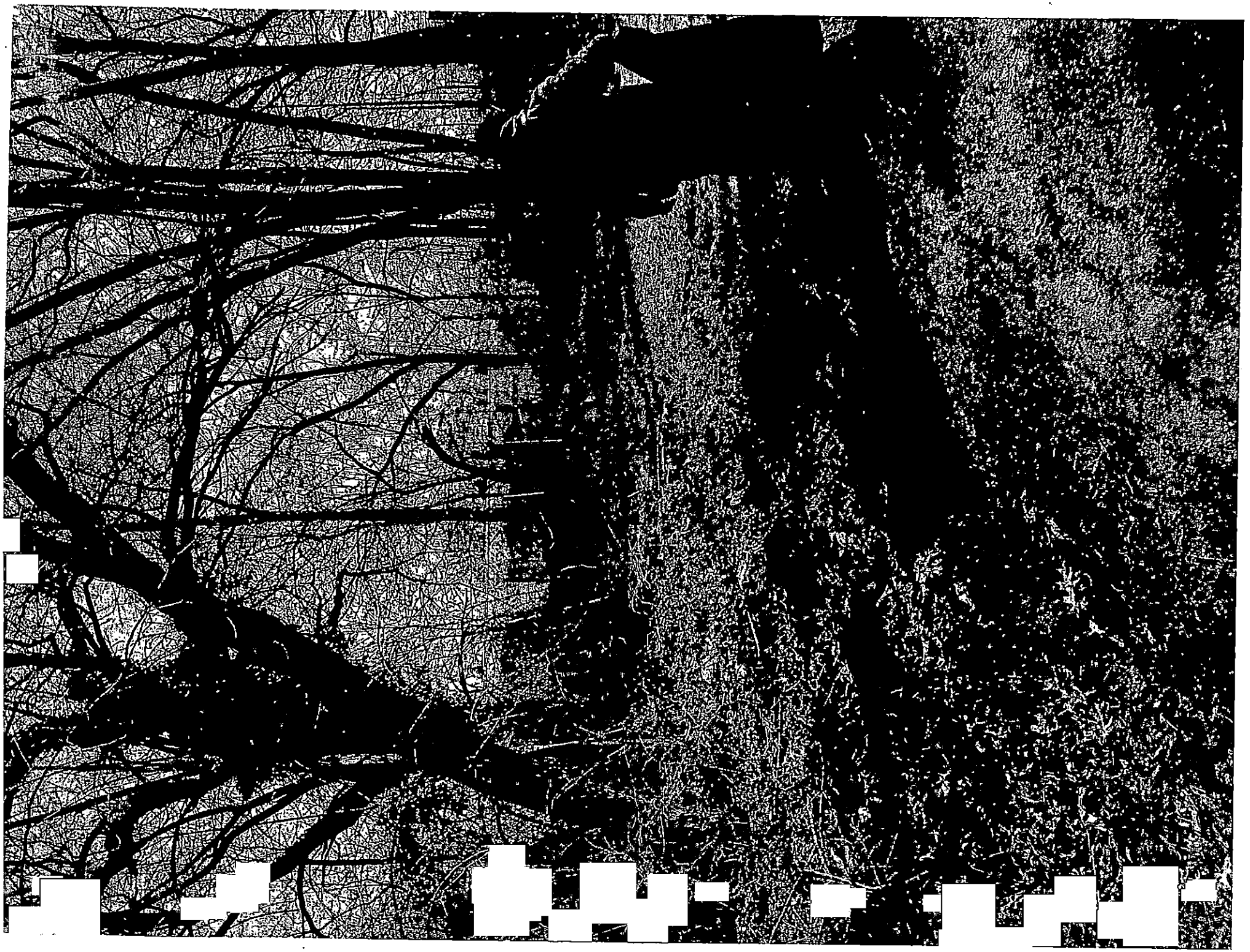
3407 Eastern Boulevard, Baltimore, MD 21220



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EXHIBIT NO. OUTREACH 7, 8





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2/21/21

2-22-21

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28. Summary of Intake Sheets (II)

Debra Wiley

1-5

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 2:42 PM
To: Administrative Hearings
Subject: 220-0005 X
Attachments: VOLUNTEERS.1.jpg; VOLUNTEERS.2.jpg; VOLUNTEERS.3.jpg; VOLUNTEERS.4.jpg; VOLUNTEERS.5.jpg

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Attached exhibits

--

Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

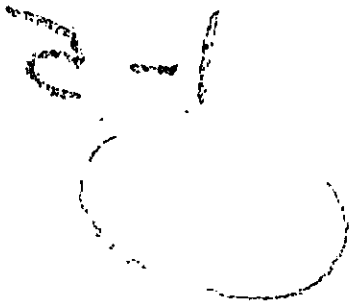
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LawOfficesOfMikeMoran@gmail.com

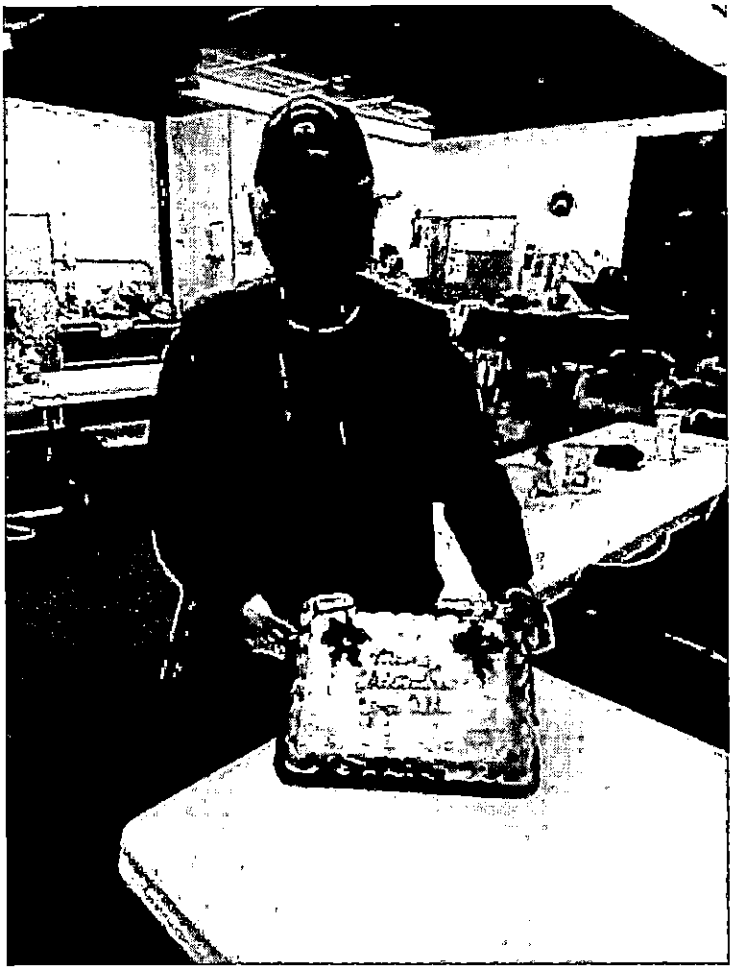
3407 Eastern Boulevard, Baltimore, MD 21220



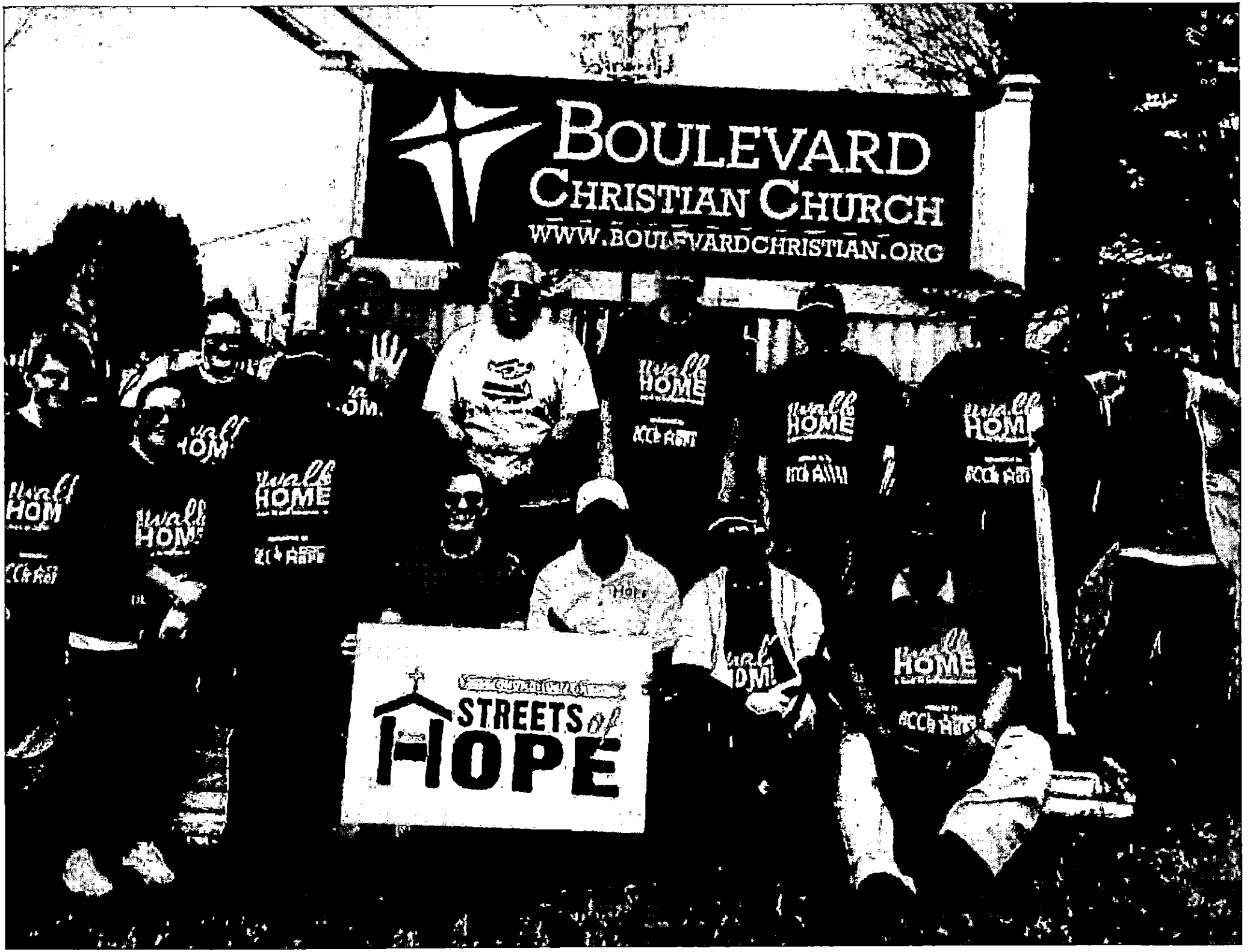
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DISABILITY
SOCIAL SEC
400 E. Pratt St, Suite


BOULEVARD
CHRISTIAN CHURCH
WWW.BOULEVARDCHRISTIAN.ORG
STREETS of
HOPE


372
372

Debra Wiley 6-10

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 2:44 PM
To: Administrative Hearings
Subject: 2020-0005-X
Attachments: VOLUNTEERS.6.jpg; VOLUNTEERS.7.jpg; VOLUNTEERS.8.jpg; VOLUNTEERS.9.jpg; VOLUNTEERS.10.jpg

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Exhibits attached

--

Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

O: 410-687-8494 | F: 410-391-4046

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3407 Eastern Boulevard, Baltimore, MD 21220

The Law Offices of
MIKE MORAN
BALTIMORE, MD

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STOP


STOP


STREETS of HOPE
ITALIAN


STREETS HOPE
WE DELIVER!
WE DELIVER!
WE DELIVER!


HOPE
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EXHIBIT NO. 3

MEMORANDUM OF UNDERSTANDING
Between Churches for Streets of Hope, Inc. and
The Community Assistance Network regarding shelter beds at the
Eastern Family Resource Center
October 17, 2019

Churches for Streets of Hope (hereon Streets of Hope), along with the Community Assistance Network (hereon CAN) enter into this Memorandum of Understanding (MOU) effective as of the date signed by all parties.

PURPOSE

Both parties agree that Streets of Hope will manage fifteen (15) emergency shelter beds for men 18 and over on the second floor of the Eastern Family Resource Center (EFRC). These 15 beds, normally only available for Code Blue use, will be available nightly as "Cold Weather" beds for clients managed by Streets of Hope staff. This MOU establishes the details of this agreement.

TERM

Streets of Hope will manage these 15 beds beginning November 3, 2019 until no later than April 15, 2020.

SHELTER SPACE

CAN will allow 15 beds in the men's shelter on the second floor of the Eastern Family Resource Center to be used by Streets of Hope clients. These clients will be allowed to sleep in these beds during the times outlined in this MOU. Clients and staff will also be permitted to use the adjacent restrooms, storage cubbies, and dining area.

All Streets of Hope staff must enter through the back door on the first floor and be directed to the second floor shelter by CAN staff.

BUILDING USE

TIME: Streets of Hope staff will arrive with up to fifteen (15) homeless clients between 8:00pm and 8:30pm each evening. Clients will abide by CAN rules pertaining to smoke breaks, eating, and lights out and wake up times. On a regular night, Streets of Hope clients will leave the building by 7:00am, and staff will leave shortly thereafter.

Streets of Hope Shift Managers work in two (2) shifts: an evening and a morning. At 12:00am, the morning Shift Manager will arrive to relieve the evening Shift Manager. That Shift Manager will be responsible for signing out clients and making sure they leave the building by the set time.

On Code Blue nights, Streets of Hope staff and clients will remain in the building until Code Blue hours are no longer in effect, until 9:00am. For further inclement weather hour policies, see under Policies and Procedures in this MOU.

CLIENTS AND REFERRALS: Streets of Hope serves homeless men over the age of eighteen (18). Streets of Hope does not shelter sex offenders. Clients must call the Baltimore County Department of Social Services (DSS) for a referral in order to be accepted into shelter. DSS confirms they are homeless and runs a preliminary background check to make sure they meet our eligibility requirements. If confirmed, DSS sends the referral to staff if a bed is available.

SLEEPING ARRANGEMENTS: Streets of Hope clients sleep in bunks provided by CAN. Streets of Hope can provide bedding as needed, and can collect bedding to wash weekly. Streets of Hope can also provide additional extra large portable cots as needed.

DINING: Streets of Hope will provide dinner nightly at another location. Clients will partake in breakfast in the CAN dining area at 6:00am. In addition to food provided by CAN, Streets of Hope staff will provide breakfast items to include for Streets of Hope AND CAN clients such as bagels, cereal, oatmeal, etc. each morning as available.

CLIENT RIGHTS AND RESPONSIBILITIES: Streets of Hope clients must abide by their signed Rights and Responsibilities form. Clients and staff will abide by CAN regulations in any instances where Streets of Hope's policies are not sufficient to meet consequences or documentation per CAN policies.

Streets of Hope will provide documentation of Client Rights and Responsibilities to CAN staff.

Streets of Hope will provide name badges for all clients sleeping in the EFRC.

STAFF POLICIES AND PROCEDURES: Streets of Hope staff must abide by written Policies and Procedures in addition to the terms of this MOU. Streets of Hope will provide documentation of Policies and Procedures to CAN staff.

All Streets of Hope staff must wear easily identifiable Streets of Hope name badges and Streets of Hope green T-shirts while in the EFRC.

INTAKE AND EXIT PROCEDURES: Streets of Hope staff will perform intake each night per policies and procedures at the meals location. All clients must be processed through intake before entering shelter. All clients must complete the sign-in sheet before entering. Each client is checked for any weapons, alcohol, drugs not prescribed, and intoxication. Streets of Hope uses a metal detector wand and a breathalyzer as part of the procedure. Men who do not pass through intake and refuse to give up any of these items are not permitted in the shelter that evening. Those with a blood alcohol level over .08 cannot enter the shelter that evening. Clients must arrive at 6:00pm at the meals location to be transported to EFRC later that evening.

When arriving at EFRC, clients must also undergo CAN intake by CAN security before entering the second floor shelter. Streets of Hope staff will provide the night's sign-in sheet as needed.

Clients entering at any time other than 6:00pm at the meals location must notify the Shelter Manager beforehand, so Shift Managers can note on their sign-in sheet when and where they will be arriving. If any individual clients notify the Shelter Manager that they are arriving after 8:30pm at the EFRC, Streets of Hope staff must notify CAN staff of their arrival time and oversee CAN check-in. Any clients who do not notify the Shelter Manager of lateness will not be permitted to enter the EFRC at any time that evening unless otherwise determined between Streets of Hope and CAN staff on a case-by-case basis.

PERSONAL BELONGINGS

Streets of Hope clients will be notified at intake that no personal belongings are guaranteed safe in storage provided by CAN. Overnight storage will be provided at the meals location, and Streets of Hope will provide toiletries and a drawstring bag to transport essential items (change of clothes, phone/charger, shampoo, etc.) to and from the EFRC. Clients will be allowed to store items in cubbies provided by CAN. Clients will be responsible for their personal belongings per Streets of Hope's Rights and Responsibilities.

MEDICATION

Streets of Hope staff will collect Medication at intake at the meals location each night. Medication is collected in a tote and documented in a medication log. Staff will transport the tote with clients at the designated time, and will store the medication tote in CAN's locked medication room on the second floor. Clients must take any medication they provide with them each morning.

SHOWERS

Streets of Hope clients will be permitted to use CAN showers at times designated by CAN.

LAUNDRY

Streets of Hope clients will be permitted to use the CAN second floor laundry facility at times designated by CAN. Streets of Hope understands that its clients may be unable to use these facilities on nights where Code Blue shelter is open.

CHORES: All clients are assigned chores at the beginning of the week. Streets of Hope staff will work with CAN staff to assign and manage chores between Streets of Hope and CAN clients.

VOLUNTEERS: Streets of Hope involves volunteers as meal servers, client advocates, shelter assistants, laundry assistants, educators, and more. These volunteers will serve and host events at the meals location. Should any volunteers request to visit the EFRC, they must complete and submit CAN volunteer forms. CAN will provide copies of these forms to Streets of Hope staff to have available for volunteers upon request.

INCIDENT REPORTING

Streets of Hope staff must follow incident reporting procedures in any incident involving Streets of Hope clients or staff per Policies and Procedures. All incident reports are sent to the Baltimore County Department of Planning. Should any incidents also involve CAN clients or staff, Streets of Hope staff must also follow CAN incident reporting procedures.

Streets of Hope and CAN will provide each other incident reporting procedures.

GRIEVANCE POLICY

Streets of Hope staff must follow grievance policy in any grievance filed by Streets of Hope clients or staff per Policies and Procedures. All grievances are reviewed by the proper staff or board of directors as outlined. Should any grievances also involve CAN clients or staff, Streets of Hope staff must notify CAN staff and proceed with CAN grievance policy as directed.

Streets of Hope and CAN will provide each other their grievance policies.

INCLEMENT WEATHER

Should either CAN (for Code Blue) or Streets of Hope determine extended shelter hours beyond 9:00am, each must notify the other. CAN staff will notify Shelter Manager Otis Trawally, whose information is listed later in this agreement. CAN will provide contact information for the staff member who needs to know of any changes in shelter hours. Streets of Hope staff and clients will remain in the EFRC until extended hours are complete, and Streets of Hope staff and clients will exit the EFRC.

Should Streets of Hope determine that shelter hours will be extended throughout the entire day (including holidays such as Christmas and New Year's Day), Streets of Hope staff and clients will exit the EFRC at

7:00am as scheduled and transport clients to the meals location. They will then transport clients back to the EFRC between 8:00pm and 8:30pm as scheduled.

Should Streets of Hope determine that shelter hours will be available early (before 6:00pm), Streets of Hope staff will open shelter at the meals location at its own designated time. Clients will be transported to the EFRC between 8:00pm and 8:30pm as scheduled.

CASE MANAGEMENT

Streets of Hope provides case management to its clients to move them from homelessness to housing. Clients can meet with the Case Manager during the day at the Baltimore County Public Library, Essex branch or at Boulevard Christian Church in Essex at times determined by Streets of Hope. Should Code Blue residents require assistance with case management, CAN staff may contact Streets of Hope to arrange a meeting with the Case Manager to create a plan for assistance.

STAFF AND KEY VOLUNTEERS

Our team includes a part-time Executive Director, part-time Shelter Manager, five (5) part-time Shift Managers, and a part-time Case Manager.

Executive Director – Patrick Dickerson (director@churchesforsoh.org, 443-764-4249)

Patrick oversees all administrative facets of Streets of Hope under the guidance of the Board of Directors. He manages the staff and has the final say on shelter matters before the board, should they not be resolved by the Shelter Manager. See Patrick for any needs regarding church relations, donations, or any issues with staff.

Shelter Manager – Otis Trawally (shelter@churchesforsoh.org)

Otis oversees the shelter, its staff, its volunteers, and its clients. He is the point of contact for any discrepancies with staff, volunteers, or clients. See Otis for any questions regarding shelter procedure, personnel, and client conduct.

Shift Managers

Shift managers are always on duty while the shelter is open. Each night is divided into two (2) shifts: 6:00pm-12:00am and 12:00am-7:00am, with one shift manager per shift. Shift managers are the first point of contact for anything going on the shelter, from who is serving to who is volunteering. They assist in client intake and make sure clients adhere to shelter procedures and scheduling. See a Shift Manager with any immediate questions while onsite during shelter open hours.

Case Manager – As of 10/17, conducting interviews (casemanager@churchesforsoh.org)

The Case Manager helps the men find the resources they need to get out of homelessness, and she leads the homeless advocates to help her in the process. See if you have any ideas or know any resources that could assist the men we serve.

Volunteer Coordinator – Bridget Heeter (volunteer@churchesforsoh.org)

Bridget (who is also a Shift Manager) handles the volunteers scheduled for each evening. There are several types of volunteers: mealtime aides assist the shift managers and guide meal teams, laundry volunteers clean clients' laundry, other volunteers lead Bible study, other volunteers host events such as

haircut and music nights. See this person with any questions regarding volunteering and specific volunteers.

PROPOSED CONDITIONS: STREETS OF HOPE:

- Streets of Hope will not require CAN to transport any clients to or from the facility.
- Streets of Hope will maintain a clean, orderly facility during its tenure.
- Streets of Hope will provide all its documented policies and procedures for CAN upon request.
- Streets of Hope will provide evidence of liability insurance upon request.
- Streets of Hope, and all those affiliated with it, will treat members of CAN and the EFRC with respect.
- Streets of Hope will use the CAN facility solely for the operation and activities outlined in the MOU stated here.
- Streets of Hope will replace any property damaged by its staff, volunteers, or clients while staying in the facility.
- Streets of Hope will bring breakfast items to be included in the regular CAN breakfast provided on the second floor.
- Streets of Hope clients will perform regular chores to clean up the bathroom, dining room, and empty trash.

PROPOSED CONDITIONS: CAN:

- CAN will provide evidence of liability insurance for the facility upon request.
- CAN will provide access to the facility to Streets of Hope staff and clients per the terms and during the times outlined in this MOU.
- Should it deem necessary, CAN will provide Streets of Hope a list of policies and procedures for using the facility.
- CAN will allow SOH staff to wash SOH clients' laundry in the second floor laundry facility on nights that are not designated Code Blue.

INDEPENDENT ENTITIES

Both parties hereto, in the performance of this MOU, will be acting in their individual capacity and not as agents, employees, partners in a joint venture, or as associates of one another. The employees or agents of one party shall not be deemed or construed to be the employees or agents of the other party for any purpose whatsoever.

ABOUT STREETS OF HOPE

Each year, Churches for Streets of Hope operates a 16-bed cold weather men's homeless shelter from November to April. As a 501(c)(3) nonprofit, we receive donations from individuals, churches, foundations, and Baltimore County to operate. $79,000 of our budget is in-kind from member and partner churches who are involved, and includes donated food, time, and space.

NOTICES

Streets of Hope or CAN may terminate this MOU, whenever, for any reason, either party determines that the termination is in the best interest of the parties. Should either party seek to amend or terminate this

agreement, the amending or terminating party must contact the other party and schedule an in-person meeting with decision-making personnel.

A. Notices to Streets of Hope should be addressed as follows:

Churches for Streets of Hope
ATTN: Patrick Dickerson, Executive Director
PO Box 34073
Essex, MD 21221

443-764-4249, director@churchesforsoh.org

B. Notices to CAN should be addressed as follows:

Community Assistance Network
ATTN: Megan Goffney, Director of Homeless and Housing Services
Hillendale Gate Office
6600 Wycombe Way
Baltimore, MD 21234

410-285-4674 x305
mgoffney@canconnects.org

In WITNESS THEREOF this MOU has been executed as of the dates herein:

Patrick Dickerson, Executive Director, Churches for Streets of Hope — Date

Megan Goffney, Director of Homeless and Housing Services
Community Assistance Network — Date 10/28/2019

EXHIBIT NO. 4

CHURCHES FOR STREETS of HOPE

Organization Chart

Partner Churches

Back River UMC, Boulevard Christian Church, Camp Chapel UMC, Changing Lives Ministries, Chesaco UMC, Chase UMC, Church of Christ, Church of God – Essex, Cowenton UMC, Dundalk Evangelical Presbyterian, First Baptist Church of Back River, Freedom Church (Middle River), Fruitful Living CCC, Hope Lutheran, The House of God, Isaiah Baptist Church, Jesus of Nazareth Free Will Baptist, Lodge Forest UMC, Mars Hill Baptist Church, New Vision for Life Kingdom Builders Church, New Light Lutheran Church, Orems UMC, Our Lady of Hope Catholic Church, Our Lady of Mt. Carmel Catholic Church and Schools, Patapsco UMC, Piney Grove UMC, Prince of Peace Lutheran, St. John - Essex Lutheran, St. Matthew Lutheran, St. Peter - Eastpoint Lutheran, St. Stephens AME, Towson UMC, Victory Villa Fundametal Baptist Church, Way of Life Community Church, Word of Life Chapel International

Board of Directors

Executive committee Stephen Sieglein, President; Wade Pratt, VP; Kathy Gunkel, Secretary
Members at Large
Chris Baugher, Darleen Baugher, Charles Gaines, Jane Hendricks, Robin Hoch, Sharyn Kahl, Daniel Macas, Julie Presley, Susan Wallace, Dr. Ray Wittstadt

Executive Director

Patrick Dickerson
(partially funded by RFP)

Homeless Advocate Program

Case Manager, Currently Hiring
(partially funded by RFP)

Cold Weather Men's Shelter

Shelter Manager, Otis Trawally
(funded by RFP)

Key Volunteers

Meal Coordinator, Darleen Baugher
Volunteer Coordinator, Bridget Heeter
Administrative Volunteer, Deb Bertram

Homeless Advocates

Trained in advance to learn basic case management resources

Shelter Staff

5 Shelter Shift Managers (funded by RFP)
Oversee shelter during open hours

Volunteers

Recruited from Partner Churches
Assist in serving meals, bringing donations, and spending time with clients

Clients

Homeless Men over 18
Chronically Homeless Men Over 18

Baltimore County Dept of Social Services

Clients must call to get referrals to shelter
Sends referrals to shelter manager for intake

EXHIBIT NO. 5

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF SOUTHEAST BALTIMORE COUNTY

Mission Statement: Churches for Streets of Hope, Inc. is a coalition of congregations mobilizing the faith community to provide a safe and warm place to meet the basic needs of homeless persons with dignity and respect.

Vision Statement: As a means for making real the gospel of Jesus Christ, Churches for Streets of Hope endeavors to:

- Provide high-quality, compassionate, professional shelter services that respect men's dignity and honors the call of Christian Gospel.
- Works in coordination with the goals of the Baltimore county Department of Planning.
- Emphasizes the goodwill of the Dundalk/Essex/Middle River Christian community to care for homeless, poor, infirmed, and at-risk fellow human beings in South Eastern Baltimore County.

Values Statement: As an organization working in the intersection where government and church meet, Churches for Streets of Hope will

- Value discovery by promoting the partnership between government and church
- Value stewardship through the responsible management of resources
- Value service by ensuring that our decisions and services are useful to our community of users
- Value the diversity of clients, staff and community by treating all people with respect and courtesy.

Goals:

- Grow staff in order to provide better case management services to clients
- Find a permanent location in which to host shelter and other future services (Day Center, Food Distribution, etc.)
- Act as the information hub on homelessness for churches and organizations in Southeast Baltimore County
- Increase service capabilities for more homeless in our area

P.O. Box 34073 • Essex, MD 21221 • 443.764.4249
www.churchesforsoh.org

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF
SOUTHEAST BALTIMORE COUNTY

The stated purpose of Churches for Streets of Hope is to mobilize churches to work together in Christ-centered mission for relief of the poor, distressed, and underprivileged in the southeastern area of Baltimore County so that they can spark hope in the people of the community.

The mission of the men's shelter is to mobilize the faith community to provide a safe and warm place to meet the basic needs of homeless persons with dignity and compassion.

The Board will support the work of Churches for Streets of Hope and provide mission-based leadership and strategic governance. While day-to-day operations are led by the Executive Director, the relationship between the Board and the Executive Director is a partnership, and the appropriate involvement of the Board is both critical and expected. Specific Board Member responsibilities include:

Leadership, governance, and oversight

• Serve as a trusted advisor to the Executive Director as s/he implements the strategic plan of Churches for Streets of Hope.

• Review outcomes and metrics created by CSOH for evaluating its impact, and regularly measure its performance and effectiveness using those metrics; review agenda and supporting materials prior to board and committee meetings.

• Approve the CSOH's annual budget, audit reports, and material business decisions; be informed of, and meet all legal and fiduciary responsibilities.

• Recruit and hire the Executive Director. Contribute to an annual performance evaluation of the Executive Director.

• Assist the Executive Director and board chair in identifying and recruiting other board members.

• Partner with the Executive Director and other board members to ensure that board resolutions are carried out

• Serve on committees or task forces and/or take on special assignments. Be cognizant of issues facing the staff in the performance of their duties. Make regular visits to the place(s) where services are delivered.

• Represent CSOH to stakeholders; act as an ambassador for the organization.

• Ensure CSOH's commitment to a diverse board and staff that reflects the communities served by CSOH.

Fundraising

• Each Board member will consider CSOH a philanthropic priority and make annual gifts that reflect that priority. So that CSOH can credibly solicit contributions from foundations, organizations, and individuals, CSOH expects to have 100 percent of board members make an annual contribution commensurate with their capacity.

EXHIBIT NO. 6

STREETS OF HOPE

2018
2019

ANNUAL REPORT

INCOME

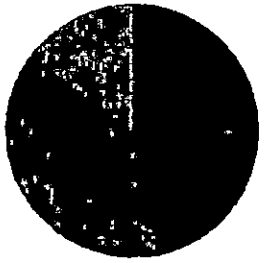
INDIVIDUAL/ CHURCH CONTRIBUTIONS:

GRANT INCOME:

FUNDRAISING

IN-KIND DONATION AMOUNT:

OUR GUESTS



34 MEN SERVED
- AGES 18-30 (7)
- AGES 31-50 (9)
- AGES 51-61 (13)
- AGES 62+ (5)

AVERAGE LENGTH OF STAY
- LESS THAN 1 MONTH (17)
- 1-2 MONTHS (8)
- 3-6 MONTHS (9)



- EMPLOYED (8)
- EMPLOYED WHILE @ SOH (4)

EXITED TO PERMANENT HOUSING → 5

EXITED TO FRIENDS OR FAMILY → 7

CHRONIC VETERANS STILL CONNECTED W/ CASE MANAGEMENT

THE VOLUNTEERS

 # OF MEAL TEAMS: 4 NEW: 1
 # Volunteers: 295

CHRISTMAS DONORS: 8 donors provided hygiene bags, coats, socks, scarves, gift cards, thermals, hats & hand warmers, boots, and shoes.

Special Events: End-of-season cookout (APR); Community Cleanup Day (MAR); Bowling outing (MAR); Sussex Elementary bucket band (MAR); "Out of the Blue" band performance (FEB); Live Bluegrass music (FEB); Golden Corral Breakfast (JAN); New Years Eve celebration (JAN); Christmas celebration (DEC); (REGULARS) Hot breakfasts; Haircuts by "The Journey"; Healthcare from the Homeless visit.

$1,541 in goods + 1,960 hrs x $10/hr + $35,420 in meals + $9,000 in-kind space + $600 food donations + $12,000 accounting = $88,161

THE CHURCHES

34 CHURCHES
11 CHURCHES DONATED
5 CHURCHES DONATED REGULARLY
1 CHURCH HOSTED
(Boulevard Christian + the Community Assistance Network at the Eastern Family Resource Center)

Member Churches: Back River UMC, Boulevard Christian Church, Chase UMC, Chesaco UMC, Cowenton United Methodist Church, Prince of Peace Lutheran Church, First Baptist Church of Back River, Hope Lutheran Church, Piney Grove UMC, St John's Lutheran Church, St Peter Lutheran Church

EXHIBIT NO. 7

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF SOUTHEAST BALTIMORE COUNTY

Emergency Protocols

Remember that an emergency can happen at any time. We often deal with clients who can be unstable due to mental conditions or influences from drugs or alcohol. Please treat a situation as an emergency when:

- Someone is in need of immediate medical help
- Someone is physically harming others and will not stop
- Someone is threatening others with a weapon(s)
- Someone is in possession of illegal substances
- The facility is on fire or is flooding quickly

For all emergencies aside from fire, flooding, or a disaster affecting safety in the facility, you must in this order:

1. Call 911.
2. Call the Shelter Manager.
3. DO NOT get in the middle of a physical fight. Your safety is the first thing that matters in an emergency. If you are not safe, no one in the shelter is safe.
4. Attempt to calm offenders, victims, and others present so that no further damage is done.
5. Remember that YOU are in control. Your own safety comes first, and you must make sure all clients, staff, and volunteers answer to your decisions.
6. If evacuation is necessary, follow the evacuation plan outlined in the fire/natural disaster plan below.

***If you are unable to make a call during an emergency, follow steps 3-5 until you are capable.

In the instance of fire, flooding, or other natural disasters that affect the safety of the facility, you must in this order:

1. Call 911.
2. Lead all people in the facility to the nearest fire exit (Red exit sign).
3. Pull the fire-pull box next to the exit.
4. Lead everyone to designated safe area for fire emergencies outside the facility and wait for emergency services to arrive.
5. Call Shelter Manager.

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF SOUTHEAST BALTIMORE COUNTY

Emergency Prevention Procedures

The following are the fire prevention practices associated with fire hazards:

Fire Hazard Type	Fire Prevention Practices
Paper	paper waste cans emptied daily
Plastic	plastic waste discarded daily
Electrical	weekly inspections of outlets, multi strips, and work areas
Electrical appliances	weekly inspections

- Flammables, including data sheets, books, rags, clothing, flammable liquids or trash shall not be placed or stored near heaters or their vents, any electrical appliance, or potential sources of ignition.
- Sources of actual or potential heat such as hot plates or electric coffee pots shall not be placed near flammable materials. **Portable space heaters and candles are prohibited.**
- Care must be taken not to block potential escape routes
- Care must be taken that extension cords and multiple plugs are in good condition. Cords that are missing the grounding prong, are spliced together, or that are missing their protective sheath shall not be used.
- **Fire extinguishers must be checked monthly**.
- **Fire drills will be conducted per the procedures on the following page**: times and dates determined by the Shelter Manager.
- A log will be maintained every night. In the event that a fire does occur, **the log will be used to conduct a roll call to assure that everyone is out of the building.**
- **A thorough walk-through will be conducted hourly by staff to check for any potential hazard.**

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF SOUTHEAST BALTIMORE COUNTY

Fire Safety – Boulevard Christian Church

1. Fire drills are to be held twice during the season. All shift managers must be included in at least one of these two (2) drills.
2. There are three (3) fire exits. The first is at the end of the hallway, marked by a green exit sign. The second is on the other side of the double doors to the stairwell (to the left of the stairwell when exiting the shelter hallway), marked by a green exit sign. The third is in the dining room, marked by a green exit sign.
3. There are two (2) safe areas to which everyone must go, depending on the exit used. Should everyone use the first exit, the safe area is next to the clothing donation bin on Essex Avenue. For the second or third exit areas, the safe area is at the picnic tables on the other side of the drive between the upper and lower parking lots.
4. For fire drills, the shift manager must take with him/her the sign-in and log-in books.
5. There are two (3) fire extinguishers on the lower floor. One is in the hallway near the main entrance. The second is in the stairwell next to the double doors. The third is in the boiler room.
6. There are also fire extinguishers available on the upper floor: one at the top of the stairwell, one at the end of the upper hallway, and one behind the baptismal in the sanctuary.

EXHIBIT NO. 8

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF SOUTHEAST BALTIMORE COUNTY

Emergency Prevention Procedures

The following are the fire prevention practices associated with fire hazards:

Fire Hazard Type	Fire Prevention Practices
Paper	paper waste cans emptied daily
Plastic	plastic waste discarded daily
Electrical	weekly inspections of outlets, multi strips, and work areas
Electrical appliances	weekly inspections

- Flammables, including data sheets, books, rags, clothing, flammable liquids or trash shall not be placed or stored near heaters or their vents, any electrical appliance, or potential sources of ignition.
- Sources of actual or potential heat such as hot plates or electric coffee pots shall not be placed near flammable materials. **Portable space heaters and candles are prohibited.**
- Care must be taken not to block potential escape routes
- Care must be taken that extension cords and multiple plugs are in good condition. Cords that are missing the grounding prong, are spliced together, or that are missing their protective sheath shall not be used.
- **Fire extinguishers must be checked monthly**.
- **Fire drills will be conducted per the procedures on the following page**: times and dates determined by the Shelter Manager.
- A log will be maintained every night. In the event that a fire does occur, **the log will be used to conduct a roll call to assure that everyone is out of the building.**
- **A thorough walk-through will be conducted hourly by staff to check for any potential hazard.**

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF SOUTHEAST BALTIMORE COUNTY

Fire Safety – Boulevard Christian Church

1. Fire drills are to be held twice during the season. All shift managers must be included in at least one of these two (2) drills.
2. There are three (3) fire exits. The first is at the end of the hallway, marked by a green exit sign. The second is on the other side of the double doors to the stairwell (to the left of the stairwell when exiting the shelter hallway), marked by a green exit sign. The third is in the dining room, marked by a green exit sign.
3. There are two (2) safe areas to which everyone must go, depending on the exit used. Should everyone use the first exit, the safe area is next to the clothing donation bin on Essex Avenue. For the second or third exit areas, the safe area is at the picnic tables on the other side of the drive between the upper and lower parking lots.
4. For fire drills, the shift manager must take with him/her the sign-in and log-in books.
5. There are two (3) fire extinguishers on the lower floor. One is in the hallway near the main entrance. The second is in the stairwell next to the double doors. The third is in the boiler room.
6. There are also fire extinguishers available on the upper floor: one at the top of the stairwell, one at the end of the upper hallway, and one behind the baptismal in the sanctuary.

EXHIBIT NO. 9

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF SOUTHEAST BALTIMORE COUNTY

Staff Policies and Procedures

Hours

- Shift manager hours are determined at the beginning of each month between shift managers and Shelter Manager
- Monthly schedule must be sent to Executive Director by the first of each month.

Timesheets/Payroll

- Shelter Manager gives **timesheets** for staff to fill out every two weeks.
- Staff return timesheets to Shelter Manager by Monday of pay week.
- Shelter Manager scans timesheets and sends to Executive Director.
- Shelter Manager leaves timesheets in folder in file cabinet for Executive Director.
- Executive Director picks up timesheets each Wednesday afternoon.
- Executive Director or Treasurer leaves **paychecks** in file cabinet each Wednesday evening.

Check Requests

- Any volunteer or staff member can fill out a **check request**, and MUST include a receipt. Check requests and receipts will be kept in the purchases folder on the desk.
- Executive Director will pick up check requests each Wednesday afternoon for review.
- Executive Director or Treasurer will leave checks in file cabinet with paychecks each Wednesday evening

Purchases

- Staff will maintain an **inventory list and a separate food list** kept at the desk. Staff will review inventory list each Monday to see if items are below their recommended amount. If so, an **inventory request** must be sent to the Executive Director.
- The Executive Director will contact purchaser about acquiring inventory and/or food and send a **purchasing list.**
- When purchaser arrives at shelter with inventory items, purchaser must leave itemized receipt in the purchases folder along with checked off purchasing list.
- Executive Director will pick up purchasing list and receipt each Wednesday afternoon.
- Executive Director will leave reimbursement checks in file cabinet with paychecks each Wednesday evening.

Emergencies and Emergency Prevention

- See the Emergency Protocols

Client Intake

Nightly Intake

- Opens at 6:00pm. Clients **must arrive between 6:00 and 6:30pm, unless calling in to notify otherwise.** Arriving late without calling warrants points toward dismissal (See Rules Infraction Sheet).
- Each client admitted to the intake room first
- Client's pockets and belongings are searched for weapons/alcohol/drugs. If any of these are found, follow **rules infraction sheet.**
- Take breathalyzer test if necessary or required. See **rules infraction sheet** for information on when to breathalyze.
- Once client passes search and breathalyzer test, the client must sign in the book provided.
- Dinner begins at 6:30. Clients must be present for dinner if they have already signed in.

New Client Intake

- Shelter Manager receives calls from Department of Social Services, churches, or individuals referring new clients.
- Shelter Manager runs background check of each client referred. If referred from DSS, compare background check to DSS check.
    - If client is a former client who was dismissed in a previous season, Shelter Manager will schedule a meeting with the client and Executive Director to evaluate if client is ready for readmission. Clients dismissed in current season cannot be reaccepted except in special cases determined by the Shelter Manager and Executive Director.
    - Clients with violence records within 2 years and/or listed sex offenders are not permitted in the shelter. If the Shelter Manager believes there is a special case that overrides these limitations, he/she must discuss and come to a decision with the Executive Director.
- Shelter manager makes final decision on whether client is accepted or refused, and makes call to inform client.
- Once a client is accepted, a bed is on hold for 3 days until the client arrives or does not arrive.
- Client must arrive at 6:00pm and go through nightly intake process (see above).
- Client has dinner at 6:30.
- After dinner, the client must meet with the Shelter Manager to fill out intake forms, assessment sheet, and other paperwork.
- Shelter manager explains rules, gives orientation to facility and procedures (wakeup time, chores, kitchen rules, etc.).
- After orientation, Shelter Manager shows client to bed.
- Shelter manager assesses client needs based on assessment sheet.

- After 1 week in shelter, client must meet with Shelter Manager again to review intake form and assessment sheet and begin a life plan for case files. Client plans and assessment should be reviewed monthly. Fill out in-depth interview, budget plan, and housing plan.
- Review Client Case File Checklist and obtain all necessary documentation.

Client Exit

Our ultimate goal is to find a stable home for our clients, and to provide them with the tools and networks they need to break from the homelessness cycle. The Shelter Manager must follow these protocols when clients exit from the shelter, either during the season or after April 15.

- Collect best contact information to be included in client file.
    a. Cell Phone Number
    b. Email Address
    c. Permanent Address (if applicable)
    d. Relative or friend's phone number (if possible)
- Complete Client Exit form, final budget form, and final housing plan.
- Review Client files to be sure all files are checked off.
- Provide information sheets on local food banks and meal times.
- Find help from volunteers to move client's belongings from shelter to new place of residence.
- Share contact information with volunteers who will be tracking client who has exited.
- Contact client each week for at least one month, find areas of need and assist. Update in client file as housing, employment, addiction help, and other benchmark needs are met.

If possible, pair a leaving client with a volunteer who will keep the client connected in a family or church group.

Client Dismissal

- Please see **rules infraction sheet** for when dismissal procedure begins.

For the evening

- **If dismissed upon intake,** the client may not enter the shelter beyond the intake room.
- **If dismissed during the evening,** the client may gather essentials such as a cell phone, extra clothes, etc.
- For any dismissal, the staff member on duty or the Shelter Manager (if present) must complete an incident report and submit to the Executive Director.
- If a client acts aggressively or violently during the dismissal process, act according to the Emergency Procedures.
- After dismissal, the Shelter Manager must be notified immediately.

For the season

- Give client 30 minutes to pack client's things, what client can carry with him

- Clients have grace period, determined by Shelter Manager, at which they can pick up their items in storage
- Shelter Manager enters change in HMIS, fills out Incident Report
- Fill out Client Exit Form and update all client case files according to checklist.

Incidents

- An incident is defined as any time when any of the following occurs:
  - Emergency services are called
  - A client, staff member, or volunteer is physically harmed
  - An aggressive conflict (yelling, punching, etc.) between clients, staff, or volunteers
  - An unforeseen accident (flood, sickness, broken window, etc.)
  - Damage to the facility
  - A major health concern (excessive vomiting, signs of serious disease, etc.)
  - Client is dismissed
- When an incident occurs, fill out an incident report and submit to both the Shelter Manager and Executive Director.
- When filling out an incident form:
  - Remain objective
  - Include as much information as possible
  - If staff member witnessed incident, report according to staff account only
  - If staff member was not present for incident, ask all individuals and witnesses involved to make a comprehensive report
  - **Include the outcome** of the incident
- The Shelter Manager will review the incident with the staff member who filed the report
- The Executive Director and Shelter Manager will review and take appropriate action
- The Executive Director must forward all incident reports to the Baltimore County Department of Planning as soon as they are received. Forward to Terri Kingeter at tkingeter@baltimorecountymd.gov

Grievances

- All clients must receive a copy of the Grievance Policy upon entering the shelter. Copies of the policy must always be available at intake and at the Client Services desk.
- Grievance forms must be available at the Client Services desk at all times. If a client requests help with a form, staff must assist. See the grievance policy for instructions on the grievance submission process.
- The Executive Director must forward all submitted grievance forms to the Baltimore County Department of Planning as they are resolved. Forward to Terri Kingeter at tkingeter@baltimorecountymd.gov.

- If a grievance is resolved verbally through a discussion with the Shelter Manager or Executive Director, either staff person must fill out a grievance form and include the outcome to be submitted for the Executive Director to submit to the Department of Planning.

Chores

- Clients are assigned chores upon intake
- Chores rotate weekly between clients according to a schedule approved by the Shelter Manager
- Chores schedule must be posted at the desk as well as submitted to the Executive Director
- Staff and volunteers must be aware of chores schedule and make sure it is followed

Donations

- All donated items must be reviewed by a staff member upon receipt
- The staff member on duty will fill out a donation form with the donor
- The staff member on duty will file the donation form in the donations form on the desk
- The staff member on duty will delegate the storage and/or distribution of the donation with volunteers and clients
- Executive Director will review donation forms each Wednesday afternoon.
- Assigned staff member must send thank-you letters to donors each week

Laundry

- A list of volunteers willing to do the laundry is provided to the shelter staff.
- Clients change bedding once/week and bag it, then label it with tape marked "dirty."
- Staff give the men clean laundry the same night.
- A staff person designated by the Shelter Manager arranges with laundry volunteer(s) to pick up the laundry on a rotating basis. These volunteers may be given clean bags to put laundry in once completed. They may also be offered supplies such as detergent and bleach.
- Volunteers wash and dry either at home or at the laundromat. No funds are provided for the latter choice.
- Volunteers fold the laundry and return it to the shelter in clean bags within one week of picking it up.

EXHIBIT NO. 10

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF SOUTHEAST BALTIMORE COUNTY

Drug-Free Workplace Policy

Churches for Streets of Hope, Inc. is committed to protecting the safety, health and well-being of all employees and other individuals in our workplace. We recognize that alcohol abuse and drug use pose a significant threat to our goals. We have established a drug-free workplace program that balances our respect for individuals with the need to maintain an alcohol and drug-free environment.

- This organization encourages employees to voluntarily seek help with drug and alcohol problems.

Covered Workers

Any individual who conducts business for the organization, is applying for a position or is conducting business on the organization's property is covered by our drug-free workplace policy. Our policy includes, but is not limited to CEO, executive management, managers, supervisors, full-time employees, part-time employees, off-site employees, contractors, volunteers, interns and applicants.

Applicability

Our drug-free workplace policy is intended to apply whenever anyone is representing or conducting business for the organization. Therefore, this policy applies during all working hours, whenever conducting business or representing the organization, while on call, paid standby, while on organization property, at company-sponsored events, and when interacting with clients.

Prohibited Behavior

It is a violation of our drug-free workplace policy to use, possess, sell, trade, and/or offer for sale alcohol, illegal drugs or intoxicants.

Notification of Convictions

Any employee who is convicted of a criminal drug violation in the workplace must notify the organization in writing within five calendar days of the conviction. The organization will take

appropriate action within 30 days of notification. Federal contracting agencies will be notified when appropriate.

Consequences

One of the goals of our drug-free workplace program is to encourage employees to voluntarily seek help with alcohol and/or drug problems. If, however, an individual violates the policy, the consequences are serious.

In the case of applicants, if he or she violates the drug-free workplace policy, the offer of employment can be withdrawn. The applicant may reapply after eighteen months and must successfully pass a pre-employment drug test.

If an employee violates the policy, he or she will be terminated from employment.

Return-to-Work Agreements

Following a violation of the drug-free workplace policy, an employee may be offered an opportunity to participate in rehabilitation. In such cases, the employee must sign and abide by the terms set forth in a Return-to-Work Agreement as a condition of continued employment.

Assistance

Streets of Hope recognizes that alcohol and drug abuse and addiction are treatable illnesses. We also realize that early intervention and support improve the success of rehabilitation. To support our employees, our drug-free workplace policy:

- Encourages employees to seek help if they are concerned that they or their family members may have a drug and/or alcohol problem.
- Encourages employees to utilize the services of qualified professionals in the community to assess the seriousness of suspected drug or alcohol problems and identify appropriate sources of help.

Treatment for alcoholism and/or other drug use disorders may be covered by the employee benefit plan. However, the ultimate financial responsibility for recommended treatment belongs to the employee.

Confidentiality

All information received by the organization through the drug-free workplace program is confidential communication. Access to this information is limited to those who have a legitimate need to know in compliance with relevant laws and management policies.

Shared Responsibility

A safe and productive drug-free workplace is achieved through cooperation and shared responsibility. Both employees and management have important roles to play.

All employees are required to not report to work or be subject to duty while their ability to perform job duties is impaired due to on- or off-duty use of alcohol or other drugs.

In addition, employees are encouraged to:

- Be concerned about working in a safe environment.
- Support fellow workers in seeking help.
- Report dangerous behavior to their supervisor.

It is the supervisor's responsibility to:

- Inform employees of the drug-free workplace policy.
- Observe employee performance.
- Investigate reports of dangerous practices.
- Document negative changes and problems in performance.
- Counsel employees as to expected performance improvement.
- Clearly state consequences of policy violations.

Communication

Communicating our drug-free workplace policy to both supervisors and employees is critical to our success. To ensure all employees are aware of their role in supporting our drug-free workplace program:

- All employees will receive a written copy of the policy.
- The policy will be reviewed in orientation sessions with new employees.

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF SOUTHEAST BALTIMORE COUNTY

Emergency Protocols

Remember that an emergency can happen at any time. We often deal with clients who can be unstable due to mental conditions or influences from drugs or alcohol. Please treat a situation as an emergency when:

- Someone is in need of immediate medical help
- Someone is physically harming others and will not stop
- Someone is threatening others with a weapon(s)
- Someone is in possession of illegal substances
- The facility is on fire or is flooding quickly

For all emergencies aside from fire, flooding, or a disaster affecting safety in the facility, you must in this order:

1. Call 911.
2. Call the Shelter Manager.
3. DO NOT get in the middle of a physical fight. Your safety is the first thing that matters in an emergency. If you are not safe, no one in the shelter is safe.
4. Attempt to calm offenders, victims, and others present so that no further damage is done.
5. Remember that YOU are in control. Your own safety comes first, and you must make sure all clients, staff, and volunteers answer to your decisions.
6. If evacuation is necessary, follow the evacuation plan outlined in the fire/natural disaster plan below.

***If you are unable to make a call during an emergency, follow steps 3-5 until you are capable.

In the instance of fire, flooding, or other natural disasters that affect the safety of the facility, you must in this order:

1. Call 911.
2. Lead all people in the facility to the nearest fire exit (Red exit sign).
3. Pull the fire-pull box next to the exit.
4. Lead everyone to designated safe area for fire emergencies outside the facility and wait for emergency services to arrive.
5. Call Shelter Manager.

EXHIBIT NO. //

A Resource Guide for Advocates, Staff, and Clients

Streets of Hope Men's Shelter
Essex, Maryland

Rev. Nov. 2017

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IDENTIFICATION

Individuals need valid identification to access benefits of all types; to qualify for jobs and housing; and to show to law enforcement upon request. The most widely accepted form of ID is the state-issued photo identification card or driver's license.

If a person does not have a state-issued photo ID card, it is the first order of business to start this process. (Previously incarcerated individuals may have their prison ID, but this is not valid for most purposes.)

- First, find out if he ever had a photo ID or driver's license, in this state or another one. It may be possible to simply get a re-issue of the old card, depending on how long ago he had one. The MVA website, or the motor vehicle administration in the other state, can be helpful with this. Or, the person can go to the MVA office (Middlesex Shopping Center is close) and find out from them what he needs to do to get his ID re-issued.

- If the person is homeless, the address on the old card may not be usable. Maryland makes a special exception to the proof of residency requirements for people who are homeless. Usually a letter on shelter letterhead, signed by the Shelter Manager, stating that the person is residing with us will suffice. If the old ID card is from another state, the letter may not work.

- If he has not had an ID card or driver's license recently, he will need to start the process from scratch. There is a form for him to fill out, that can be obtained online or from the MVA office. In addition, he will need to provide originals of: birth certificate, social security card, and proof of residency (or letter from Shelter Manager stating that he is temporarily residing at the shelter).

- Individuals who do not have all of the required documentation may have other options. Also, applications of persons born in other countries may be handled differently. Consult the MVA website or talk with the MVA office for these special cases.

- Paying for the ID card or driver's license – A disabling condition may qualify the person for exemption from the fee. Otherwise, the fee may be reimbursed by Prologue if he qualifies for their services. There is a form to be filled out and signed by the individual. Contact Marybeth Baughman at Prologue in advance to arrange this (410-653-6190). The exact amount ranges from $1.00 for a homeless individual's photo ID to $72.00 for a new 8-year driver's license. Consult the MVA for the exact amount in any case.

MVA Essex Office	**1338 Eastern Blvd., Essex, MD 21221**	**410-768-7000**

DOCUMENTATION – BIRTH CERTIFICATE

A birth certificate is one of a person's vital records that he should be able to lay his hands on if needed. Sometimes he has left it in the care of another person, and if it is safe there then we do not need to go further. If he does not know where it is, then we should help him obtain one, even if he has a photo ID card. A birth certificate is needed when applying for subsidized housing as well as getting a new photo ID.

1. Find out where the individual was born. Also ask if he is a veteran.

2. Make application through the Division of Vital Records in that state.
   - If in Maryland – Fill out the application for a certified copy of the birth certificate. The information required includes:
     Name at birth
     Date of birth
     Town, city, or county where born, name of hospital
     Father's first and last name
     Mother's first name and maiden last name

   The person requesting the birth certificate, whose name and signature goes at the top of the form, is the person who has a valid photo ID to go with the application. If the individual himself has this photo ID, that may be used. If not, then another person may apply on his behalf. This requires that the individual give a notarized letter to the Division of Vital Records authorizing the person to obtain the birth certificate. For a notary to help with this, there will need to be some sort of verification of the individual's identity (e.g., MTA card, doctor's records, or long-term acquaintance.) Names of notaries can be obtained through the office of Churches for Streets of Hope.
   - Notary: Kim Kursch 443-571-9900 (no charge to SOH clients)
   - If in another state – Go to that state website and download the application. Follow the directions for that state.

3. Request a check for the fee ($10) made out to Division of Vital Records. (There is no fee for veterans in Maryland but proof of service must be provided.) The fee may be reimbursed by Prologue if the individual qualifies for their services. Have him fill out Prologue's form after speaking with Marybeth Baughman (410-653-6190).

4. Take the application in person, or send with fee and required documentation (color copy of photo ID, notarized letter if needed)

In person:	**Division of Vital Records**	**Reisterstown Plaza**
6550 Reisterstown Road	**Baltimore, MD 21215**	**410-764-3038**

By mail: include a self-addressed stamped envelope		
Division of VitalRecords	**P.O. Box 68760**	**Baltimore, MD 21215-0036**

DOCUMENTATION – SOCIAL SECURITY CARD

A Social Security Card, or Social Security number, is needed for many financial transactions, most employment, as well as being the third leg of the 3-legged essential documents "stool". It is obtained from the Social Security office and does not cost anything.

Ask the individual if he has his card with him, or if he knows where it is and can lay his hands on it easily. If not, then ask him if he ever had a Social Security number. This is a number he should have memorized.

If he does not have his card, but has his number, then apply for a replacement:

- Fill out the application (Form SS-5)

- Gather original documents needed to prove identity
(such as: valid state ID or driver's license, or passport, or US Military ID, or employer ID, or medical records) Consult the local Social Security office or the SSA website for other options if these are not available.

  For non-citizens, also needed is a current US immigration document(s) and foreign passport with biographical information or photograph.

- Take the application and documents to the nearest Social Security office.

Social Security Office	**Franklin Square area**	**Suite 100**
6820 Hospital Drive	**Baltimore, MD 21237**	**1-800-772-1213**

Social Security Office	**Parkville area**	**Suite 106**
2401 Belair Road	**Baltimore, MD 21213**	**1-800-772-1213**

If he never had a Social Security number, then he must apply for an original card:

- Fill out the application (Form SS-5)

- Gather original documents needed to prove age, identity, citizenship, and immigration status if appropriate. Examples of these are on page 2 of the application form.

- Take the application and documents to the nearest Social Security office.

GETTING AROUND – MARYLAND TRANSPORTATION AUTHORITY

The MTA operates bus service, light rail, MARC trains, and Mobility paratransit systems. Their website (https://mta.maryland.gov) offers much information about these systems, including maps, schedules, and point-to-point trip planner.

Fares are two-tiered – regular, and senior/disability. To qualify for the senior fare an individual must be at least 65 years old. This is verified by a person's photo ID. To qualify for the disability fare (which is the same as the senior), a person must be certified by a doctor and receive an invitation to the MTA office at 6 St. Paul Street in Baltimore City to get a photo ID. After that, the person can show the ID and pay the senior/disabled fare. The ID has either a green border (unlimited duration) or red border (limited duration). The ID is free, but replacement cards cost $5.

The regular fare per trip by bus is $1.70. The senior/disabled fare is $0.70. A regular day pass, which allows for unlimited trips by bus, is $4.00. A senior/ disabled day pass is $2.00. A monthly regular pass is $68; a senior/disabled monthly pass is $20.

Single trip and day passes are purchased on the bus. The driver does not give change, so it is best to have the exact amount.

Monthly passes can be purchased at the MTA Pass Store, 6 St. Paul Street, Baltimore, during the last week of the month and the first week of the month. Other places they can be purchased are:

Laundroland	430 Eastern Blvd., Essex 21221	443-231-6105
King's Liquors	8226 Pulaski Hwy, Rosedale 21237	410-686-2770
O'Connor's Bar	4801 Eastern Ave., Baltimore 21224	410-633-2233

Bus schedules and routes can be found online. Paper schedules for the various routes are available at the Public Library, at the MTA Pass Store, and on the bus.

People with severe disabilities, who are unable to use the local bus, rail, or subway, may qualify for Mobility paratransit, Contractors provide door-to-door service for these individuals, and there is a fare for transportation. The process for this takes longer and requires an appointment at the certification office at 4201 Patterson Avenue, Second floor. Applications and a full description of the service can be found on the MTA website.

GETTING AROUND – COUNTY RIDE

Administered by the Baltimore County Department of Aging - 410-887-2080.

CountyRide provides specialized transportation services to Baltimore County residents 60 years of age or older, persons with disabilities ages 18 to 59, and rural residents of all ages. Destinations include medical appointments, shopping and other general purpose trips. An application process is required to certify disability.

CountyRide's buses have easy, low-step entrances, and all can accommodate wheelchairs. Escorts may accompany riders needing special assistance at no additional cost. Each CountyRide driver has a commercial driver's license with a passenger endorsement.

Office hours of operation are Monday through Friday, from 8 a.m. until 4 p.m. Buses operate Monday through Friday, from 8 a.m. until 4 p.m. Call the office for a bus pick-up. Ticket books should be purchased before the trip. Each book costs $15 and contains six tickets ($2.50 per ticket.) Trips within the County require one ticket each way. Trips crossing the city-county line require two tickets each way. Books of tickets may be purchased directly from the CountyRide office at 611 Central Avenue, Towson, Maryland 21204 or by mailing a check or money order to CountyRide. They may also be purchased in person at any Baltimore County Senior Center. Cash is also accepted but the fare is higher.

GETTING AROUND – MEDICAL ASSISTANCE TRANSPORTATION

Administered by the Health Department – 410-887-2828

The Medical Assistance Transportation Grant Program is funded by the State of Maryland and coordinates transportation services for Medical Assistance recipients who reside in Baltimore County, and who are in need of transportation to access medically necessary services. This program provides "last resort" transportation for ambulatory, wheelchair, and stretcher-bound recipients who have no other means available of transport to get to and from medical appointments.

Schedule Transportation Services
Call the Medical Assistance Transportation Program at 410-887-2828, Monday through Friday from 8:30 a.m. to 3:45 p.m., except on holidays to schedule transportation to needed medical services.

Eligibility
This service is available to Baltimore County residents with eligible, non-restrictive Medical Assistance (Medicaid) to medical services that are covered by Medical Assistance and for which there is no other means of transportation.

RECEIVING MAIL

Contact individual programs for specific guidelines on using their address for individuals to receive mail.

Churches for Streets of Hope	443-764-4249
Prologue, Inc	410-653-6190
Beans & Bread (St. Vincent DePaul)	410-732-1892
Department of Social Services	410-853-3000
Community Assistance Network	410-285-4674

Post Office boxes may be rented for a reasonable amount. The smallest costs about $25 for three months, $43 for six months, or $86 for a year. Check with the local post office for availability.

In some cases the Post Office can also hold mail for pick-up, if requested.

INTERNET ACCESS / COMPUTER USE

The Public Library allows the use of their computers to persons holding a valid library card from Baltimore County or another Maryland county or Baltimore City. The computers have word processing, spreadsheet, and presentation software, as well as web browsers. Sign up for computer time at the information desk of the library. To obtain a library card, present valid ID.

Essex Branch	1110 Eastern Blvd	410-887-0295
Rosedale Branch	6105 Kenwood Ave	410-887-0512
White Marsh Branch	8133 Sandpiper Circle	410-887-5097
North Point Branch	1716 Merritt Blvd.	410-887-7255

Baltimore County American Job Centers have computers for people to use with job searches, Microsoft tutorials, skills assessment, resume writing, and improving employability, to mention just some of the resources available. Speak with one of the staff to be assigned a computer to use.

Eastpoint American Job Center Hours: M-F 8:30-4:30	7930 Eastern Ave., 21224 Entrance faces Goodwill bldg	410-288-9050

SHOWERS AND LAUNDRY

Call for times and requirements.

Prologue, Inc Outreach Center	609 Baltimore Ave, Towson, MD 21204	410-653-6190
Westside Men's Shelter	5 Redwood Circle Catonsville, MD 21228	443-860-9208

When funds permit, Streets of Hope sponsors a monthly "Laundry Day" for our men to wash their personal items at a local laundromat.

CLOTHING AND SHOES

There are a number of clothing closets in the area that give away clothing at certain times. In addition, they may open their closet for Streets of Hope clients if there is an urgent need. It is best to call before going, to be sure times have not changed.

St. John Lutheran Church	518 Franklin Ave., Essex 21221	410-687-4621	Third Saturday 9 AM – 12 noon
St. Luke Lutheran Church	1803 Dundalk Ave., Dundalk 21222	410-633-5374	Second Thursday 5:30-7:30 PM
St. Peter-Eastpoint Lutheran Church	7834 Eastern Ave., Colgate 21224	410-288-0537	Fourth Saturday 11 AM – 1 PM
Middle River Baptist Church	610 Middle River Rd., 21220	410-686-8810	Second Saturday 9 – 11 AM

Thrift stores are also good places to find clothing and shoes at a fraction of the retail price, and there are several in the area.

Goodwill Superstore	7928 Eastern Ave., Eastpoint 21224	410-282-8750	Mon-Sat 9am-9pm Sun 11am-6pm Check when items are on half-price
2nd Avenue Thrift Store	Stemmers Run & Old Eastern Ave. Essex 21221	215-639-6930	Mon-Sun 9am-9pm Discount Days: Sun, Mon, Thurs
Lutheran Mission Society Compassion Center	438 Eastern Blvd., Essex 21221	410-327-2220	Tue-Sat 10am-3pm Wed, 8:30 am Food and clothing

			Wed, 9am Chapel

CELL PHONES

There are many carriers now for the free government-sponsored cell phones. All require that a person must be receiving some sort of government assistance, such as food stamps, Medicaid, or SSI, or that his income is at or below 150% of the federal poverty level. This is called the Lifeline Assistance Program. Only one phone per address can be issued.

Plans vary as to how many free minutes are allowed, (minimum is 250), how many text messages, the type of phone, etc. Consult each website for the latest information.

Safelink	1-800-977-3768	www.safelinkwireless.com
Assurance Wireless	1-888-898-4888	www.assurancewireless.com
Access Wireless		www.accesswireless.com
True Wireless	1-877-412-1919	
StandUp Wireless	1-800-544-4441	
Reach Out Wireless	1-877-870-9444	
Cintex Wireless	1-800-826-0337	

Budget Mobile (http://www.budgetmobile.com) has stores in the area where a person can walk in with proof that they are receiving public assistance, and walk out with a free phone on the same day.

408 West Saratoga St., Baltimore 21201	410-528-2159
2317 East Monument Ave., Balto. 21205	443-449-5074
1251 West Pratt St., Baltimore, 21223	410-528-2159

In addition, Freedompop is a carrier outside of the Lifeline program, that offers free and very inexpensive wireless service, including voice, text, and data (internet). It is required to purchase their phone, however.

Freedompop	www.freedompop.com

At Walmart there are numerous Straight Talk phones, costing from $10 up. The price of a Straight Talk card to add minutes is one of the most reasonable around.

HOUSING

• *Emergency Shelter* usually is short-term, free, and has few qualifications besides the need for immediate shelter and a willingness to follow the rules.

In Baltimore County, the emergency shelters for men are the Westside Shelter in Catonsville, and the Streets of Hope Men's Shelter in Essex. In addition, there is a Code Blue shelter on the eastside that is open overnight when the wind chill temperature is below freezing.

At the Westside Shelter the maximum stay is 3 months (with a month or two extension possible). When a client exits he may not return for a year.

Streets of Hope is open from November through April 15, and a client may stay for the entire season if he follows the rules.

To access emergency shelter in Baltimore County:

DSS Screening Unit	**410-853-3000, option 2**	**8 AM – 4 PM, or after hours leave a message**

• *Transitional Housing* is typically more program-oriented. Prospective residents are interviewed and must commit to active participation in a goal-oriented life-stabilization program. Transitional housing opportunities for men are mostly in Baltimore City, primarily geared toward those in recovery from addiction.

Helping Up Mission	1029 E. Baltimore St. 21202	410-675-7500
McVet (for veterans)	301 N. High St. 21202	410-547-6338
Baltimore Station	140 W West St. 21230	410-752-4454
Earl's Place	1400 E. Lombard St. 21231	410-522-0225

• *Subsidized Housing* usually involves public funding through the state or federal government. This is sometimes referred to as Section 8 housing. The vouchers that help make up the difference between what the person can afford to pay, and the market rent of the housing unit, are one of two types:

(a) Project-based – At certain locations, when an individual qualifies based on need, and is accepted, the amount he pays for rent is calculated so that he pays 30% of his income. He signs a lease to pay that amount and the rest is made up by the project based voucher, as long as he keeps the apartment. If he leaves he loses that voucher. Usually the wait time is less than 2 years after a person applies for project-based vouchers to become available.

See list of *Rental Housing with Federally Subsidized Units.*
(b) Portable voucher – The individual signs up for the Housing Choice waiting list maintained by the Housing Office of the Department of Social Services. There are a limited number of these vouchers assigned to the County, and the wait time approaches 10 years. When someone rises to the top of the waiting list and receives a voucher, it can be used almost anywhere that accepts it. The person pays 30% of his income and the voucher makes up the remainder of the rent.

It is advisable for all clients to fill out a Housing Choice Voucher Program Waiting List Application and submit it to the Housing Office. Emphasize that the client should keep in touch with the Housing Office whenever their contact information changes, and also to have a second (emergency) contact they can depend on.

• *Permanent Supportive Housing* provides clients in need with independent housing and ongoing human service support. This housing is usually, but not always, subsidized housing. The sponsoring agency usually provides such housing for a particular class of clients (e.g., the elderly, the disabled, homeless veterans, people in recovery from addictions, the chronically homeless, etc.). In Baltimore County the permanent supportive housing for chronically homeless men is at Prospect Place in Rosedale, administered by United Ministries, Inc.

Access Permanent Supportive Housing through the Housing Office.

Baltimore County Office of Housing	6401 York Road,	Towson, MD 21212	410-853-8900

Other supportive housing for single men in recovery:

Oxford Houses	See website for directory	www.oxfordhouse.org	
St. Luke Lutheran Church (up to 8 men)	1803 Dundalk Ave "Nazareth House"	Dundalk, MD 21222	410-633-5374 or call Bob 410-282-3458
Port Recovery, Inc.	3410 White Ave	Baltimore, MD 21214	443-463-7524 410-522-3746

In Baltimore City there is supportive housing that can be accessed through several agencies.

Home Connections	400 S. Bond St.	Baltimore MD 21231	410-732-1892
MD Community Health Initiatives	2410 Pennsylvania Ave., Suite 200	Baltimore MD 21217 (Penn North Recovery)	410-728-2080
Maryland Assoc for Supportive Housing	2233 Orleans St	Baltimore MD 21231	443-467-5724
AIRS	1800 N. Charles St.	Baltimore MD 21201	410-576-5070
Dayspring	1125 N. Patterson	Baltimore, MD 21213	410-563-3459

	Park Ave.,		

Section 811
The Supportive Housing for People with Disabilities Program (Section 811) is a federal program dedicated to developing and subsidizing rental housing for very or extremely low income adults with disabilities, like a chronic mental illness. The biggest difference between this program and similar ones is that it provides housing specifically for the disabled and ensures that all housing has access to appropriate supportive services like case management and employment assistance. A list of subsidized properties is available from HUD.
One of the most comprehensive lists of housing resources offered by HUD is the Federal Housing and Resources Guide, put together by Technical Assistance Collaborative, Inc. The guide includes information on many programs, including section 8 and section 811.

• *Market Rate Housing* – Depending on how much income a person receives, the less expensive apartments on the market may be a good option. If the person does not have good credit, or has had a past eviction, the larger apartment complexes probably will not accept him. In that case, he can look for a private landlord that will take him even under those conditions. Look for those apartments on Craig's List and in the weekly newspapers (Dundalk Eagle, East County Times, The Avenue).

See listing in appendix of some landlords in the area with more than one property.

• *Neighbor to Neighbor* – For men who have a family, this may be an option. This organization provides financial counseling, assistance with finding a place, and rental assistance that decreases over the course of a year.

Neighbor to Neighbor	c/o Epiphany Episcopal Church	2216 Pot Spring Rd Timonium 21093	410-252-4465

For **security deposits**, contact:
Streets of Hope
Community Assistance Network
Department of Social Services.
There also may be a possibility of making a partial security deposit over several months.

For **eviction prevention**, contact:
Community Assistance Network
Department of Social Services

PRIVATE LANDLORDS

Victoria Management John H	410-366-6180 ext. 296 410-688-0-1433	Rooms For Rent Rooms For Rent
The Greens apartments In Essex	410-391-6603	Townhomes, apartments for rent
Baltimore Regional Fair Housing Group	410-732-0500	Houses for Rent
Baltimore County Housing Counseling Agencies	410-284-9861	1835 Eastern Ave
Jason Goode	410-853-3523	Help with housing crisis
Tracy Douglass	410-853-3525	Help homeless with permanent housing
Rooms	410-491-8409	410-687-1880

EMPLOYMENT / TRAINING

The Baltimore County Division of Workforce Development operates the *Eastpoint American Job Center* at 7930 Eastern Boulevard, Baltimore 21224, that is open Monday-Friday 8:30 AM – 4:30 PM, (except closes at 2 PM on the 3rd Friday of the month). Phone number is 410-288-9050, email eastwdc@baltimorecountymd.gov

There are also *American Job Centers* in Hunt Valley and Liberty Center (Randalstown.) All of the centers offer career consultation, computerized job bank, professional development seminars (including resume writing, computer basics, job search fundamentals, math review) labor market and career information, computer resource labs with individual work spaces, fax and copy machines, and services for veterans and ex-offenders.

DORS (Maryland Division of Rehabilitative Services) – Assists individuals with disabilities receive job training and placement. The main office is at 2301 Argonne Dr., 410-554-9100. Their facility includes a *Workforce and Technology Center* that offers career assessment, career training, academic tutoring & GED preparation, employment services, and health and wellness services. Free tours of the WTC are offered every Tuesday and Thursday (410-554-9108), wtc.dors@maryland.gov.

Goodwill Job Program – http://www.goodwill.org/find-jobs-and-services/

Job Corps: Residential dormitory-style living for ages 16-24. Clients may reside there for 8 months up to a year. There are two Maryland locations, Baltimore and

Laurel. For additional information, contact Woodstock Job Corps Center at 410-461-1100 for a brochure.

Maryland Department of Natural Resources (seasonal employment March-Sept.) 410-461-3287. Seasonal maintenance work in a park service environment. Applicants must have a driver's license and no felony record.

Christopher Place Employment Academy – 725 Fallsway, Baltimore 21202, phone 443-986-9003. Operated by Catholic Charities in the Our Daily Bread Employment Center. CPEA is an 18-month program that moves men from homelessness to stable living, prepares men to obtain and maintain fulltime employment, empowers men to live a life free of drugs. The program is implemented in 5 phases: assessment and preparation; the academy – workshops and classes; job search; gainful employment & saving for future expenses; community housing. (See application and assessment in Appendix)

St Vincent DePaul Career Connections – 3445 Park Heights Ave., Baltimore 21215, phone 410-225-0870. M-F 9 am-4 pm. Drop in employment resource program for adults experiencing unemployment or underemployment, with two locations at the Career Center in Park Heights and Beans & Bread Center in Fell's Point. Services include job preparedness, job leads, and linkages to employment programs, internships, and skill training programs.

St. Vincent DePaul Next Course – 1901 62nd St., Suite 3906, Baltimore 21237, phone 410-982-0855. A 15-week, full time, intensive food service training course that combines classroom instruction with hands-on experience, ServSafe certification, soft skills training and job placement.

Community College of Baltimore County – 443-840-4700 or for a resource guide go to www.ccbcmd.edu/coned. If you want to increase your earning potential, upgrade job skills, secure a license or certification, or advance your career, CCBC offers the widest range of career-building options. CCBC works closely with the Department of Economic and Workforce Development to provide training for those unemployed and underemployed individuals looking for a new career.

Sherri Fuget- Hiring Manager at Amazon Sparrows point 443 857-8822

Job Hire USA – news paper located at local library

Christopher Place Employment Academy- 725 Fallsway, Balimore, MD, 21201, 667-600-3400

Strive Job Readiness program, job placement, ged prep/testing Kate Wilson 410 246-1377, Mon- Fri 9am-3pm 2201,N. Monroe street, Baltimore MD 21217

Supportive Employment Programs (SEP)

Prologue Vocational Services – serves people with a history of mental illness, substance/alcohol abuse, HIV/AIDS, domestic violence, and veterans. (See referral form in Appendix) .

Alliance: Mental Health Vocational Program, phone 410-282-5900 ext. 3022. Provides rehabilitation, treatment, case management, vocational and employment services to adults and children with psychiatric, developmental, and other disabilities in Maryland.

North Baltimore Center: Mental Health Vocational Program, 2225 N. Charles St., Baltimore 21218, phone 443-573-8682. Provides comprehensive community mental health care to residents of Baltimore City and surrounding areas.

People Encouraging People – Mental Health Vocational Program – 4201 Primrose Ave., Baltimore 21215, phone 410-764-8560. Provides a wide range of services, from rehabilitation, to assistance for the deaf and blind, to residential and vocational ventures.

Schapiro Training & Employment Program (STEP), 2211 Maryland Ave., Baltimore 21218, phone 410-625-1877. A Workforce Development agency that consists of three components: Supported Employment Program (SEP), Psychiatric Rehabilitation Program (PRP), Human Service Training (HST).

Bon Secours: New Phases, Mental Health Vocational Program, 3101 Towanda Ave., Baltimore 21216. Uses a holistic approach to health care.

Harford Belair: Mental Health Vocational Program, 4536 Harford Rd., Baltimore 21214. Provides psychiatric and mental health services.

Humanim: Workfirst, 3501 E. Federal St., Baltimore 21213. East Baltimore community rehabilitation program.

Johns Hopkins Bayview: Mental Health Vocational Program, 4940 Eastern Ave., Baltimore, 21224.

Mosaic Community Services: Adult Psychiatric Rehabilitation Program, phone 410-453-9563, ext 1207, 1931 Greenspring Dr., Timonium 21093. Psychiatric day rehabilitation program (PRP) designed to help individuals gain skills and confidence to perform everyday life activities.

Abilities Network – Community & Employment Partners – 8503 LaSalle Rd., Towson 21286, phone 410-828-7700. Offers adults with disabilities support and connections to housing, community services, advocacy, and employment.

INCOME TAX FILING

These CPA's have offered to file tax forms for SOH clients at no cost:

Darlynn Jones	410-866-4209
Monica Heim	410-391-8812

Maryland Volunteer Lawyers Service www.mvlslaw.org, 410-547-6537 , Monday- Friday 9am-12p , Help with IRS audits , liens, tax court, refund claims, tax identity theft and more

EDUCATION

Literacy Works, Inc. 9100 Franklin Square Drive, Room 303, Baltimore 21237, phone 410-887-2001 www.literacyworksinc.com Offers individualized computer-assisted classroom instruction to individuals who have not obtained a GED, or for adults who wish to improve their reading, writing, math, and computer skills. The only costs are for books and materials. There is a literacy center at the Eastern Family Resource Center (410-887-0440)

GED Assistance

The Community College of Baltimore Co., (410) 285-9593, External Diploma Program

- Adults, 18 and older.
- Applicants must first attend an information session and complete a prescreening test.
- Prescreen tests are once a month on a Monday evening at 6:30 p.m.
- The total cost of our program is $200.00. This is a materials fee and it can be paid as the client moves through the program.
- Clients must have $20.00 when they come to prescreen.
- Call 410-918-4284 for additional times and locations.

Baltimore City Community College, Adult Basic Education Program, 710 East Lombard Street,Baltimore, MD 21202, (410) 986-5444.

- Services include GED prep classes and assistance.
- Registration takes place between M-Th 8-6 and Friday 8-3.
- Applicants must call to get the most updated rates and costs.

HEAL Inc., 2100 Eutaw Place, Baltimore, MD 21217 (410)523-1828

- No fees for classes.
- Applicants must attend three orientation sessions.
- There is a fee for GED exams.
- Services offered include one-on-one tutoring, GED prep and computerized instruction. Classes are M-Th 9:30-12:30.

The Learning Bank of COIL, Inc, 1200 West Baltimore St. Baltimore, MD 21223, (410) 659-5452

- Services include GED prep classes.
- computer assisted instruction, writing, math and life skills assistance.
- Hours of operation are Tuesday, Wednesday and Thursday from 5:30-pm-8:30pm or Mon-Thurs 9am-12pm.

Learning is For Tomorrow, 7 South Wolfe Street, Baltimore, MD 21231, (410) 410-522-1705.

- One-on-one tutoring for adult beginner readers.

- Literacy classes and GED assistance.
- There is a $20 materials fee.
- Please call for updated dates and times of classes.

Maryland Adult External Diploma Program, South Baltimore Learning Center, 28 E. Ostend Street, Baltimore, MD 21230 (410) 625-4215.

- Services include assistance with earning a high school diploma after demonstrating general life skills and one individual skill.
- Open to residents of Baltimore and surrounding counties.
- Please call for updated times and costs.

- *The Ripken Learning Center*, 3 South Frederick Street, Suite 801, (410) 752-3595. Services include employment workshops, literacy skills and GED classes.
- Hours of operation are M-F 8:30-5, M-Th 5:30-8pm.
- Ages 16 and over. There is a $100 cost for the GED.
- Call for an updated schedule of classes.

South Baltimore Learning Center, 28 E. Ostend St, Baltimore, MD 21230, (410)-625-4215 www.southbaltimorelearns.org.

- Services Provided include Adult Basic Education classes (2-6th grade reading level).
- Pre-GED classes (6-9th grade reading level).
- GED classes (high school)--$60-75.
- Computer classes (basic, advanced, Excel)—sliding scale fee,.
- One-on-one tutoring (beginning adult readers lower than 2nd grade reading level).
- Career Counseling for anyone enrolled in a class.
- Academic Support Services for anyone enrolled in a class.

GED – i
http://www.dllr.maryland.gov/gedmd/gedi.shtml
http://www.mdadultedonline.org/
Maryland GED-i is a free, teacher-supported online learning program for GED® test preparation offered to learners who are:

- Maryland residents
- At least 16 years old
- Officially out of school
- Able to demonstrate minimum 9th grade reading and math skills

Strive program- GED prep/testing 410246-1377 Kate Wilson

LEGAL ISSUES

Maryland Volunteer Lawyer Service
http://www.mvlslaw.org
Telephone Intake (410) 547-6537 (Baltimore metro area) (800) 510-0050
Intake hours are Monday through Thursday, 9:00 a.m. to 1:00 p.m. We understand these times are not convenient for everyone. You may apply for services anytime online. MVLS provides pro bono legal representation to Marylanders with limited income in civil legal matters. Eligible clients are matched with a volunteer lawyer who has the skill and expertise to provide quality legal representation.

An intake paralegal will let you know if your income falls within our guidelines when you call.

Types of Cases MVLS Accepts

Administration of Small Estates
Adult Guardianship
Bankruptcy (Chapter 7 only)
Child Custody
Collections
Consumer Disputes
Criminal Record Expungement
Deed Changes
Denial of Public Benefits
Divorce
Foreclosure
Landlord/Tenant Conflicts
Living Wills
Name Changes
Power of Attorney
School Suspensions
Tax Disputes
Wills

Maryland Legal Aid
Baltimore County Office – Towson – 410-951-7777
District Court Self-Help Resource Centers – 410-260-1392
Joining Forces Project – for veterans – 443-863-4040

Ryan White Project – for HIV positive or AIDS – 866-635-2948
Provides a full range of free civil legal services to financially eligible individuals, including consumer rights, employment issues, government benefits, and many more.

Court Advocate 410-83-3030, will help out in court with domestic violence cases

Notary Public- Essex Libray 410-887-0295 1110 Eastern Boulevard

MD Volunteer law services, client intke 410-547-6537 Monday- Friday 9am-12pm, www.mvlslaw.org/apply-for-services and Expumgements

MD legal Services Cooperation-income based lawyers

Expungement

Expungement is the removal of records from public inspection. In Maryland, records may be expunged from 1) Motor Vehicle Administration files, 2) police files and 3) court and police files. Each process removes very specific files and must be done through the proper agency. You must apply for expungement of each arrest based on the date of arrest and according to the disposition. No process expunges the records from all agencies. A copy of the Expungement brochure can be found in the appendix of this For more information, visit the Judiciary website at: http://www.mdcourts.gov.

Some agencies that assist with expungement are:

Maryland Volunteer Lawyer Service (see above)

Maryland Legal Aid

Office of the Public Defender

Our Daily Bread – 725 Fallsway, Baltimore 21202

Homeless Persons Representation Project – intake locations vary, phone 800-773-4340 ext. 18

Northwest Career Center (NW-CC) at Mondawmin Mall, 2401 Liberty Heights Ave., Baltimore 21215, phone 410-523-1060. Univ. of MD Law School and its Re-Entry Clinic represent individuals with filing for expungements and requesting waiver of filing fees.

American Job Centers – Eastpoint, 7930 Eastern Boulevard, Baltimore 21224, phone

410-288-9050.

Notary, at no cost to SOH clients:
Kim Kursch, 443-571-9900

Essex Library 410 887 0295 1110 Eastern Blvd

HEALTH CARE – MEDICAL

Healthcare for the Homeless: Baltimore County - located on the second floor at the Eastern Family Resource Center, 9100 Franklin Square Drive, phone 443-777-2300. HCH provides comprehensive care to homeless residents of Baltimore County at no cost. If a client has Medical Assistance or Medicare, they bill that insurance. Some of the services offered include preventive health care, chronic care for existing conditions, mental health care, on-site laboratory, disability evaluations, completion of medical forms, and more. Call for an appointment Monday-Friday.

Healthcare for the Homeless – Headquarters - Baltimore City – 421 Fallsway, Baltimore 21202, phone 410-837-5533. Provides medical care, convalescent care, dental care, psychiatric care, behavioral health and addictions services, and supportive services (including help securing identification, transportation, housing, and securing public benefits.)
HCH Convalescent Center (by referral only) – 620 Fallsway, 410-598-6758.

Maryland Health Connection – website www.marylandhealthconnection.gov Maryland's official health insurance marketplace. Enrollment is year-round for Medicaid. Marylanders who are eligible for Medicaid may have coverage starting immediately and renew Medicaid coverage once a year through Maryland Health Connection.
Otherwise, open enrollment to buy a plan for the following year starts Nov. 1.

HealthCare Access Maryland – 201 East Baltimore St., Suite 1200, Baltimore 21202. Phone 410-649-0521. Baltimore County office at 523 Main Street, Reisterstown,

located at the back of the shopping center. A nonprofit agency that connects residents to public health care coverage and helps them navigate services effectively. The HealthLink program coordinates the care of patients who make frequent (and avoidable) trips to the ER. The Homeless Services Program conducts outreach and case management services to individuals currently experiencing homelessness.

All legal residents in Maryland who do not have access to affordable health coverage through their employer are eligible to enroll in health insurance through Maryland Health Connection. HealthCare Access Maryland can enroll people:

• in person, meet with a certified navigator to get help completing the enrollment process. Explore plans and enroll in private health insurance or Medicaid. Learn about eligibility for federal tax credits and cost-sharing subsidies. There is an enrollment site at the Dundalk DSS office, 1400 Merritt Blvd, on Mondays and Fridays from 8:30-4:30. Contact Paris Jordan, 443-908-0375. Other sites are listed on the website.

• by phone (1-855-642-8572) or • online (marylandhealthconnection.gov)
HealthChoice – Maryland's statewide mandatory managed care program, provides health care to most Medicaid participants. Eligible Medicaid participants enroll in a Managed Care Organization (MCO) of their choice and select a primary care provider (PCP) to oversee their medical care. The MCO;s contract with a network of providers to provide covered services to their enrollees, and are responsible to provide or arrange for the full range of health care services. There are currently 8 MCO's participating in HealthChoice:

• *AMERIGROUP Community Care*	*www.amerigroupcorp.com*
• *Jai Medical Systems*	*www.jaimedicalsystems.com*
• *Kaiser Permanente*	*www.kp.org/Medicaid/md*
• *Maryland Physicians Care*	*www.marylandphysicianscare.com*
• *MedStar Family Choice*	*www.medstarfamilychoice.net*
• *Priority Partners*	*www.ppmco.org/*
• *Riverside Health of Maryland*	*www.myriversidehealth.com*
• *UnitedHealthcare*	*www.uhccommunityplan.com*

Information on what the MCO's cover may be obtained by calling the member services line of the MCO, or consulting their websites. You can also call the HealthChoice Enrollee Help Line at 1-800-284-4510

HealthCare for the Homeless LaVeda D. Baceeti- Director of Area Operations, Clinic Administation

MedStar Franklin Square, Madonna P. Huggins, 9000 Franklin Square Drive , 443-777-6262

Baltimore County State Health Insurance Program, medicare information and assistance 410-887-2059

Free Flu Shots Med Star Franklin Square 443-777-7900

CANCER SCREENINGS

Baltimore Co. Health Department – Colon Cancer Screening – 410-887-3456
For age 50 and over, no insurance required, must be a Balt. Co. resident

SMOKING CESSATION

For the State of Maryland, *1-800-QUIT-NOW* (1-800-784-8669). Website: www.smokingstopshere.com. Provides a 4-step plan help people quit smoking and QuitCoaches to support their effort.

Baltimore County Department of Health – Quit Smoking Help – 410-887-3828

MedStar Franklin Square Hospital – Smoking Cessation Program – 1-877-715-4673 – 6 weeks of classes, taught by a Clinical Nurse Specialist, focusing on behavioral modification, deep breathing and muscle relaxation. Small group size, up-to-date tobacco information, smoking aversion techniques, skill development for reducing cravings and stress. Free of charge.

SmokeFree.gov online includes a variety of interactive tools to help you quit smoking.

BecomeAnEX.org is a free, interactive website that shows smokers how to re-learn life without cigarettes. The site, developed by Legacy in partnership with Mayo Clinic, offers a free, personalized quit plan and an online support community to help people prepare to quite and stay quit.

PHARMACY CO-PAYS

Contact Streets of Hope, or individual churches

DENTAL CARE

Some of the MCO's listed above provide limited dental care for adults.

In addition:

Healthcare for the Homeless, 421 Fallsway, Baltimore, phone 410-837-5533. New patients go through the qualifying process, get an appointment for a medical office visit, then get access to the Dental Clinic. A comprehensive dental program designed to address the unique needs of adults and children experiencing homelessness.

University of Maryland Dental School/Clinic, 650 West Baltimore St., Baltimore 21201, phone 410-706-7101. One does NOT have to be a Baltimore City resident. Two of the dental programs offered: (consult website for others)

•Adult General Dentistry, 410-706-7063. $174 for initial visit (covers x-ray and exam). Participates with the Medical Assistance Dental Program and the Healthy Smiles dental programs. Offers comprehensive dental care by dental students under the close supervision of faculty dentists. Appointments are 3 hours long, at 8 am or 12 pm. Fees are lower than charged in private practice in the area.

•Urgent Care (Emergency) Dentristy, 410-706-2716. Walk-in clinic for patients (**not** regular patients of Dental School) experiencing pain or swelling. Open Monday-Friday 8 am – 4:30 pm. First come first served, limited appointments each day. Fee is $162 for exam, x-ray, and one simple extraction. Participates with the Maryland Medical Assistance dental program and with Maryland Healthy Smiles.

Services are provided at reduced fees to persons who qualify and who submit the necessary proof concerning their financial ability to pay for dental services. Applications for reduced fees are evaluated by the Dental School based on income and assets. To be considered, completely fill out the application form and submit proof of income and assets.
• For Family Investment Program grant, have a referral completed by DSS Case Worker and submit with TDAP award letter.

Maryland Healthy Smiles Dental Program – provides coverage for children under the age of 21, as well as pregnant women. It is administered by Scion Dental, website Dental.MDHealthySmiles.com. 1-855-934-9812

Baltimore County Health Department – Dental Clinic, Eastern Family Resource Center, 9100 Franklin Square Drive, phone 410-887-6440, 410-887-2780. For children under the age of 21, and senior citizens age 60 and older. Office visit fees are on a sliding scale according to the gross household income and family size.

Dental Access Program (ages 18 to 60), phone 410-887-2781. Offers a percentage off the normal fee of private dentists in Baltimore County. This percentage (10%-40% is based on the gross household income and number of people living off that income.

South Baltimore Family Health Center Dental Clinic, 631 Cherry Hill Road, phone 410-354-5822. Preventive, restorative and emergency services. Sliding fee scale.

GBMC Community & Family Health Center – ask for Dental Clinic – 1200 East Fayette Street, phone 410-522-6575 Comprehensive dental services for adults and children. Walk-ins should call ahead but are accepted. Insurances accepted. Sliding scale – extractions under local anesthesia $100 to $160 average.

Baltimore Medical System, East Baltimore Quality Dental, 3701 Eastern Avenue, phone 410-327-7639. Comprehensive dental services for adults and children. Application required, insurance accepted, basic appointment is $69.

Affordable Dentures –Towson, 913 Taylor Avenue, Loch Raven Plaza, Towson MD 21286, phone 410-514-6319.
Affordable Dentures – Jessup, 7351 Assateague Drive, Suite 480, Jessup, MD 20794, phone 443-687-7943
Each affiliated practice is individually owned and operated by a licensed, general dentist, all with a common goal: to provide affordable denture services and dental care that are delivered with compassion, dignity and respect for all patients. Fees:

- full economy set $525
- upper or lower $345
- routine extraction $105

Many of the affiliated dental practices have established agency or third-party care provider relationships with government and social service organizations. See the Outside Agency Request Form.

MENTAL HEALTH / SUBSTANCE ABUSE TREATMENT / RECOVERY

PROLOGUE – If a person is encountered who is severely mentally ill – contact Prologue to discuss – 410-653-6190. Takes people in order of severity of need.

Mental Health Services
Baltimore County Department of Health
6401 York Road, Third Floor
Baltimore, Maryland 21212-2130
Email: behavioralhealth@baltimorecountymd.gov
Phone: 410-887-3828

Find information on mental health services available from the Department of Health.

- Adult Services
- Emergency Mental Health
- Geriatric Services
- Outpatient Services
- Residential Rehabilitation Program
- Supportive Employment
- Youth and Family Services

- **Adult Services**
- The Adult Services Team:
  - Provides oversight and consultation to mental health programs in Baltimore County
  - Approves placement in the County's Residential Rehabilitation and Supported Employment Programs
  - Approves extensions for crisis beds
  - Provides a limited Adult Flexible Fund for one-time assistance to Baltimore County residents with a mental illness who meet eligibility requirements. The fund helps avoid eviction or utility cut-off.
  - Provides a limited Medical Fund for one-time assistance to Baltimore County residents with a mental illness who meet eligibility requirements. The fund provides payment for psychiatric medications.

Download the program or fund assistance applications. Please note applications must be completed by a psychiatrist, psychologist, counselor, social worker or case manager working on behalf of the consumer in need.

Project Home- Residential program for adults with disabilities 1-800-332-6347,311 w. Saratoga Street, Baltimore, MD 21201

Departmnt of Health, Mark- peer support service 443-202-6358, 6401 York Road, Baltimore, MD 21221—Anita Browne- 410-887-2336 community Health worker

Counseling Project- free Therapy

The Care Group at Safe Harbor- on site counseling services for missioms, shelters and transitional housing

Emergency Mental Health

The Bureau of Behavioral Health administers a Crisis Mental Health System through a contract with the Affiliated Sante Group, Incorporated. The primary goal is to help the individual in crisis remain in the community by avoiding an unnecessary

hospitalization or removal from the natural environment. The Emergency Mental Health System serves as the central hub in the public mental health system.
To receive any of the services listed below, please call 410-931-2214.

- 24-hour Operations Center
- Mobile Crisis Teams
- In-Home Intervention Team
- Urgent Care Clinic
- Non-Mental Health Emergency Housing
- Critical Incident Stress Management

Geriatric Services

The Geriatric Services Team works with seniors and their families who need help coping with typical problems that arise with aging such as depression, anxiety, relationship conflicts and difficulties coping with loss and other life changes. The team also consults with other County agencies around issues impacting older persons with mental illnesses.
Services include:

- Pre-screening evaluations
- Consultations
- Discussion groups

For access to Geriatric Services, call Pat Karpook of Bay Life Services at 443-777-2221.

PEERS: Seniors in Partnership
PEERS: Seniors in Partnership by the Mental Health Association of Maryland helps elderly individuals cope with isolation and depression. Elderly persons with a mental illness are matched with senior volunteers in the community for support and companionship. This program is available to provide presentations to community groups and senior centers.
For more information, please call Susan Parks of the Mental Health Association of Maryland at 410-235-1178.

Residential Rehabilitation Program
Residential Rehabilitation Program (RRP) services are designed to provide assistance to eligible adults who have serious and persistent mental illness and are in need of psychiatric rehabilitation in a supervised residential setting.
Services include:

- Assistance with activities of daily living
- Community integration
- Medication monitoring
- Development of independent living skills, with the ultimate goal of moving independently into the community

In order to be eligible for RRP services in Baltimore County, an applicant must be a resident of Baltimore County, have a diagnosis that meets the priority population definition for adults, be eligible for Medical Assistance and have a clear need for rehabilitation.
It is very important to understand that RRP services are not the same as housing, and that housing is only provided as part of the RRP services. All residents are expected to contribute to the cost of their care, and are expected to do their part towards the care and cleanliness of the residence. An application (PDF) for RRP services can be mailed or faxed to the Residential Specialist.

Transition Age Youth Program
The Transitional Age Youth Program is a Residential Rehabilitation Program which assists young adults between the ages of 18 to 21 with a history of severe emotional behavioral problems towards the goal of independent living.

Supportive Employment Program
The Supported Employment Program is part of a mental health initiative that partners with the Maryland Division of Rehabilitation Services to provide and promote employment opportunities for eligible adults with mental illness.
Services include:

- Job readiness training
- Job coaching
- Assistance with finding employment
- Support to maintain employment in the community.

To learn more about eligibility and accessing this service, call 410-887-3828 and ask to speak to a member of the Adult Services Team.

Youth and Family Services
The Youth and Family Services Team in the Bureau of Behavioral Health and Core Service Agency contracts for and monitors publicly-funded services for children and adolescents with severe emotional and behavioral problems who are at risk for out-of-home placement and their families.
The Bureau of Behavioral Health and Core Service Agency does not provide clinical services. Rather, the agency accesses funding, including state grants and Medical Assistance, for specialized treatment programs for youth and their families. Services are then provided via contractual arrangement with private, typically non-profit, mental health agencies.

Outpatient Mental Health Centers
Outpatient Mental Health Centers, licensed by the Department of Health and Mental Hygiene, provide outpatient treatment and serve the largest number of consumers. The centers treat children and adolescents as well as adults with emotional and behavioral problems, with a range of severity. Services include individual and family therapy and psychopharmacology. Group therapy and school-based clinics are available at some sites.

Beacon Health Options Maryland - website: Maryland.beaconhealthoptions.com; select tab for Non Behavioral Health Providers
You may also contact Beacon Health Options Maryland at this toll-free number: 800-888-1965. Hours of operation: Monday through Friday 8:00am – 6:00pm EST.

Beacon Health Options Maryland gives care to people served by the Maryland Department of Health and Mental Hygiene Health (DHMH), Behavioral Health Administration. The website gives information about recovery-oriented services that DHMH/BHA funds through local mental health centers; the partnership between DHMH/BHA and Beacon Health Options Maryland; and how to get connected.

The behavioral health benefits of State of Maryland residents who have Maryland Medicaid, and those who meet the State's "Uninsured" eligibility criteria, are managed by the State's Administrative Services Organization, which is Beacon Health Options Maryland. If referral to behavioral health treatment is being considered, here are some helpful resourses on the website:

To assist Clients in their decision to seek behavioral health treatment:
- Is it OK to ask for help?
- Do I need Behavioral Health Treatment?
- What is the process of Behavioral Health Treatment?

Behavioral Health Screening Tools:
- Mental Health and Substance Use screening tools
- The Clinical Institute Withdrawal Assessment of Alcohol Scale

National Resources for Medical Health Care Professionals
There are common issues and concerns that arise in Primary Care, and other medical practice settings, when treating consumers with a mental health or substance related disorder. You can find assistance from one or both of the following national resources:
- Beacon Health Options Achieve Solutions
- The Substance Abuse and Mental Health Services Administration (SAMHSA)
- The National Institute of Health (NIH)

PCP and other Health Care Professional Hotline:
To expedite and enhance the coordination of care efforts of all involved, Beacon Health Options offers a HealthCare Professional help line. Dialing the main number (800-888-1965) and pressing option #6 then option #8, will take you directly to a designated, licensed clinical resource to answer your questions, help provide support for difficult cases, and/or triage your needs and facilitate additional discussions as needed. When indicated, the professional who handles your call can access Board Certified Psychiatrists who specialize in Adult, Addictions, and/or Child and Adolescent services. The hotline is available Monday-Friday, from 8:00am to 5:00pm

Coordination of Care for consumers with Substance Use Disorders

Federal law prohibits the sharing of a consumer's substance use disorders and/or the treatment of SUD issues without a release of information, signed by the consumer. If you are going to give/receive information that pertains to the diagnosis or treatment of a substance related disorder with/from Beacon Health Options, you will need to have the consumer read and sign a release of information, found on the website.

To access specialty behavioral health services through the Public Behavioral Health System, you can:

- Call Beacon Health Options Maryland at 1-800-888-1965, or
- Go to the Beacon Health Options Maryland website, or
- Contact the local Core Service Agency

Baltimore County
Bureau of Behavioral Health of Baltimore County Health Department
6401 York Road, Third Floor
Baltimore, Maryland 21212
Phone: 410-887-3828 Fax: 410-887-3786
Email: kcuthrell@baltimorecountymd.gov
CSA Director: Kimberly Cuthrell

Maryland's Behavioral Health, Health Homes

Health Homes for individuals with chronic conditions will augment the State's broader efforts to integrate somatic and behavioral health services. The program will target populations with behavioral health needs who are at high risk for additional chronic conditions, including those with serious persistent mental illness, serious emotional disturbance, and opiod substance use disorders. Health Homes will offer participants enhanced care coordination services from providers with whom they regularly receive care, including psychiatric rehabilitation programs, mobile treatment service providers, and opioid treatment programs. This is a community-based approach, **not** a residential program. Health Homes are designed to enhance person-centered care, empowering participants to manage and prevent chronic conditions in order to improve health outcomes, while reducing avoidable hospital encounters. Find the list of Behavioral Health Homes on the website, and in the appendix. In Southeastern Baltimore County, the providers include Alliance (9201 Philadelphia Road), and Leading By Example (8307 Philadelphia Road).

Pharmacy Questions and Contacts:

- Medicaid Pharmacy Program Recipient Access Hotline

Calls are accepted from 8:00am – 5:00pm Monday-Friday. Callers may leave a message before or after hours and on weekends and holidays. Pharmacy staff will return calls on the next business day.
1-800-492-5231 or 410-767-5800

Specialized Programs

Specialized programs, serving a smaller, but significant number of consumers, include a wide array of innovative home and community-based services. These services, dependent upon funding, may include:

- Case Management
- In-home family-focused behavioral counseling
- Respite services, home-based and out-of-home
- Therapeutic after-school programs
- Psychiatric Rehabilitation Programs
- Psychiatric residential treatment centers
- School-based mental health clinics
- Therapeutic Behavioral Aides

Eligibility

Many, but not all programs require:

- Psychiatric Axis I diagnosis
- Medical Assistance Insurance
- An IQ of 70 and above
- Referral by a mental health professional

Fees

Medical Assistance reimburses on a fee-for-service basis for services authorized by the Public Mental Health System. Some services require this insurance. For consumers without Medical Assistance, some services have a sliding-scale fee and some have no fee.
Download referral information and other forms for services. For additional information, call the Bureau of Behavioral Health at 410-887-3828.

Providers and Consumer Information

Mental Hygiene Administration provides general information regarding the public mental health system of Maryland.

Licensed Assisted Living Facility List allows viewers to download the list of licensed assisted living homes or group homes throughout Maryland. The list is organized alphabetically by county.

People Encouraging People (PEP) Assertive Community Treatment Team (ACT) is a mobile practice of integrated psychiatric, therapeutic, and dual diagnosed treatment provided by transdisciplinary teams in the community. Provides wrap-

around services to people who have been unsuccessful in traditional community mental health. 1506 Woodlawn Dr., Suite C, Baltimore 21207, phone 410-366-4299

Aspire Wellness
6918 Ridge Road, Rosedale, MD 21237
443-442-1568

Community Behavioral Services
8967 Yellow Brick Road
Rosedale, MD 21237
410-780-5203

Residents with Disabilities

Maryland Department of Disabilities provides information regarding services for Marylanders with disabilities as well as fact sheets regarding various services and programs that are available.

Employed Individuals with Disabilities Program for information regarding health coverage for employed Marylanders with disabilities.

Advocacy and Support

Mental Health Association of Maryland provides family support and advocacy.

National Alliance on Mental Illness provides information, advocacy, support and referral for persons with mental illness and their family members.

On Our Own of Maryland is a state-wide mental health advocacy group that provides local wellness and resource centers in Baltimore County.

DEVELOPMENTAL DISABILITIES (Including Intellectual Disability)

DDA is the **Developmental Disabilities Administration**

They are the entry point for service providers for individuals with disabilities. Eligibility information : http://www.ddamaryland.org/CMRO/eligibility.htm

1. Those with developmental disabilities and;
2. Those who have a severe, chronic disability which is caused by a physical or mental condition, other than a sole diagnosis of mental illness. An individual is considered to have a developmental disability if she/he has a physical or mental condition other than a sole diagnosis of mental illness and needs to have services which are individually planned and coordinated. The condition has to be likely to continue indefinitely and has to be manifested before the age of 22, with the result of the condition being an inability to live independently. An individual who does not meet the definition of developmentally disabled may be eligible for **Individual Support Services**. One must have a severe, chronic disability, which is caused by a physical or mental condition other than a sole diagnosis of mental illness, and the condition has to be likely to continue indefinitely.

Contact info for the Central MD office:
Telephone: (410)234-8200
FAX: (410)234-8397
Address: DDA - Central Maryland Regional Office,
1401 Severn St., Baltimore, MD

The Arc Baltimore (provider of DDA services)
7215 York Road Baltimore, Maryland 21212 Telephone: (410)296-2272 TTY: (410)296-6372 FAX: (410)296-2394 E-mail: Hillary Christian
Web Address: www.arcofbaltimore.org

Individuals Have the Following Types of Disabilities: Intellectual disability, Autism, Behavioral Problems, Blindness/Severe Visual Impairment, Cerebral Palsy, Head Injury, Deafness/Severe Hearing Impairment, Epilepsy/Seizure Disorder, Mental Disorder, Orthopedic Impairment, Specific Learning Disability, Speech/Language Impairment, Spina Bifida, Spinal Cord Injury, Other neurological impairment and other undetermined disabilities.
Ages Served: Childhood to Adult
Home Region of DDA: Central
Counties Served: Baltimore City, Baltimore County.

Services Offered
Supported Employment, Residential Services, Day Habilitation Program, Family Support Services, Individual Support Services, Community Supported Living Arrangements, Vocational Day Program/Sheltered Workshop, Individual Family Care, Behavioral Support Services, Summer Programs/Camps and Vacations, Respite Care

LISS Program

The Low Intensity Support Services program (LISS) is low level funding designed to improve an individual or family's quality of life, increase or maintain independence, and participate in their communities. The LISS program uses an automated system called the Random Selection Process to select individuals who may be eligible for funding, granting up to $2000 for services and items to address their needs. Contact the DDA for more information.

SUBSTANCE ABUSE TREATMENT RESOURCES

Maryland Resources:

1) **Alcohol & Drug Abuse Administration Md.**
www.maryland-adaa.org/resource/ (410) 402 - 8600

Online Resource Directory provides information on inpatient and outpatient treatment programs throughout Maryland and the insurance providers those programs will accept

University of Maryland Treatment Sites:

1) Alcohol & Drug Abuse Program (ADAP) (443) 462 - 3400
Substance abuse counseling - individual/group therapy 1001 W. Pratt St., 21223
Can help patients get on methadone or buprenorphine
Takes: Medicare, uninsured Baltimore City residents, Medicaid

2) Outpatient Addiction Treatment Services (OATS) (410) 328 - 6600
Substance abuse counseling – individual/group therapy; Acupuncture 701 W. Pratt St, 21201
Can help patients get on methadone or buprenorphine
Takes: Medical Assistance, Medicare (w/ Medical Assistance), some Commercial Insurances,

3) University of Maryland Drug Treatment Program)(410) 837 - 3313
Methadone treatment w/outpatient counseling - individual/group therapy
630 W. Fayette St, 21201
Takes: Medical Assistance, Medicare, Commercial Insurances,

4) Comprehensive Recovery Program (CRP) (410) 328 - 5219
6 month extended methadone detox program 701 W. Pratt St, 21201
Individual/group therapy, Case management
Takes: Medical Assistance, Medicare, uninsured patients,

Other Baltimore City Referrals:

1) Baltimore Substance Abuse System (bSAS) (410) 637 - 1900
www.bsasinc.org
Offers general referrals for all Baltimore City residents and can assist in finding programs that will work with all types of insurance
Services include prevention, intervention, treatment, and recovery programs delivered in outpatient, residential, and medically assisted treatment

2) Tuerk House (410) 233 - 0684
Inpatient Rehab - 3-4 weeks 730 Ashburton St, 21216
Outpatient individual/ group therapy/ Residential treatment
Opioid detox
Alcohol/Sedative detox (Baltimore County patients)

Acute Detoxification:

1) Center for Addiction Medicine (CAM) (410) 225 - 8240
Inpatient/ Outpatient detox (outpatient detox: $260 self-pay)
Takes Commercial Insurance, Medical Assistance, Medicare (PAC for counseling, methadone treatment)
Also offers buprenorphine/methadone treatment and counseling

2) Johns Hopkins Bayview- Chemical Dependency Unit (410) 550 - 1908
Inpatient detox
Takes Insured and Uninsured

3) Baltimore Crisis Response Inc (BCRI) (410) 433 - 5175
Takes Uninsured
Inpatient detox and Crisis psychiatric care

4) Baltimore Cares (410) 233 - 3111
Outpatient detox

Other Useful Treatment Resources

Maryland Smoking Cessation www.smokingstopshere.com (800) QUIT - NOW
Alcoholics Anonymous www.aa.org (410) 663 - 1922
Al-Anon/Al-Ateen www.al-anon.alateen.org (410) 832 - 7094
Smart Recovery www.smartrecovery.org (410) 336 - 4636

Treatment resources vary greatly based on patient's insurance provider.
Follow the guide below to determine the best option.

Uninsured

Uninsured Baltimore City residents are eligible for substance abuse treatment through University of Maryland's ADAP and OATS (depending on income).

Uninsured patients can also contact Baltimore Substance Abuse System (bSAS). BSAS staff will look for grant funding and other means to cover individuals who want to enter treatment.

Medical Assistance (MA)

Patients with Medical Assistance are eligible for most substance abuse inpatient and outpatient treatment programs in Maryland.

Contact Baltimore Substance Abuse System (bSAS) to assist with referral.

Visit the Alcohol & Drug Abuse Administration (ADAA) Resource Directory to find specific types of treatment programs in different geographic areas in Maryland.

Medicare

The co-pay for substance abuse treatment with Medicare can be very high (often 50% of cost).

If patients are unable to pay the large co-pay, contact Baltimore Substance Abuse System, which can assist patients with referral options for the under-insured.

University of Maryland's ADAP and OATS will also accept patients with Medicare (may depend on income).

Private Insurance

Call the insurance company's customer service number on the back of the card to find out which providers are in network (there is often a separate number for substance abuse/mental health). If there is a large co-pay, patients can call Baltimore Substance Abuse System to see if there are other low cost options.

REHAB PROVIDERS

Westminster Rescue Mission, 658 Lucabaugh Mill Rd., Westminster, MD 21157, phone 410-848-2222. Contact: Pastor Lewis. www.westminsterrescuemission.org

Port Recovery, Inc. – Recovery Housing for Men and Women, 3410 White Ave., Baltimore 21214, phone 410-522-3746

Overdose Response Program (ORP)

The Maryland Department of Health and Mental Hygiene launched the Overdose Response Program in March 2014 to train and certify qualified individuals – e.g. family members, friends and associates of opioid users; treatment program and

transitional housing staff; and law enforcement officers – most able to assist someone at risk of dying from an opoid overdose when emergency medical services are not immediately available. Successfully trained individuals will receive a certificate allowing them to obtain naloxone (Narcan), at participating pharmacies. This life saving medication can quickly restore the breathing of a person who has overdosed on heroin or prescription opioid pain medication like oxycodone, hydrocodone, morphine, fentanyl or methadone.

MD client assistance program 1 800-638-6243

Baltimore county Department of Health Bureau of Behavioral Health
410-88REACH , Mark

Free Narcan Training Baltimore County Department of Health, 410887-38228

Post Recovery- Intensive OutPatient Program, Port Recovery IOP 443 869-4909, 7000 Harford Rd Baltimore MD 21234

FINANCIAL ASSISTANCE

Baltimore County Department of Social Services (410) 853-3000

Food Stamps (SNAP)
Please be aware that if you have been convicted of a drug felony as of August 22, 1996, have traded food stamps for an illegal drug, or have traded food stamps for firearms, you are permanently ineligible to receive food stamps.

Temporary Case Assistance (TCA)
TCA is temporary; an individual can only receive it for five (5) years, no more. TCA is available to those seeking employment and employed individuals. TCA is available to families with children under age 18.

Temporary Disability Assistance Program (TDAP)
TDAP is available to disabled adults who have no children under the age of 18 residing with them and who have applied for SSI or SSDI.

May also help with:

- Payment on winter heating bills (MEAP)
- Rental Assistance
- Eviction Prevention

Social Security Administration 1-800-772-12131

Information on Supplemental Security Income (SSI) and Social Security Disability Income (SSDI). Application is online.

Local walk in offices are listed below.
6820 Hospital Drive, Baltimore, MD 21237
5 Park Center Court, Owings Mills, MD 21117
110 West Road, Towson, MD 21204
6722 Reisterstown Road, Baltimore, MD 21215

SOAR

If encountering a person severely mentally ill – contact Prologue to discuss.

CASE MANAGEMENT RESOURCES

Alliance Incorporated: Services provided include general case management and linkages to agencies offering specific types of care. www.allianceinc.org
Baltimore County: (410) 282-5900
Howard County: (410) 992-4994
Harford County: (410) 273-1399.

Creative Alternatives: (Johns Hopkins Bayview) Both case management and mental health. (410) 631-6021

Key Point Health Services Inc.: Services provided include various types of therapy, adult, child and adolescent services, geriatric services and medication therapy. Aberdeen: (443) 625-1600, Catonsville: (410) 788-0300, Dundalk: (410) 282 1792 www.keypoint.org.

Main Street Mobile Treatment: Mental health with case management. 410-526-7882

Mosaic Inc.: Services provided include mental health counseling, case management, adolescent care and more. Please call for specific eligibility requirements. www.mosaicinc.org. (410) 453-9553

Prologue Inc.: Services provided include street outreach, case management and assistance to linkages to various programs. Baltimore County residents only. www.prologueinc.org. (410) 653-6190

(not county) PDG Rehabilitation Services (also case management) Main offices are in Baltimore city and Glen Bernie http://www.pdgrehab.com/

The **ASSISTANCE CENTER OF TOWSON CHURCHES** offers an ecumenical program that provides help to the poor and needy families in our community. It began as the result of a study conducted by the Towson Area Ministerial Association exploring an effective and efficient way to meet the needs of people coming to churches requesting help. Fourteen churches joined together to form ACTC. A consortium of 50 churches now participates in the outreach effort.

The Assistance Center opened in 1985 to give *emergency assistance,* including food, eviction and utility cutoff prevention, payment for prescriptions and lunches for the homeless. Today a GBMC nurse practitioner helps with medical matters. Its service area incorporates 21 zip codes in central Baltimore County extending up to the Pennsylvania line.

The center operates with a director, an assistant and a team of 60 trained volunteers, who interview each applicant to determine their specific needs, stock the food pantry and assist with special projects. Located at 120 W. Pennsylvania Avenue (between Baltimore and Washington Avenues on the alley behind Calvary Baptist Church) in Towson, the center is open Monday through Friday from 10 AM to 2:45 PM.

VETERANS' SERVICES

Maryland's Commitment to Veterans
assists veterans returning from Iraq and Afghanistan and their families in accessing mental health and substance abuse services. Call 1-877-770-4801, or visit http://www.veterans.maryland.gov

Veterans Administration
Baltimore VA Medical Center
10 N. Green Street, Baltimore 21201, phone 410-605-7000

HOW TO NAVIGATE THE BALTIMORE V.A.

Have your client complete a DD-214 request as soon as possible, preferably at the time of intake. Fax off the DD-214 request immediately to:

EMERGENCY DD-214
Fax: 314-801-0764
Phone: 314-801-0800

You can e-mail: mprstatus@nara.gov to check the status of your fax request. This request line used to produce quick results. It may not do so now. Fax off the request to the corresponding military branch listed on the request itself as an additional source for the DD-214.
Still having trouble getting a DD -214:? Visit the

GEORGE H FALLON FEDERAL BUILDING
31 HOPKINS PLAZA
BALTIMORE, MD. 21201
410-962-7611

1. Bring YOUR own ID, your work ID, AND your client's ID with you on arrival.
2. Ask to speak to the office that handles DD -214 requests. The guard will direct you.
3. Bring an official document on company letterhead explaining that the client is participating in HOP.
4. Make sure to specify the exact mailing address client prefers to use to receive his/her DD 214.
5. Hurry up and wait.

GOT THE DD-214? ENTER YOUR CLIENT IN THE V.A. DATABASE AS SHOWN BELOW. NO APPOINTMENT IS NECESSARY. VISIT:

BALTIMORE V.A. MEDICAL CENTER
10 N GREEN ST.
BALTIMORE, MD. 21201
410-605-7000
Hours: M-F : 8:30 - 5:00

1. Park in the V.A. Annex parking garage. Stand outside the V.A. Annex, and wait for the shuttle that transports you to the V.A. Medical Center.
2. Walk in and take a right towards the Eligibility Office Room 1D102
3. Sign in on the clipboard to your left when you go in the office.
4. Wait till your client's name is called. Your client will have to show a copy of his/her DD-214 AND Maryland state ID to be enrolled in the database.
5. After enrolling, your client may be directed to visit the neighboring office of medical Services to apply for their first medical appointment at the V.A. Center.

ONCE CLIENT HAS BEEN ENTERED INTO THE SYSTEM YOU MAY VISIT:

BALTIMORE V.A. ANNEX
209 W. FAYETTE ST.
BALTIMORE, MD. 21201
410-637-1256
HOURS: M-F: 8:30- 5;00

The V.A. Annex hosts most of the mental health services available for veterans. Services include:
HOMELESS VETERANS PROGRAM *
Outpatient Trauma Recovery Program
Mental Health Wellness
Senior Exercise Rehabilitation Center
Neuropsychology

*Sign in at the information center and receive a wristband. Tell the attendant that you wish to speak to someone in the :

HOMELESS VETERANS PROGRAM
Hours: M-F 9:00 - 1:00

1.. Take the elevator to the 5th floor and sign in with the desk attendant Mr. Johnson.
2. Ask to speak to a V.A. social worker.
3. Inform the social worker that your client is interested in applying for the HUD-VASH Housing voucher.
4. If your client is not eligible for the HUD-VASH then request referrals to other housing resources for veterans.

THE HUD-VASH HOUSING VOUCHER:

HUD-VASH= Housing and Urban Development --Veterans Administration Supportive Housing

Veterans are eligible if they are currently experiencing homelessness for a minimum of three years. Homeless veterans with children are considered the highest priority.

HUD- VASH VOUCHER APPLICATION PROCESS

1. Client completes a questionnaire with the assistance of a V.A. social worker at the V.A. Annex.
2. Client is contacted by phone and/or e-mail if the client is awarded a voucher
3. Client will attend a briefing at the BALTIMORE HOUSING AUTHORITY at 127 W PRATT ST.
4. Client is offered the option of transferring his/her city-based voucher to the county if they choose to do so. Client must complete the transfer request within 14 day of receiving the housing voucher.
5. Client must find a rental unit that meets the HUD-VASH requirements (clients without income are eligible provided they find an apartment with included utilities).
6. Client must complete the pink sheet of paper of paper in his/her HUD-VASH Packet and return it to the Housing Authority in person ASAP.
7. Client will be notified by the Housing Authority if client's preferred rental meets the requirements for HUD-VASH. If it does not client must find another unit.
   Client may apply for a 30 , 60, or 90 day extension.

8. When client's rental is approved, client will receive notification from the Housing Authority via phone, fax, or mail. Client will receive the remainder of paperwork from the corresponding DSS of the client's residential location.

9. Client will attend another briefing at the corresponding DSS location and will receive the paperwork that must be submitted to the client's landlord.

10. Upon move in, the V.A. will pay the first month's rent. Client is responsible for the security deposit.

11. If client chooses to decline the housing voucher, a letter must be sent to the Baltimore V.A. Annex, explaining why the client is declining the voucher.

Ask the V.A. social worker if there are OTHER HOUSING RESOURCES that the client would be eligible for.

MCVETS

Acts as an outreach center and provides various types of housing to veterans.

Day drop in Program
EMERGENCY HOUSING (13 weeks only)
TRANSITIONAL HOUSING PROGRAM (2 years)
SINGLE ROOM OCCUPANCY

THE BALTIMORE STATION

Residential treatment program for veterans struggling with substance abuse

SOUTH BALTIMORE STATION	BAKER STREET STATION
140 W West St. Baltimore , Md. 21230	1622 Baker St. Baltimore, Md. 21230
Phone: 410-752-4454	Phone: 410-462-2585
Fax: 410-752-4123	Fax: 410-462-2561

PERRY POINT V.A. MEDICAL CENTER

Provides various programs to veterans who wish to receive services outside the City.

SUBSTANCE ABUSE RESIDENTIAL REHABILITATION TREATMENT

DOMICILIARY RESIDENTIAL REHABILITATION TREATMENT (for homeless vets only)

COMPENSATED WORK THERAPY (transitional residence)

Mental health intensive case management.

Psychosocial Rehabilitation and Recovery Center

Outpatient Trauma & Post-Traumatic Stress Disorder Program.

ALL V.A. MEDICAL CENTERS IN MARYLAND HAVE A SHUTTLE SERVICE THAT TRANSPORTS VETERANS TO AND FROM THE BALTIMORE V.A. CENTER.

TO PARK FREE IN THE PARKING GARAGE AT THE V.A. ANNEX
1. Make sure to keep your ticket that you get when you hand over your keys.
2. Get it stamped by the guard at the front desk of the Annex when you leave so you don't have to pay. Make sure you visit personnel at the Annex (if you also go to the Medical Center). Otherwise your ticket won't be stamped and you will pay.
3. Give your stamped ticket to the attendant who will get your car for you.

National Coalition For Homeless Veterans
www.nchv.rg/veterns.cfm, 1800-838-4357 offers- free/low cost health insurance, food stamps, free tax prep, home energy assistance, legal assistance and childcare

VA MARYLAND HEALTH CARE SYSTEM Mon- Fri 8-4:30pm Areiel Rubinstein 443-388-7344
Aimee Livera – Sanchez, LCSW 443-401-8645- HealthCare for the Homeless
Jackie Adams 410-637-3214

Our Daily Bread- Soup Kitchen
725 Fallsway, Baltimore MD
Lunch everyday 10:30am -12:30pm, Breakfast for seniors 7:30-8:15am 55yrs and over Monday_Friday
Employment Center, job readiness program Monday- Friday 8:30am-4pm, clothing , food voucher, healthcare for the homeless Denatl and GED program

Volunteers Of America
3601 Monument street, Shelter, with approval from mayors office

MedMark- Rehab
8909 Kelso Drive. Essex Md

Interantional Rescue Committee
410-327-1880 Help with Immigration needs

EXHIBIT NO. 12

DO GOOD -
CHANGE THE WORLD

BE THE CHANGE BY
UNITING IN LOVE!

TOGETHER WE CAN DO MORE!
A DAY OF SERVICE AND LOVE
United Methodists partnering with the community

DATE:
Saturday, October 5, 2019
10:00 AM – 2:00 PM

LOCATION:
201 Bowleys Quarters Rd
Middle River, MD 21220

Space Registration

Name of organization: Churches for Streets of Hope

Contact person: Barbara Nock Ph: 301-807-6081 email: bnock2@gmail.com

Please check all that are requested:

Space ☒ Table ☒ Chairs ☒ How many? 2

Other ☐ Please specify _____

If you are unable to attend, please send us information about your organization to share with the community.

Registration deadline September 25, 2019

Submit to : Piney Grove UMC (Attn: Colleen)
201 Bowleys Quarters Road
Middle River, MD 21220
Phone: 443-742-1101
Colleen.s316@gmail.com

SUGGESTED TEMPLE TALK ABOUT HOPE FORWARD EVENT

I'd like to talk to you a little bit about Streets of Hope. Nine years ago the men's shelter opened, rotating from one church to another, and every year since then the shelter has served homeless men from November to April. Thirty or so partner churches, as well as community groups, have supported this ministry with food, money, volunteers, and supplies. We have heard many stories of how Streets of Hope impacts lives and helps our homeless neighbors regain their footing in the community.

Now this year a significant change is coming. No longer will the shelter have to move from place to place, but it will have a permanent home. Boulevard Christian Church in Essex has agreed to house the shelter permanently. This location is ideal, being close to bus lines, the library, and the shopping center. We are so grateful that God's Spirit moved in the hearts of that congregation to make this possible.

It will take some major work on the building to bring it up to fire code standards that are required for overnight sleeping. A sprinkler system is needed along with other renovations. The pricetag for this comes to around $65,000. Fortunately, there are many people now who know about Streets of Hope and are willing to help. The campaign – called Hope Forward – will kick off with a dinner at Boulevard Christian Church *(hold up flyer)* on Saturday, September 28 from 5 – 8 pm. This is not a formal affair. You don't have to dress up or buy tickets or bring anything – just yourself. There will be joyful music with groups from several churches – and we will praise God for giving us this exciting opportunity. You can have a tour of the building and see just where our shelter is going to be. Please make this a priority so you can be one of those from our church who knows what Streets of Hope is about and you can say with me, "Come and see!"

EXHIBIT NO. 13

Patrick Dickerson <director@churchesforsoh.org>

Great news - 3 men housed!
3 messages

Churches for Streets of Hope <info@churchesforsoh.org> Tue, Jun 4, 2019 at 7:29 AM
Reply-To: Churches for Streets of Hope <info@churchesforsoh.org>
To: Patrick <director@churchesforsoh.org>

Great news

View this email in your browser

We have good news!

Three of this year's shelter guests just secured housing this week thanks to our extended summer case management. Thank you for all of your support this year–we could not have done it without you.

Have a Bite Nights

Night 2 - Boulevard Diner

Our second Have a Bite Night is coming up on June 13th at **1660 Merritt Blvd, Dundalk, MD 21222 from 1:00pm to 9:00pm.** Please join us for lunch or dinner and Streets of Hope receives 15% of your order cost.

Download Flyer

Orioles Night coming up - get tickets now

The O's are taking on the Nationals Wednesday, July 17 at 7:05pm with FREE T-SHIRTS. Contact Jane Hendricks for tickets – information is included in the flyer attached.

Download Flyer

Want to help us?

We are looking for board members for our 2019-20 season. If you have a specific skill or knowledge in an area where we can grow as an organization and as a ministry, you may be a good candidate for our board. Contact Patrick at 443-764-4249 or director@churchesforsoh.org if you are interested.

Do you shop on Amazon?

Streets of Hope has our own Amazon Smile page. Just visit *smile.amazon.com/ch/27-4408407* and a portion of your purchase will be donated to Streets of Hope. Thank you!

Shop Now

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Supporters of Streets of Hope

Our mailing address is:
Churches for Streets of Hope
PO Box 34073
Essex, Md 21221

Add us to your address book

Want to change how you receive these emails?
You can update your preferences or unsubscribe from this list



Churches for Streets of Hope <info@churchesforsoh.org> Tue, Jun 4, 2019 at 7:29 AM
Reply-To: Churches for Streets of Hope <info@churchesforsoh.org>
To: Churches <churchesforsoh@gmail.com>

[Quoted text hidden]

Churches for Streets of Hope <info@churchesforsoh.org> Tue, Jun 4, 2019 at 7:29 AM
Reply-To: Churches for Streets of Hope <info@churchesforsoh.org>
To: Churches <info@churchesforsoh.org>

[Quoted text hidden]

EXHIBIT NO. 14

Patrick Dickerson <director@churchesforsoh.org>

Free Dinner 9/28 and upcoming events

3 messages

Churches for Streets of Hope <info@churchesforsoh.org> Tue, Sep 10, 2019 at 7:14 AM
Reply-To: Churches for Streets of Hope <info@churchesforsoh.org>
To: Patrick <director@churchesforsoh.org>

9/28 reveals building progress

View this email in your browser

STREETS of HOPE

See our progress at Boulevard Christian Church at...





Thank you Bull Roast Sponsors!

EXHIBIT NO. 15

Neighborhood Communication Ideas

Information – what do we present?

- Brochures
- Flyers
- Website
- Facebook page
- Phone number
- Invitations to cookout
- Information to present:
    - FAQ
        - Home Value
        - Crime
        - Who to contact
        - Type of homeless people
    - Scope – what is it?
    - Timeframe
    - People – who is involved?
    - Results
    - Plan for building use (wait on Karl?)
    - Benefits for community
- To-do
    - Finish website and new branding
    - Make new brochures
    - Make flyer for neighborhood FAQ
    - Get committee to finalize PR to include in these forms, get information to Patrick to write down

Communication – who do we tell?

- Neighbors on LeAnn – Make plan with Ken
    - Door-to-door?
    - Facebook advertising?
    - Invite to April 6 Cookout
- Greater neighborhood – Make plan with Ken
    - Door-to-door?
    - Facebook advertising?
    - Community meeting?
    - Invite to April 6 cookout
- Community partners – Visit / Invite to Boulevard?
    - Library
    - Franklin Square
    - Bayview
    - Young Parent Support Center
    - Churches

    - Social Services?
    - Health Dept?
    - Precinct 11
    - Fire Department
- Local businesses
    - Email?
    - Door-to-door?
- Community Associations – Visit / Invite to Boulevard / List as Advocate
    - Find leadership and set up meetings
    - Essex Community Association
    - Chamber of Commerce
    - Rotary Club
    - Knights of Columbus
    - Hawks Club?
    - Middlesex?
- Politicians / Community Leaders – Call / Visit / Invite to Boulevard / List as Advocate
    - Call their offices to set up meeting, find board members / volunteers who know them better
    - Cathy Bevins
    - Todd Crandell
    - Ric Metzgar
    - Johnny Ray Salling
    - Johnny Olszewski

EXHIBIT NO. 16

Neighborhood visit 6/29/2019

LeAnn St, Essex, MD 21221

Streets of Hope representatives will provide flyers and information about what we are doing at Boulevard as well as answer any questions.

Flyers to provide: FAQs, Volunteer information

Important information to share

- Streets of Hope will operate its cold weather shelter this winter in the lower floor at Boulevard Christian Church. November-April, 6pm to 7:30am
- Provides a warm place for men to get out of the cold
- Staff is on duty at all times while shelter is open
- Shelter has been operating, rotating around churches for the last 10 years
- Managed by a team of local staff and volunteers
- WE DO NOT TAKE SEX OFFENDERS, all clients must be referred by the Baltimore County Department of Social Services who do a thorough screening before referring clients
- An average of 10 men find housing each year while staying at the cold weather shelter
- The shelter is open for anyone in the community to help:
    - Serve Meals
    - Donate Clothes
    - Provide encouragement / counseling
    - See www.churchesforsoh.org/volunteer for more opportunities

House Number	No one home	Not interested	Spoke to someone	Good or bad interaction	Name	Phone#	Email
334	✓						
336	✓						
338	N	Solicitors					
340	✓						
342	✓						
344							
346	✓	✓	✓		Just lost fr		
348	✓						
350	✓						
352	✓						
354	✓						
356	✓						
358	✓						
360			✓	✓			
362	✓						
364	✓						
366			✓	✓			
368							

Evens

Only try to get name \ contact info if they want follow up from us. Put any extra info on the back of the page.

House Number	No one home	Not interested	Spoke to someone	Good or bad interaction	Name	Phone#	Email
300							
302							
304							
306			✓	+			
308	✓						
310			✓	+			
312	✓						
314	✓						
316	✓						
318			✓	✓			
320	✓						
322			✓	✓			
324			✓	✓			
326	For	Sale					
328	✓						
330	✓						
332	✓						

House Number	No one home	Not Interested	Spoke to someone	Good or bad interaction	Name	Phone#	Email
335	✓						
337			✓	✓			
339	✓						
341	✓						
343	✓						
345			For Sale				
347			✓	✓			
349			✓	✓			
351	✓						
353			Vacant				
355	✓						
357			✓	✓			
359	✓						
361	✓						
363	✓	✓					
365		✓	✓				
367		✓	✓				
369	✓						

Odd

Only try to get name \ contact info if they want follow up from us. Put any extra info on the back of the page.

House Number	No one home	Not Interested	Spoke to someone	Good or bad interaction	Name	Phone#	Email
301	✓						
303	✓						
305	✓						
307			✓	✓			
309			✓	✓			
311	✓						
313	✓						
315	✓						
317	✓		✓	✓			
319			✓	Busy			
321	✓						
323	✓						
325			✓	✓			
327			✓	✓			
329	✓						
331	✓		✓	✓			
333	✓						

EXHIBIT NO. 17

July 29, 2019

Presentation to the Johns Hopkins Urban Health Residency Academic Half Day

Introduction

Introduce yourself. Who are you? What is your position?

Introduce Streets of Hope. What is it? How old is it?

How did you get involved in Streets of Hope?

Passion for helping the homeless. Called by the Lord.

So why am I here? I want to help you understand the problem better, see if we can open the discussion about more and better solutions, and show you some resources in Baltimore County.

- Share about our current governmental and interorganizational systems to battle homelessness (mostly Baltimore County). Share potential solutions through this system.
- Share the boots-on-the-ground homelessness experience from my perspective, interactions with the people we serve.
- Talk about some potential solutions as well as shortfalls. How can we improve on them, and what new ideas can we put together?
- Share some resources with you in Baltimore County.

Section 1: The System

Section 8 and transitional housing has been on its way out. In Baltimore County, the list is closed. New housing opens only when someone else leaves. List is miles long.

- Big government focus is Rapid Rehousing and Permanent Supportive Housing. What are these?
- Before explaining, we need to go through the definition of homelessness versus the definition of chronic homelessness.
- Homelessness: Four categories

Category 1: Literally Homeless Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs); or February 2018 United States Interagency Council on Homelessness 2 (iii) Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution

Category 2: Imminent Risk of Homelessness Individual or family who will imminently lose their primary nighttime residence, provided that: (i) Residence will be lost within 14 days of the date of application for homeless assistance; (ii) No subsequent residence has been identified; and (iii) the individual or family lacks the resources or support networks needed to obtain other permanent housing

Category 3: Homeless under other Federal statutes Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (i) Are defined as homeless under the other listed federal statutes; (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application; (iii) Have experienced persistent instability as measured by two moves or more during in the preceding 60 days; and (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers .

Category 4: Fleeing/Attempting to Flee Domestic Violence Any individual or family who: (i) Is fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house, including: • Trading sex for housing • Trafficking • Physical abuse • Violence (or perceived threat of violence) because of the youth's sexual orientation; (ii) Has no other residence; and (iii) Lacks the resources or support networks to obtain other permanent housing.

*****Special note about the term "Domestic Violence"**

- Chronic Homelessness:

1. **A "homeless individual with a disability," as defined in section 401(9) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11360(9))**, who: [An individual who can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability (as defined in section 102 of the Developmental Disabilities Assistance Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability]

    1. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; and

    2. Has been homeless and living as described in paragraph (1)(i) of this definition continuously for at least **12 months** [one year] or on at least 4 separate occasions in the last 3 years,[where each homeless occasion was at least 15 days] **as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described in paragraph (1)(i). Stays in institutional care facilities for fewer than 90 days will not constitute a break in homelessness, but rather such stays are included in the 12-month total, as long as the individual was living or residing in a place not meant for human habitation, a safe haven, or an emergency shelter immediately before entering the institutional care facility;**

2. An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria in paragraph (1) of this definition, before entering that facility; or

3. A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1) or (2) of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

- So put that in context with RRH and PSH.

Spark words:

- Housing First
- Low or No Barriers
- Emergency Shelter
- Code Blue Shelter
- Wraparound Services

PIT Count: What is it?

- Baltimore County: 735 (11%)
- Baltimore City – 2,294 (35%)

These numbers drive funding. Who is responsible for these numbers? The Continuum of Care (COC), What is it?

- Baltimore City COC is in Mayor's Office
- Baltimore County COC is in Dept of Planning

A little on Baltimore County COC

Big conglomeration of resources and nonprofits

Coordinated entry starts with DSS – share phone number

QUESTIONS SO FAR?

<u>Section 2: Day to Day</u>

Back to Southeast Baltimore County. Types of homelessness (per my observation)

  - Shelter
  - Camps
  - Couch Surfing
- What are the reasons?
  - Addiction

- Mental Health
- Poor or uneducated decision-making (unaware of resources or steps to take to reach goals)

Share some stories

- Dean and his struggle for housing
- Barry Isaacson
- Josh
- Richard Raborg
- Ed and his struggle
- Brian and Crystal
- Chester
- Kenny and Lisa
- LJ
- Bob North
- Mike Chmilewski
- Gerard Uhlan

Major themes

- The Disability Ceiling – PSH can hurt it
- Section 8 effect on neighborhoods
- Cycle of Benefits, using the system
- PERSONAL RELATIONSHIPS

QUESTIONS?

<u>Section 3: Potential Solutions</u>

- Permanent Supportive Housing – better for individuals, cut down chronic homelessness by 26% last year per HUD
- Rapid Re-Housing – Better for families, still learning the success rate
- PERSONAL, ONE-ON-ONE RELATIONSHIPS. Doesn't end homelessness, but I don't believe homelessness is going to end. It can be addressed, however, and we need to be prepared as communities to handle it with compassion, understanding, and a firm policy on handouts.
- Community Partnerships
- HOME ACT
- Workforce Development – our attempt to get into the community and partner with businesses to make this happen.
- THE PERSON BEING SERVED NEEDS TO BE COMMITTED, OR IT WON'T WORK.

QUESTIONS?

<u>Section 4:</u> Questions about available resources in Baltimore County

Introduction for Katie

Patrick Dickerson is the Executive Director at Churches for Streets of Hope, a nonprofit coalition of churches and organizations in Southeast Baltimore County who mobilize the community to take on local homelessness, primarily through a cold weather shelter for men.

He was recently appointed the Chair of the Baltimore County Homeless Roundtable, a collaboration of nonprofit and government organizations who work together to end homelessness.

Patrick earned his Master's Degree in Museum Studies with a focus on Nonprofit Management from the Cooperstown Graduate Program in 2014. He works daily with 7 part-time staff, 300 volunteers, 35 churches, local government, and a community of homeless neighbors so they can understand the many positive changes which come from relying on each other.

Patrick, his wife Emily, and new son William are members of Boulevard Christian Church in Essex, where they have come to know personally people of all walks of life who are experiencing or have experienced homelessness.

Recent Avenue Articles

https://www.avenuenews.com/relaxer/helping-others-is-sweet/article_f630cbe8-7c84-5bee-b47f-e91b41dafb29.html

Essex Community Association Response: https://www.avenuenews.com/news/local/crime-homelessness-rejuvenation-in-essex-discussed/article_bf9944f7-4d88-5b6d-9d2e-549cf42a7401.html

https://www.avenuenews.com/relaxer/no-bull-fourth-annual-bull-roast-benefits-churches-for-streets/article_158885a8-8db7-5c14-803a-cdbb6078f851.html

EXHIBIT NO. 18

Presentation at Essex Community Association Meeting
May 2, 2019

Introduction

Good evening, everyone. My name is Patrick Dickerson, Executive Director of Churches for Streets of Hope. This is Pastor Ken White of Boulevard Christian Church, and this is Case Manager Otis Trawally.

Thank you for inviting us. To start off:

How many people have heard of Streets of Hope?

How many people are aware of homelessness in our community?

How many people know there has been an organization since 2010 that was made by people right here in Essex and Southeast Baltimore County that has been addressing it?

I'm going to take 10 minutes to tell you who we are, what we do, share important news about what is coming up, and how you can help.

So who are we? We are a 501(c)(3) nonprofit organization that receives funding from Baltimore County, private foundations, and local churches and individuals. Most importantly, more than 40% of our budget is in-kind, meaning we receive food, time, and other resources directly from people in this community. We have more than 250 volunteers who are part of 41 meal teams and a coalition of more than 30 churches. Churches who support us include: Boulevard Christian Church, St. John's Lutheran, Hope Lutheran, Orems United Methodist, Back River United Methodist, Essex Church of God, and more.

We started in 2009 as a group from churches in Essex, Dundalk, Middle River, and Rosedale who wanted to work together to help people in need, right here. A year later, the only homeless shelter for men, Nehemiah House, closed down, leaving no place for homeless men to go during the cold winter months. We responded, and got a neighborhood of volunteers to start a cold weather shelter for men in 2010 that rotated between local churches. The shelter has opened from November to April every year since with 16 beds for men 18 and over.

What do we do? We build relationships with our neighbors in need. It started with shelter, and now we also provide case management year-round, connecting the men we meet during the winter with resources such as employment, mental health assistance, counselling, and housing. In 2017-18, 9 people found housing who stayed in our shelter. This week alone, one client is moving into a new apartment in Dundalk, and another secured the income he needs to start renting his own apartment in the next two months. We are also adding a clothing closet for our neighbors in need—one shelter guest from this season borrowed a suit just yesterday to attend his grandmother's funeral here in Essex.

More about the shelter: We have 16 cots available for men aged 18 and over. With those 16 beds, we serve between 35 and 50 men each year. All clients are screened and referred to us by the Baltimore County Department of Social Services. We do not take walk-ins. We DO NOT take sex offenders, as children volunteer at the shelter.

The shelter opens the first week of November and closes April 15. It opens every night from 6:00pm to 7:30am, extending hours occasionally for snow or extremely cold temperatures. All clients must go through staff screening before entering. Each night, a different team of your neighbors serves a meal. They prepare food off site and then serve. Some volunteers get even more involved, providing employment, resume building, others tax help, and still others basic things like transportation to doctors' appointments.

Staff monitors the shelter every minute is open, including through the night. Shift Managers watch the premises and respond to any client needs. We have 5 part-time shift managers and Otis, our Shelter Manager, who coordinates them. They all live locally, and 2 were previously homeless. All our staff is part-time.

Why? Our first priority is to keep people from dying on the streets from exposure. Last year, more than 30 homeless people died in Baltimore County. But our true motivation is to build one-on-one relationships between our neighbors, housed and "un-"housed. The homeless we meet and serve are people from our community. They grew up here, and have friends and family nearby, but live without a home as a result of poor decisions, including addiction and mental illness. To turn around these decisions, they need encouragement from people close by who can help them up when they are ready. In the meantime, they learn to become a part of the community created through this large network of local volunteers. Before closing in April, guests came together with volunteers to clean up garbage and debris around Boulevard Christian Church, LeAnn, Catherine, and Essex Avenues.

So why are we here tonight?

First, we have news we want to share with the community. Rotating over the years has been difficult for our staff and guest. They spend more time packing up and taking down the shelter that they should be spending on finding housing and resources. Boulevard Christian Church on Essex Ave, one of our longstanding partners and supporters, has offered to host our cold weather shelter each year from November through April on its lower floor. We are currently working on getting it up to building code, but we are also obtaining a zoning special exception to allow up to 16 men to stay overnight. Baltimore County zoning calls this special exception a Community Care Center.

This process requires community support, and we want you to know firsthand what is going on. This summer, signs will be posted notifying you of the special exception. The shelter model is exactly how I have just described it, but to clarify further, here a few things on what it is not:

We are not A "New Shelter". We are not building a new facility, only using the existing facility's lower floor and bringing the interior up to fire code.

We are not A New Organization. We have been operating right here in this community since 2010. The Board, our staff, and volunteers are your friends and neighbors who are addressing homelessness.

We are not an outside organization. We started right here in this community, and we are still operated by this community. Our mission is to "mobilize Southeast Baltimore County to work together in Christ-centered mission for the relief of our area's poor, distressed, and underprivileged so they can spark hope in our community."

We are not a Code Blue Shelter. For those who do not know, Code Blue opens on nights and days with freezing temperatures. It is open to anyone who shows up. The only Code Blue shelter on this side of Baltimore County is at the Eastern Family Resource Center on Franklin Square Drive.

Streets of Hope does not take walk-ins. Our guests must be referred and screened by the Baltimore County Department of Social Services before entering the shelter, and they can hold that bed through the cold weather season as we assist them to get out of homelessness.

We are not A Program Shelter: For most, we are the first step. If our guests are willing, we have volunteers and staff available to make personal, supportive relationships that help them take the next steps to get out of homelessness. We do not provide rehabilitation programming, counseling, or other recovery or behavioral health services, but instead refer the men we encounter to programs such as the Helping Up Mission should they desire those services.

We are not Attracting new homeless people to our community. The majority of the people who have staid in our shelter are FROM HERE. These are our neighbors, and for some, our family and friends. We are keeping them from dying on the streets, and providing them real relationships with regular people that can lift them out of homelessness.

What we ask tonight:

Now you know why we're here. Second, we ask for 3 things.

First, Support during the zoning process. **Second,** Expertise and participation. And **Third,** Financial support. This organization was built by your community. It was made by the community, for the community. If you have seen homelessness over the years but haven't had an opportunity to do something about it, this is your chance. If you have an idea that could help us get more people off the streets, we want to work with you to make that idea a reality. Upcoming projects where we need local volunteer help include:

- Employment partnerships with local businesses – job training with personal relationships
- Transportation assistance
- New resources—have you found something that works for a homeless person you know that we can apply?
- Business sponsorships – local people who can help us move more people out of homelessness through their expertise

Thank you for your time. I can take 5 minutes for questions. We have materials here at the front with more information, and any of us would be happy to talk to you one-on-one after the meeting.

Possible questions

What about drugs?

Ask the room how many people know about someone affected by addiction or mental health (be honest!)?
Ask them how many people know someone directly?
Ask them how many people have a family member affected?

That said, we do not allow drugs into the facility. Everyone who comes in must behave respectfully. If guests come in under the influence of drugs or alcohol, they are not permitted to stay for the night. If needed, guests take a breathalyzer test. They can be taken to the bus stop. If they are really bad, we call 911 to alert the police and/or EMS.

We don't want people coming from the city!

Ask the room how many people know about someone affected by addiction or mental health (be honest!)?
Ask them how many people know someone directly?
Ask them how many people have a family member affected?

I invite you to come see us—meet someone and find out their story, you would probably be surprised. We had a board member, local guy who went to Orems, come in one night and find someone he went to high school with. This year, someone called us about his brother who has mental health issues. We keep it personal.

There's already a shelter, why do we need this?

The new shelter at Franklin Square has 250 beds for women and children, some beds for families, but only 15 beds for men. EFRC also hosts Code Blue. Even with our 16 beds, there are more than 31 homeless men in our area of the County. Also, we fill up every season, so there is an obvious need.

What about Boulevard? I heard they have homeless people all the time!

This is a separate 501(c)(3) supported by multiple churches and individuals throughout the area. Boulevard has its own ministry on Sunday nights called Lighthouse Café. It is a free meal where Pastor Ken and church leadership share the gospel with the people in attendance. If you have questions about the Lighthouse Café ministry, please see Pastor Ken here after the meeting.

What about home values?

Our board looked into studies about home values and temporary or transitional housing. They found that home values were not affected by the presence of those programs, especially if they are not year-round. Programs like this keep the homeless together, monitored in one place and encouraging them to take care of the property instead of left alone to go and do what they want.

Why are you changing zoning, we don't want that in a residential area!

There is no Baltimore County zoning for a homeless shelter, but there is a special exception available for a DR5.5, which is the property's current zoning. We are pursuing that special exception through the County's established process. If you wish to voice any concerns, there will likely be a hearing announced this summer after we submit the application.

Couldn't this affect business?

The area around Middlesex is already a place where homeless people gather. They go there because there are resources available such as the MVA, the library, and the urgent care clinic. The move with Boulevard is a reaction to the existing immediate need right in that area. We work closely with the library to check on the men. Any problems affecting business are from the existing issue, not from our attempt to fix it.

Shouldn't the government just take care of this?

We receive a grant from Baltimore County' Department of Planning to offset the cost of staff and insurance. All other expenses come from donations by local churches and individuals, especially their in-kind contributions of food, clothes, and time. Some of you may know that on the federal level, HUD is cutting funding for programs like this. It's ultimately up to us to create solutions to see through these problems. I encourage you to vote and to speak to your government officials about homelessness and how you can help.

EXHIBIT NO. 19

«CHURCH__»
«STREET_ADDRESS»
«CITY», «STATE» «ZIP»

August 8, 2019

Hello from Streets of Hope,

You probably saw or heard by now that Streets of Hope will be hosting our Hope Forward Dinner on Saturday, September 28, from 5 – 8 p.m. at Boulevard Christian Church (920 Essex Avenue, Essex, MD 21221). I included with this letter a flyer to hang up and invitations to give to your congregation.

We are on the last leg of our journey to find a home for Streets of Hope, as Boulevard Christian Church has offered a faith partnership to allow us to use their lower floor. We have overcome so many obstacles, the last of which is bringing the lower floor up to code by installing a fire suppression system. The work is already underway, but we need to raise $65,000 to cover the costs. We need to raise $5,000 from our supporters by the end of our Hope Forward Dinner. Visit our Facebook page at www.facebook.com/churchesforsoh to help us get a head start.

That said, we would be honored if you would join us. Our meal teams, praise bands, volunteers, and more are working together to host an evening of faith, fellowship, and delicious food. If you cannot attend, please continue to keep Streets of Hope in prayer as we HOPE FORWARD to finally meet this goal.

If you have any questions, want to help, or one of your congregation wants to get involved, please contact me at director@churchesforsoh.org, or (443) 764-4249. We appreciate any and all collaboration.

In Christ,

Patrick Dickerson
Executive Director

CHURCHES FOR STREETS of HOPE

SERVING HOMELESS MEN OF
SOUTHEAST BALTIMORE COUNTY

April 26, 2017

Baltimore County Fire Department
Fire Marshal's Office
700 E. Joppa Road, 4th Floor
Towson, Maryland 21286

To Whom It May Concern:

Before a particularly cold night about eight years ago, members from churches in Essex, Dundalk, and Middle River knew about homelessness—from a distance, at least. Yet their relationship with their homeless neighbors would change when they discovered one of them lost his life to the cold. How could that have happened?

That night was a harsh reminder of the perils of homelessness in our area. It gave birth to an idea that would stop others from suffering in the same way, thanks to ordinary people who care. I ask you to understand how important it is to keep this program alive each winter season.

Churches for Streets of Hope serves more than 35 homeless men each year with a 16-bed emergency cold weather shelter from November through April. Since 2014, the shelter has been housed at Zion UCC in Essex, MD. The shelter gives men a warm place to sleep, a hearty dinner, and hope that their lives can change. Over 150 volunteers from throughout the community put in thousands of hours each winter to make sure the men are cared for. Many of our guests use their time in the shelter to connect with volunteers who help them find jobs and new homes. This past season, we held a pilot Homeless Advocate Program that gave 16 volunteers of all different ages and backgrounds a chance to meet one-on-one with the men we serve, understand how they became and remain homeless, and find resources for them to make their way out of homelessness.

As a supporter of Streets of Hope, I value this chance to improve our community every season. We host this emergency shelter in our member churches to bridge the gap between the housed and the homeless, which saves lives. The organization is growing as we find more and more supporters.

To keep up this growth, and to gain enough time until we secure a permanent place to host the shelter, I support hosting the shelter at our member churches as a primary way to protect the homeless during the winter months. Please know how essential the future of this organization is to me as a caring citizen of Baltimore County.

Sincerely,

THE EVANGELICAL LUTHERAN CHURCH OF THE PRINCE OF PEACE

8212 Philadelphia Road Baltimore, Maryland 21237-2833 410-866-8766
The Rev. Matthew Fuhrman
The Rev. Micah Krey

The Rev. Michael A. Dubsky
Executive Director
Lutheran Home and Hospital Foundation
2571 Hanover Pike
Hampstead, MD 21074

Dear Rev. Dubsky:

This letter is in support of a grant application from Churches for Streets of Hope.

Prince of Peace Lutheran Church has been involved with Churches for Streets of Hope since its inception in 2010, participating as a partner church in the men's cold weather shelter project. We have brought meals every month, collected in-kind donations, sent volunteers, and contributed funds. In addition, several members of our congregation have served in leadership roles in the organization.

We support Streets of Hope because it is a strong group of churches and like-minded groups doing God's work in the community. Streets of Hope meets the needs of the men with respect and kindness while maintaining a safe, hospitable atmosphere. With these attributes in place, it has been a good place to take our youth in order to give them a different perspective on homelessness from what they would likely have seen. The organization gives everyone an opportunity to live out their faith through service to this most vulnerable part of our society.

It is my hope that the Lutheran Home and Hospital Foundation will respond positively to the grant application of Churches for Streets of Hope.

Yours truly,

Carolyn Wagner (mo)

Carolyn Wagner
Chairperson
Social Ministry Committee

Dear Local Business Owner:

- We have a homelessness problem and we need to fix it.
- We have a strong community organization bringing business to your doors
- Tax-deductible community partnerships
- Neighborhood working together

WHO we are
WHAT we are doing, WHERE and WHEN
WHY are we doing it
WHAT IS THE RESULT?
HOW can you help

Dear Local Business Owner:

I would like to introduce you to Churches for Streets of Hope. We are a group of more than 230 of your neighbors and customers from right here in Essex and Southeast Baltimore County, and we are doing something to stop homelessness right here in your neighborhood

You are receiving this letter because of your interest in the zoning process underway at Boulevard Christian Church, and we want to share with you why this is an important step for not just our community, but for your business.

It does not take much to see our community has a homelessness problem. Men and women of all ages occupy camps and streets in our neighborhood, especially in the Middlesex shopping center where you operate. You may have experienced theft

We started serving the homeless with cold weather shelter nine years ago, rotating from church to church. Our shelter serves 35 to 50 men each season with 16 beds. Our staff of 8 monitor the shelter at all times, and includes a Case Manager that helps clients find employment and housing. Partnerships with Baltimore County, the local library, and more than 35 partner churches allow us to continue year after year.

With the problem so close to home, it only makes sense for our cold weather shelter for men to operate at Boulevard Christian Church, just behind the shopping center. You may think that we are "opening a new shelter" that will bring more homeless men to the neighborhood, and we want you to know that this is certainly not the case. In fact,

- We started providing shelter eight years ago rotating in churches primarily in Essex
- Our shelter beds are nightly from November to April, from 6:30pm to 7:30am.
- There are only 15 beds for single men provided at the new shelter at Franklin Square
- Our partnership with local churches means we have a different meal team serving each night of the month. Local individuals have a stake in this operation every night.
- We have experienced, local staff on site whenever the shelter is open.

- We helped 9 homeless men find housing in the 2017-18 season, and received a grant in 2018 to help homeless men with sustainable incomes pay for a new apartment's security deposit and/or first month's rent.

Unfortunately, homelessness is hardly solved by just getting a job. Even after getting one, keeping it can be almost impossible when one does not have an address, a bathroom, or a place to return each night. Without a support network of people who care, homeless individuals are more likely to fall back into homelessness even when they find jobs and homes.

Streets of Hope is that support network. Our staff and volunteers get to know each individual as he stays with us. We help them create a plan to end their homelessness, and we have regular, local people on hand to get to know them and show them that there is help, even when things get difficult.

Our network needs a regular place to call home. Boulevard Christian Church has kindly partnered with us, allowing us to use the lower floor as shelter space in the winter. Rotating churches takes time and effort: moving cots, blankets, laundry, etc. That time and effort could be used to search for employment and housing, time and effort we can gain by having a place to return each cold weather season.

We are working with the zoning board to designate Boulevard's lower floor as a "community care center." The zoning will allow us to use the space to shelter up to 16 people. Homeless men will not be living at the church year-round, nor all day.

Our shelter is a starting point. We see the issue of homelessness right here in Middlesex, and we aim to stop it. By operating a shelter for men, we have already changed the lives of so many over the years, getting them housed and off the street. We want the effort of our many local staff and volunteers to continue, so that we hopefully a decrease instead of an increase in homelessness each year. With our cold weather shelter operating nearby, you should see fewer homeless simply occupying Middlesex.

To understand more of who we are or what we do, please visit www.churchesforsoh.org. To speak about the zoning process, visit our web page with details on the project, or call our neighborhood hotline at 443-555-5555. You can also reach me with questions at 443-764-4249.

Sincerely,

Patrick Dickerson
Executive Director

EXHIBIT NO. 20

CHURCHES FOR

STREETS of HOPE



JOIN THE **VOLUNTEER** PROGRAM

How do we break the cycle of homelessness? Make valuable one-on-one relationships with the people we serve. Hope comes from the individuals who take the time and effort to show that they care, even for someone who may be at an all-time low in his life. Your talents both in and out of the shelter make Streets of Hope who we are.

HOW CAN I VOLUNTEER?

There are lots of ways to volunteer with Streets of Hope. Besides a general volunteer, we enlist:

- Volunteer Shelter Aides
- Homeless Advocates
- Laundry Volunteers
- Meal Team Volunteers
- Transportation Volunteers
- Furniture Volunteers
- Clothing Closet Volunteers

To become a volunteer, fill out our application at **www.churchesforsoh.org/volunteer** or contact volunteer@churchesforsoh.org.

LOOKING FOR MORE INFORMATION?

For more information about getting started in the volunteer program, call 443-764-4249.

P.O. Box 34073
Essex, MD 21221
443.764.4249
info@churchesforsoh.org

"For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.' "Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?' "The King will reply, 'TRULY I TELL YOU, WHATEVER YOU DID FOR ONE OF THE LEAST OF THESE BROTHERS AND SISTERS OF MINE, YOU DID FOR ME.'" - Matthew 25:35-40

CHURCHES FOR

STREETS of HOPE



OUR **COLD WEATHER** SHELTER

The purpose of Churches for Streets of Hope is to mobilize Southeast Baltimore County to work together in Christ-centered mission for the relief of our area's poor, distressed, and underprivileged so that they can spark hope in our community.

THE SHELTER

Capacity:	16 beds (floor-level cots)
Eligibility:	Homeless men ages 18+. No men who have been convicted of a violent crime in the last two years or sex offenders.
Hours:	6 p.m. - 7 a.m. / November - April • Intake: 6:00 - 7:30 p.m. • Dinner: 6:30 p.m. • Breakfast: 6:00 a.m.
Location:	Boulevard Christian Church

To be referred for shelter, call the Baltimore County Department of Social Services at 410-887-8463.

LOOKING FOR MORE INFORMATION?

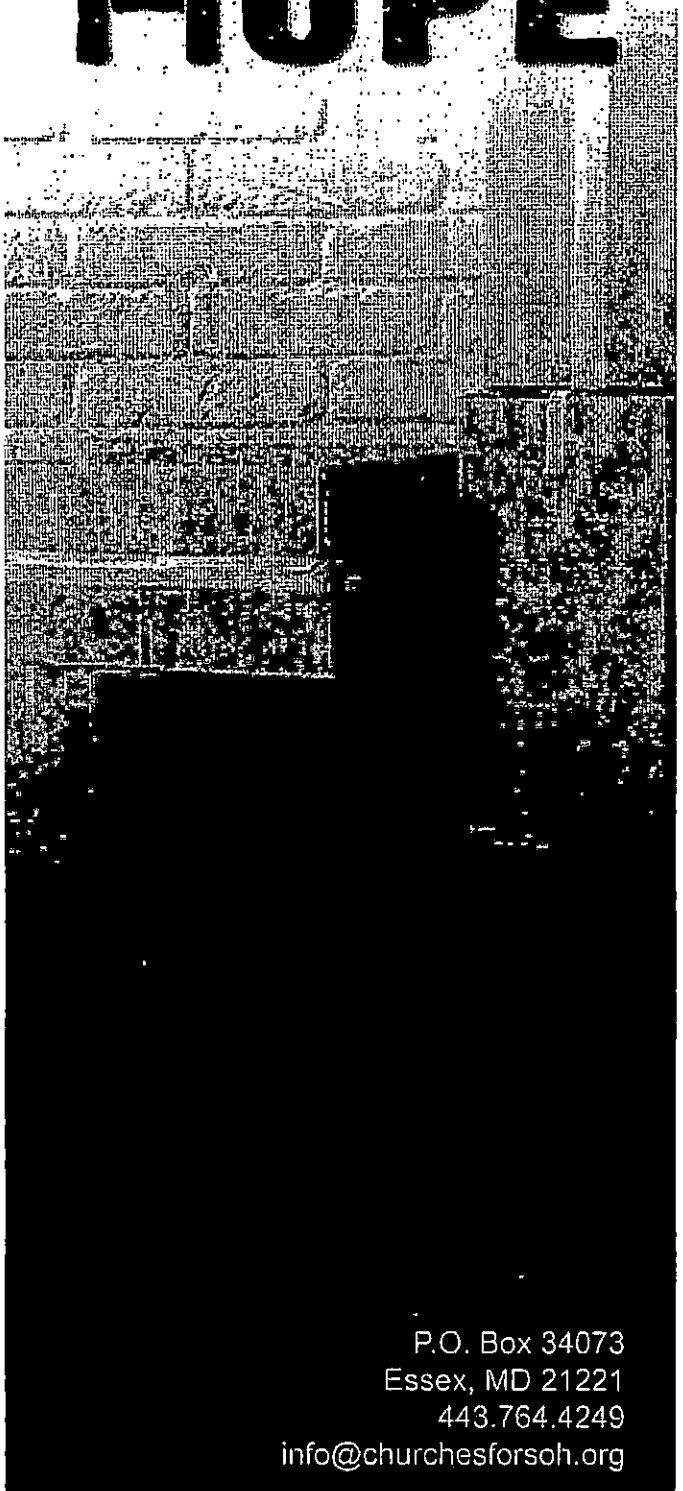
For more information about our Cold Weather Shelter, call 443-764-4249.

P.O. Box 34073
Essex, MD 21221
443.764.4249
info@churchesforsoh.org

"For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.' Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?' The King will reply, 'TRULY I TELL YOU, WHATEVER YOU DID FOR ONE OF THE LEAST OF THESE BROTHERS AND SISTERS OF MINE, YOU DID FOR ME.'" Matthew 25:35-40

CHURCHES FOR

STREETS of HOPE



P.O. Box 34073
Essex, MD 21221
443.764.4249
info@churchesforsoh.org

HOW TO **DONATE**

Streets of Hope relies on the kindness of our community to operate: through volunteers and donations of time, supplies, and money, we can help lift our neighbors out of the homelessness cycle.

HOW DO I GIVE?

We have fundraisers throughout the year to help off-set our administrative costs. Please visit **www.churchesforsoh.org** upcoming dates. We also rely on individual support. Visit our website at **www.churchesforsoh.org/donate**. Every gift helps!

WHAT DONATIONS ARE ACCEPTED?

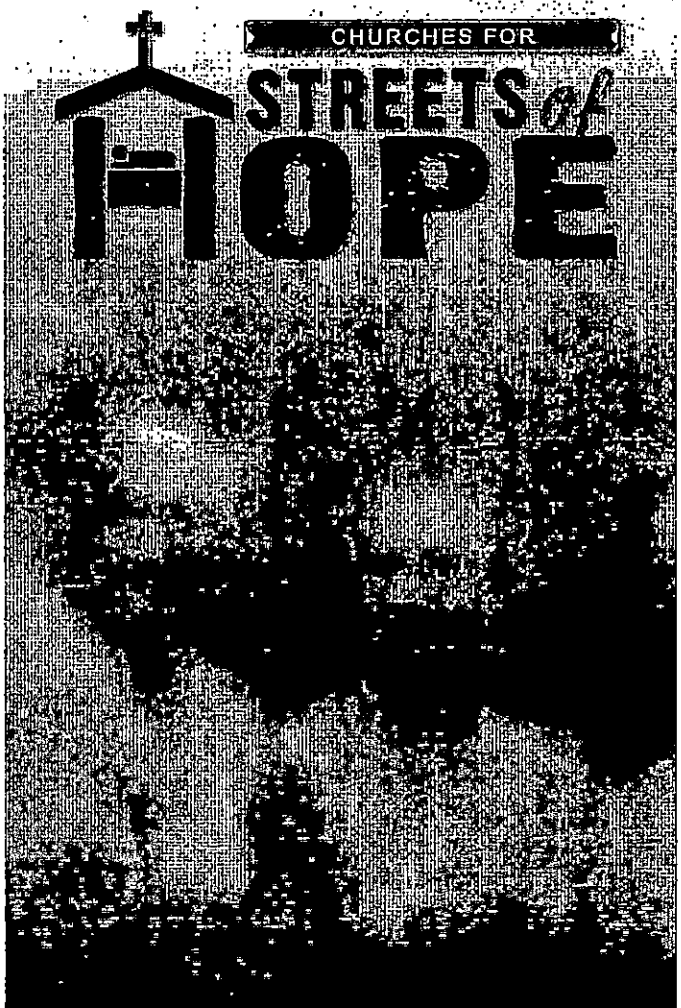
Streets of Hope accepts any and all donations shared with us. Please visit **www.churchesforsoh.org/wish-list** to see our ongoing wishlist. We typically look for donations of:

- Toiletries (Shampoo, deodorant, soap, etc.)
- Food (Anything our meal teams can make)
- Clothing (Winter clothing, socks, hats)
- General supplies (Cleaning supplies, etc.)

LOOKING FOR MORE INFORMATION?

For more information about donating to Streets of Hope, call 443-764-4249.

"For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me." "Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?' "The King will reply, 'TRULY I TELL YOU, WHATEVER YOU DID FOR ONE OF THE LEAST OF THESE BROTHERS AND SISTERS OF MINE, YOU DID FOR ME.'" - Matthew 25:35-40



BECOME A **HOMELESS ADVOCATE**

You can help break the cycle of homelessness through our Homeless Advocate Program. We're connecting volunteers with the men we serve to assist in case management.

WHAT IS A HOMELESS ADVOCATE?

Under the supervision of a Streets of Hope staff member, Homeless Advocates provide assistance on behalf of clients based on his needs, including: social security benefits, medical benefits, food stamps, housing, and other appropriate interventions to help clients stabilize and develop greater self-esteem, confidence and security. Training is available for anyone interested in becoming a homeless advocate. We're looking for volunteers who have:

- Knowledge of resources in the community;
- Ability to engage with clients in a confidential and compassionate manner;
- Ability to set boundaries with clients;
- Ability to ask for assistance as may be needed, but to work with minimal supervision

LOOKING FOR MORE INFORMATION?

For more information about the homeless advocate program, call 443-764-4249.

P.O. Box 34073
Essex, MD 21221
443.764.4249
info@churchesforsoh.org

"For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.' "Then the righteous will answer him, 'Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?' "The King will reply, 'TRULY I TELL YOU, WHATEVER YOU DID FOR ONE OF THE LEAST OF THESE BROTHERS AND SISTERS OF MINE, YOU DID FOR ME.'" - Matthew 25:35-40



OUR **MEAL TEAM** PROGRAM

We are thankful for the generous donations from our volunteers and churches that provide meals for our shelter guests.

WHAT IS THE MEAL TEAM PROGRAM?

Meal teams are a vital part of the services we provide to the homeless men in our shelter. We encourage all types of group to participate, especially those in Southeast Baltimore County. Dinner starts at 6:00 p.m. every night during the November - April season, and these meal teams cook, serve, and eat dinner with our 16 men in the shelter. Meal teams typically choose one day per month to serve.

HOW DO WE GET STARTED?

1. **Assemble** a team and **choose** a leader.
2. **Fill out** a meal team sign-up form at **www.churchesforsoh.org/serve-a-meal** or **contact** meals@churchesforsoh.org or 443-764-4249 to reserve a day.
3. **Receive and review** the meal team welcome packet to get started!

LOOKING FOR MORE INFORMATION?

For more information about getting started in the meal team program, call 443-764-4249.

P.O. Box 34073
Essex, MD 21221
443.764.4249
info@churchesforsoh.org

"For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in, I needed clothes and you clothed me, I was sick and you looked after me, I was in prison and you came to visit me.' "Then the righteous will answer him, "Lord, when did we see you hungry and feed you, or thirsty and give you something to drink? When did we see you a stranger and invite you in, or needing clothes and clothe you? When did we see you sick or in prison and go to visit you?" "The King will reply, "TRULY I TELL YOU, WHATEVER YOU DID FOR ONE OF THE LEAST OF THESE BROTHERS AND SISTERS OF MINE, YOU DID FOR ME." - Matthew 25:35-40



OUR MODEL

STREETS OF HOPE believes that creating lasting relationships with our clients is the key to breaking the cycle of homelessness.

HOPE that HEALS

We create a temporary home for our guests. Staff and volunteers work with our guests to make lasting personal connections: home is not just a place, it is a family of people who care and will keep caring even after guests leave.

HOPE brought HOME

We believe true hope can only come through people who give and care selflessly for others. Staff and volunteer advocates work hard and care harder to make sure our guests not only find shelter, but start a path towards housing, employment, and permanent connections with others that can break the homelessness cycle.

> "Words cannot thank this ministry properly for the gift it has given, but I assure you, it won't be wasted...without it I would still be broken."
>
> *Phil, Shelter Guest*
> *2015-2016*

"For I was hungry and you gave me something to eat, I was thirsty and you gave me something to drink, I was a stranger and you invited me in."

CHURCHES FOR STREETS of HOPE

PO Box 34073
Essex, MD 21221
(443) 764-4249
www.churchesforsoh.org
info@churchesforsoh.org

OUR SHELTER

CAPACITY: 16 Beds

BED TYPE: Floor-level cots

ELIGIBILITY: Homeless men 18 and over. We cannot take referrals from sex offenders.

HOURS: Open November - April
6:00pm - 7:00am
Intake: 6:00-7:30pm
Dinner: 6:30pm
Breakfast: 6:00am

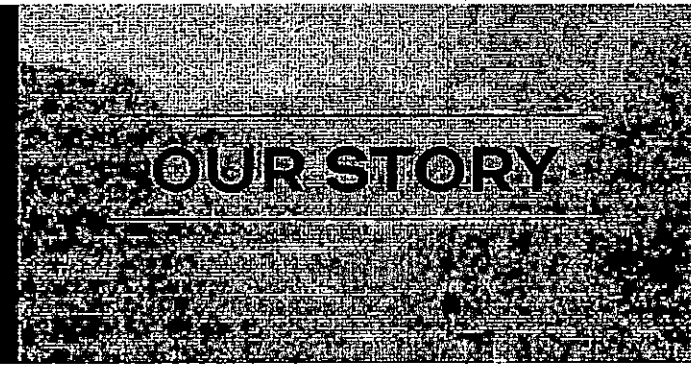
LOCATION: See website

To be referred for shelter, call the Baltimore County Department of Social Services at 410-887-TIME (8463).

BY THE NUMBERS

Streets of Hope serves between 35 - 50 men during its shelter season.

- 30+ partner churches
- 250+ volunteers
- 8 Staff
- 40+ meal teams



OUR STORY

CHURCHES FOR STREETS OF HOPE began in 2009 as a group of local people who wanted to solve the problem of homelessness. Today, we include more than thirty community churches and organizations that are doing just that. Our mission is to mobilize Southeast Baltimore County to work together in Christ-centered purpose for the relief of our area's poor, distressed, and underprivleged so that they can spark hope in our community.

Churches for Streets of Hope is a 501(c)(3) nonprofit, a community who wants to end the homelessness crisis in Southeast Baltimore County. We operate thanks to support from individuals, churches, Baltimore County, and our volunteers who spend their time and talents to ensure proper care for the people we serve.

Programs and services include our cold weather men's shelter, case management, and partnerships with local clothing and furniture ministries. We believe one-on-one relationships are the key to beating the homelessness cycle. **Will you join us?**

YOUR HELP

SERVE A MEAL

Get a team together to serve one night per month during the shelter season. Sharing a meal can be an easy start in connecting and understanding your homeless neighbors. Sign up at **churchesforsoh.org/volunteer/serve-a-meal**.

VOLUNTEER

Our staff always need a hand, and our volunteers keep us running. Assist in setup, serving, shelter events, or just speaking with a guest about his day. Sign **up at churchesforsoh.org/volunteer.**

BECOME AN ADVOCATE

Meet with shelter guests and help them find new homes, jobs, education, and more. Advocates are the core of our volunteer mission, so sign up today at **churchesforsoh.org/volunteer**.

DONATE

Every cent counts! Your individual donations are the first step in keeping our doors open and our guests fed. Visit **churchesforsoh.org/donate**.

FAQ's

FREQUENTLY ASKED QUESTIONS

ONE OF THE MOST
IMPORTANT THINGS
YOU CAN DO
ON THIS EARTH
IS TO LET PEOPLE KNOW
THEY ARE NOT ALONE ...

- S. Alder

1 What is Streets of Hope?

4 Who can use the shelter?

7 can I get involved?

CHURCHESFORSOH.ORG

CHURCHES FOR STREETS of HOPE

YOU'RE

TO HOPE FORWARD DINNER

SEPTEMBER 28, 2019 5 - 8 P.M.

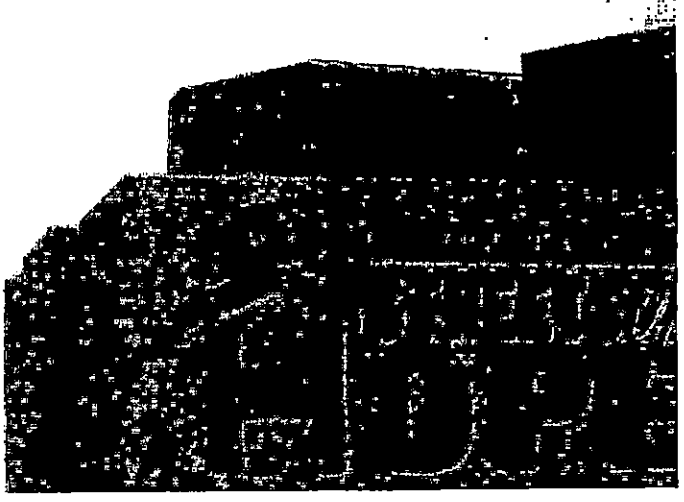
Boulevard Christian Church
920 Essex Ave Essex, MD 21221

IT'S TIME! All our hard work is culminating in one last push to finish a home for Churches for Streets of Hope. **WE NEED YOUR HELP** to get us there! Join us for a potluck dinner to celebrate this last leg of the journey. Enjoy good food, good fellowship, and good music with the opportunity to see where we'll be in 2020 as we start **TO HOPE FORWARD.**

HOPE FORWARD

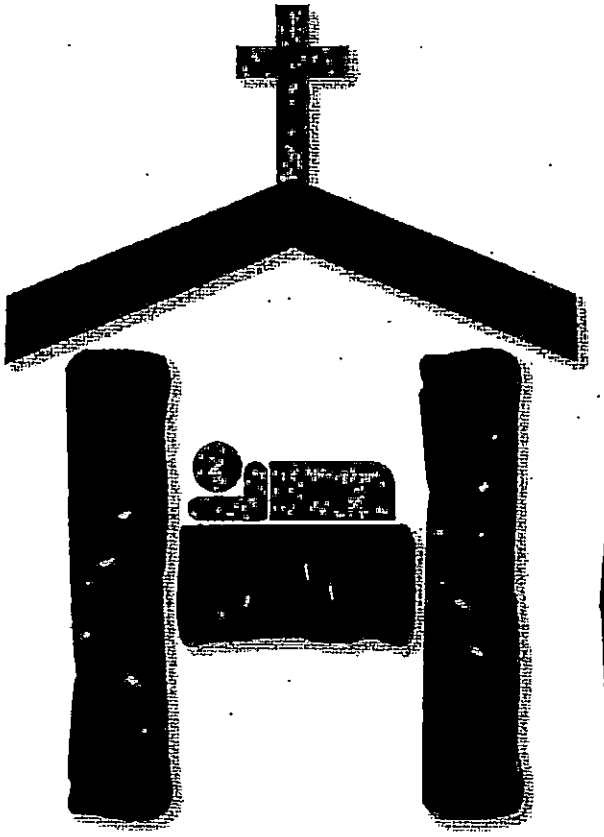
Questions? Email Emily at info@churchesforsoh.org.

Churches for Streets of Hope
PO Box 34073 Essex, MD
(443) 764-4249
www.churchesforsoh.org





HOPE FORWARD



CHURCHES FOR

STREETS of

HOPE

CHURCHES FOR STREETS of HOPE

Who are we?

The purpose of Churches for Streets of H
is to mobilize Southeast Baltimore Coun
work together in Christ-centered missio
the relief of our area's poor, distressed,
underprivileged so that they can spark h
in our community.

Who are we?

36 Churches

229 Volunteers

8 Staff

Up to 16 Board Members

Countywide network of resources

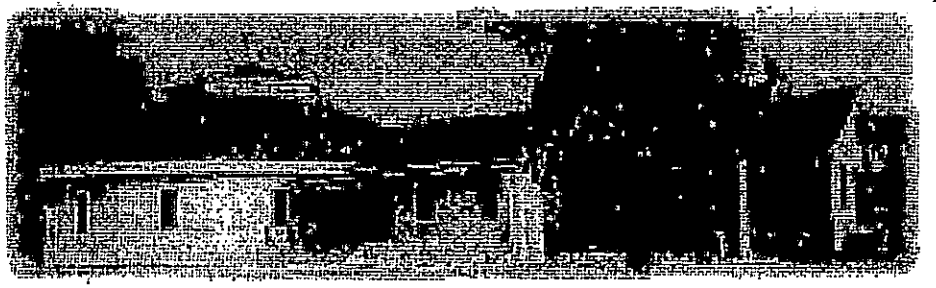
CHURCHES FOR STREETS of HOPE

Churches

4 Churches provided shelter:

First Baptist Church of Essex
St Stephens AME
St Matthew Lutheran Church
St John's Lutheran Church





CHURCHES FOR STREETS of HOPE

Meals

Total Meal Teams: 41 New Meal Teams 2017-18: 6



CHURCHES FOR STREETS of HOPE

Volunteers/Staff

Volunteers this year: 229
Average time/volunteer: 2.5 hours
503 Likes on Facebook

Staff:
1 Shelter Manager
1 Case Manager
5 Shift Managers
1 Executive Director





CHURCHES FOR STREETS of HOPE

By the Numbers

49 men served

18-24 yrs: 3
24-34 yrs: 15
35-44 yrs: 3
45-54 yrs: 10
55-61 yrs: 11
62 and older: 7

Length of Stay

Under 30 days: 46%
30-60 days: 28%
61-90 days: 8%
91-180 days: 16%

Average length of stay: 45 days

Housi

9 exite
permanent

6 stayed
friends anc

2 exite
rehabilit
cente

CHURCHES FOR STREETS of HOPE

Case Management

2017-18 was our first season with a part-tir Case Manager. Since closing on April 15, Stephani has helped to house 2 men.

Rental Assistance Program

Volunteers welcome!

CHURCHES FOR STREETS of HOPE

Building Fund

$18,354.50 in Building Fund

We need $200,000 for a true purchase (ave
commercial building at least $500,000 list p

We need an additional $30,000 per year
budget to pay for overhead expenses of runn
building.

CHURCHES FOR STREETS of HOPE

Coming Up

Hope for the Homeless Bull Roas
October 28, 2018
1:30pm, Hawks Club (430 Riverside

Shelter Opening: November 5, 2018 (L
TBA)

EXHIBIT NO. 21

April 10, 2019

Stacey Diehl
Director, Office of Behavioral Health Licensing
Spring Grove Hospital Center
55 Wade Ave – Voc Rehab Building
Catonsville, MD 21228

Dear Stacey:

I am writing to show that ***Churches for Streets of Hope*** (called below "Streets of Hope," EIN 27-4408407), a 501(c)(3) organization that serves the homeless and underprivileged in Baltimore County, ***is exempt from the certification required for Community-Based Behavioral Health Programs and Services per COMAR 10.63.01.04***. Section C(1-2) notes that "the Department may exempt a program from the requirements of this subtitle if the program does not fall within any of the program descriptions set out in COMAR 10.63.03; COMAR 10.63.04; or COMAR 10.63.05 and if the program demonstrates to the satisfaction of the Department that it is subject to Contractual provisions; conditions of grant award, or other requirements that are comparable to the regulations in this subtitle." This exemption is requested for the purpose of securing a Special Zoning Exception to operate a Community Care Center that includes overnight accommodation (See Zoning Regulations of Baltimore County, Definitions.).

Streets of Hope began in 2010 as a coalition of churches and community members who wanted to alleviate homelessness in our area of Southeast Baltimore County. Since then, we have operated a cold weather shelter for men every November through April, utilizing space in various churches, for homeless clients referred to us by the Department of Social Services. We provide them a hot meal, a warm bed to sleep for the night, and breakfast. Those who want further help can get case management referrals to housing, employment, and other resources.

We accept any referral from Baltimore County's Department of Social Services (excluding registered sex offenders), regardless of mental health diagnosis, and we do not provide any behavioral health treatment or diagnoses, rehabilitation services, or substance-related disorder intervention or counseling. We provide basic needs including food, shelter, clothes, and personal relationships to our clients, but refer them to other organizations should they seek care or treatment for behavioral health or substance-related disorders. Our cold weather shelter operates from 6:00pm to 7:30am each night, so we do not provide 24-hour supervision, care, or treatment for clients with behavioral health or substance-related disorders.

Per COMAR 10.63.01.04, our operation does not fall within the program descriptions set out in COMAR 10.63.03, COMAR 10.63.04, and COMAR 10.63.05 as follows:

- COMAR 10.63.03 – Integrated Behavioral Health Program. Streets of Hope does not run an outpatient mental health center or treatment level 1 program, nor do we provide regularly scheduled mental health or substance-related disorder evaluation or treatment services. We do not have a medical director or licensed medical professional on staff, nor do we receive outpatient

referrals. Our clients are referred to us based on homelessness, not by behavioral health or substance-related disorders.

- COMAR 10.63.04 – We do not fall within the description of the covered programs in .02:
  - Group Homes for Adults – Per the Health-General Article, §10-514 (b), (d), and (e), Annotated Code of Maryland, a "Large private group home" means a private group home that admits at least 9 but not more than 16 individuals, and a "private group home" means a residence in which individuals who have been or are under treatment for a mental disorder may be provided care or treatment in a homelike environment. Streets of Hope does not provide care or treatment for mental disorders—we provide basic necessities to anyone who needs them, including a seasonal cold weather shelter for up to 16 men.
  - Residential Crisis Services Program – 10.63.04.04A states that a residential crisis services program "shall provide short-term mental health treatment and support services in a structured environment for individuals who require 24-hour supervision due to a psychiatric crisis." Streets of Hope does not operate a Residential Crisis Services Program, as it does not provide 24-hour supervision in response to a psychiatric crisis.
  - Residential Rehabilitation Program – 10.63.04.05A-B states that a residential rehabilitation program shall "serve individuals with a mental disorder [and] be operated by a licensed PRP-A." Streets of Hope does not operate a Residential Rehabilitation Program because we serve any homeless person referred to us by the Baltimore County Department of Social Services, regardless of mental disorders, and we are not operated by a licensed PRP-A as we do not provide treatment for mental or substance-related disorders.
- COMAR 10.63.05 – We do not fall within the description of the covered programs in .03:
  - Substance-related Disorder Assessment and Referral Program – 10.63.05.04 states this program must "be operated by a State or local government entity [and] diagnose behavioral health disorders." Streets of Hope is a 501(c)(3) nonprofit organization, and we do not diagnose behavioral health disorders.
  - DUI Education Program – 10.63.05.05 states that this program shall "provide services to individuals convicted under Transportation Article, §21-902, Annotated Code of Maryland, and ordered under Criminal Procedure Article, §6-219, to attend an education program." Streets of Hope does not provide these services.
  - Early Intervention Level 0.5 Program – 10.63.05.06 states that this program shall "provide services to individuals who meet the ASAM Criteria for level .05; for whom a diagnosable substance-related disorder is not documented; and who are, for a know reason, at risk for developing a substance-related disorder." Streets of Hope's clients can fit this description, but we do not provide a comprehensive assessment per 10.63.05.06B of mental health or substance-related disorder risks because we only provide basic necessities such as shelter, food, clothing, etc.

Streets of Hope is subject to Contractual provisions per a grant awarded to us by the Baltimore County Department of Planning. We receive a grant to pay part-time staff, and must therefore abide by the County's standards for shelter management. These include fire safety regulations, intake and exit policies and procedures, drug and alcohol safety, and more. We also use the County's Human Management Interface System (HMIS) to perform intake, keep records, and take case notes. Please reference the

Homeless Services Projects Grant Application at https://www.baltimorecountymd.gov/Agencies/planning/grants/grantapplication.html for a full list of grantee contractual provisions.

Please provide confirmation of exemption regarding the code listed above. Should you have any questions or need further clarification regarding any of these explanations, you may contact me at my office at 443-764-4249 or director@churchesforsoh.org.

Thank you for your consideration in this matter.

Sincerely,

Patrick Dickerson
Executive Director

EXHIBIT NO. 22

Maryland
DEPARTMENT OF HEALTH

Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Robert R. Neall, Secretary

Behavioral Health Administration
Aliya Jones, M.D., MBA
Deputy Secretary/Executive Director
55 Wade Ave., Dix Bldg., SGHC
Catonsville, MD 21228

March 6, 2020

Patrick Dickerson
Executive Director
Streets of Hope
P.O. Box 34073
Essex, MD 21221

Re: COMAR 10.63 Exemption

Dear Mr. Dickerson:

Thank you for your letter of April 10, 2019 concerning the need for your program to be licensed under COMAR 10.63 as a behavioral health treatment provider. Based on the information provided in your letter, your service does not meet the requirements to be licensed under this regulation. Your program is therefore exempt from COMAR 10.63.

I wish you luck with your effort to help people in need.

Sincerely,

Spencer Gear, ACSW, LCSW-C
Director of Licensing
BHA
spencer.gear@maryland.gov

cc: File

EXHIBIT NO. 23

Report Options

Provider Type	• Provider Reporting Group
Provider*	SoH: Men's Shelter (6193)
	This provider AND its subordinates This provider ONLY
Program Date Range*	11/01/2018 to 04/15/2019
Entry/Exit Types*	✓ Basic Basic Center Program Entry/Exit ✓ HUD PATH Quick Call RHY Standard Transitional Living Program Entry/Exit VA HPRP (Retired)

CoC-APR Report Results

4a - Project Identifiers in HMIS

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z All

Organization Name	Org. ID	Project Name	Project ID	HMIS Project Type	Method for Tracking ES	Affiliated with a residential project? (SSO)	Project IDs of Affiliation	CoC Codes	Geocodes	Victim Service Provider
SoH: Men's Shelter	6193	SoH: Men's Shelter	6193	Emergency Shelter (HUD)	Entry/Exit Date			MD-505	249005	False

Showing 1-1 of 1

5a - Report Validations Table

Report Validations Table	
1. Total Number of Persons Served	34
2. Number of Adults (age 18 or over)	34
3. Number of Children (under age 18)	0
4. Number of Persons with Unknown Age	0
5. Number of Leavers	20
6. Number of Adult Leavers	20
7. Number of Adult and Head of Household Leavers	20
8. Number of Stayers	14
9. Number of Adult Stayers	14
10. Number of Veterans	4
11. Number of Chronically Homeless Persons	8
12. Number of Youth Under Age 25	1
13. Number of Parenting Youth Under Age 25 with Children	0
14. Number of Adult Heads of Household	34
15. Number of Child and Unknown-Age Heads of Household	0
16. Heads of Households and Adult Stayers in the Project 365 Days or More	0

6a - Data Quality: Personally Identifiable Information

Data Element	Client Doesn't Know/Client Refused	Information Missing	Data Issues	Total	% of Error Rate
Name (3.1)	0	0	0	0	0%
SSN (3.2)	0	0	0	0	0%
Date of Birth (3.3)	0	0	0	0	0%
Race (3.4)	0	0		0	0%
Ethnicity (3.5)	0	0		0	0%
Gender (3.6)	0	0		0	0%
Overall Score				0	0%

6b - Data Quality: Universal Data Elements

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0%
Project Start Date (3.10)	0	0%
Relationship to Head of Household (3.15)	0	0%
Client Location (3.16)	0	0%
Disabling Condition (3.8)	0	0%

6c - Data Quality: Income and Housing Data Quality

Data Element	Error Count	% of Error Rate
Destination (3.12)	4	20%
Income and Sources (4.2) at Start	7	21%
Income and Sources (4.2) at Annual Assessment	0	0%
Income and Sources (4.2) at Exit	5	25%

6d - Data Quality: Chronic Homelessness

Entering into project type	Count of total records	Missing time in institution (3.917.2)	Missing time in housing (3.917.2)	Approximate Date started (3.917.3) DK/R/missing	Number of times (3.917.4) DK/R/missing	Number of months (3.917.5) DK/R/missing	% of records unable to calculate
ES, SH, Street Outreach	34			0	0	0	0%
TH	0	0	0	0	0	0	0%
PH(all)	0	0	0	0	0	0	0%
Total	34						0%

6e - Data Quality: Timeliness

Time For Record Entry	Number of Project Start Records	Number of Project Exit Records
0 days	2	4
1 - 3 days	0	8
4 - 6 days	13	3
7 - 10 days	2	3
11+ days	11	4

6f - Data Quality: Inactive Records: Street Outreach and Emergency Shelter

	# of Records	# of Inactive Records	% of Inactive Records
Contact (Adults and Heads of Household in Street Outreach or ES - NBN)	0	0	0%
Bed Night (All clients in ES - NBN)	0	0	0%

7a - Number of Persons Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Adults	34	34	0		0
Children	0		0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	34	34	0	0	0
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

7b - Point-in-Time Count of Persons on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	14	14	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

8a - Number of Households Served

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Total Households	34	34	0	0	0
For PSH and RRH - the total persons served who moved into housing	0	0	0	0	0

8b - Point-in-Time Count of Households on the Last Wednesday

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
January	14	14	0	0	0
April	0	0	0	0	0
July	0	0	0	0	0
October	0	0	0	0	0

9a - Number of Persons Contacted

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Contacted	0	0	0	0

9b - Number of Persons Engaged

	All Persons Contacted	First Contact - NOT staying on the Streets, ES, or SH	First contact - WAS staying on Streets, ES, or SH	First contact - Worker unable to determine
Once	0	0	0	0
2-5 Times	0	0	0	0
6-9 Times	0	0	0	0
10+ Times	0	0	0	0
Total Persons Engaged	0	0	0	0
Rate of Engagement	n/a	n/a	n/a	n/a

Rate of Engagement 0% 0% 0% 0%

10a - Gender of Adults

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	34	34	0	0
Female	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	34	34	0	0

10b - Gender of Children

	Total	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0
Female	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Subtotal	0	0	0	0

10c - Gender of Persons Missing Age Information

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	0	0	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	0	0	0	0	0

11 - Age

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Under 5	0		0	0	0
5 - 12	0		0	0	0
13 - 17	0		0	0	0
18 - 24	1	1	0		0
25 - 34	10	10	0		0
35 - 44	4	4	0		0
45 - 54	5	5	0		0
55 - 61	9	9	0		0
62 +	5	5	0		0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	34	34	0	0	0

12a - Race

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
White	21	21	0	0	0
Black or African American	10	10	0	0	0
Asian	1	1	0	0	0
American Indian or Alaska Native	0	0	0	0	0
Native Hawaiian or Other Pacific Islander	0	0	0	0	0
Multiple races	2	2	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	34	34	0	0	0

12b - Ethnicity

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Non-Hispanic/Non-Latino	32	32	0	0	0
Hispanic/Latino	2	2	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	34	34	0	0	0

13a1 - Physical and Mental Health Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	5	5	0	0	0	0
Alcohol Abuse	2	2	0	0	0	0
Drug Abuse	4	4	0	0	0	0
Both Alcohol and Drug Abuse	1	1	0	0	0	0
Chronic Health Condition	5	5	0	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	2	2	0	0	0	0
Physical Disability	4	4	0	0	0	0

13b1 - Physical and Mental Health Conditions at Exit

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	4	4	0	0	0	0
Alcohol Abuse	1	1	0	0	0	0
Drug Abuse	2	2	0	0	0	0
Both Alcohol and Drug Abuse	1	1	0	0	0	0
Chronic Health Condition	2	2	0	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	2	2	0	0	0	0
Physical Disability	3	3	0	0	0	0

13c1 - Physical and Mental Health Conditions of Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
Mental Health Problem	2	2	0	0	0	0
Alcohol Abuse	1	1	0	0	0	0
Drug Abuse	2	2	0	0	0	0
Both Alcohol and Drug Abuse	0	0	0	0	0	0
Chronic Health Condition	3	3	0	0	0	0
HIV/AIDS	0	0	0	0	0	0
Development Disability	0	0	0	0	0	0
Physical Disability	2	2	0	0	0	0

13a2 - Number of Conditions at Start

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	19	19	0	0	0	0
1 Condition	9	9	0	0	0	0
2 Conditions	3	3	0	0	0	0
3+ Conditions	2	2	0	0	0	0
Condition Unknown	1	1	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0
Data not collected	0	0	0	0	0	0
Total	34	34	0	0	0	0

13b2 - Number of Conditions at Exit

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	13	13	0	0	0	0
1 Condition	3	3	0	0	0	0
2 Conditions	2	2	0	0	0	0
3+ Conditions	2	2	0	0	0	0
Condition Unknown	0	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0
Data not collected	0	0	0	0	0	0
Total	20	20	0	0	0	0

13c2 - Number of Conditions for Stayers

	Total Persons	Without Children	Adults in HH with Children and Adults	Children in HH with Children and Adults	With Only Children	Unknown Household Type
None	5	5	0	0	0	0
1 Condition	6	6	0	0	0	0
2 Conditions	2	2	0	0	0	0
3+ Conditions	0	0	0	0	0	0
Condition Unknown	1	1	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0	0
Data not collected	0	0	0	0	0	0

Total	14	14	0	0	0

14a - Domestic Violence History

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	3	3	0	0	0
No	31	31	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	34	34	0	0	0

14b - Persons Fleeing Domestic Violence

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Yes	1	1	0	0	0
No	1	1	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	1	1	0	0	0
Total	3	3	0	0	0

15 - Living Situation

Homeless Situations	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	1	1	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	32	32	0	0	0
Safe Haven	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	33	33	0	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	1	1	0	0	0
Subtotal	1	1	0	0	0
Total	34	34	0	0	0

16 - Cash Income - Ranges

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
No Income	21	0	11
$1 - 150	0	0	0
$151 - $250	2	0	1
$251 - $500	0	0	0
$501 - $1000	3	0	2
$1001 - $1500	3	0	2
$1501 - $2000	1	0	0
$2001 +	1	0	1
Client Doesn't Know/Client Refused	0	0	0
Data not collected	3	0	3

Number of adult stayers not yet required to have an annual assessment		14	
Number of adult stayers without required annual assessment		0	
Total Adults	34	14	20

17 - Cash Income - Sources

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	3	0	2
Unemployment Insurance	1	0	1
Supplemental Security Income (SSI)	4	0	2
Social Security Disability Insurance (SSDI)	2	0	2
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	1	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	1	0	0
Adults with Income Information at Start and Annual Assessment/Exit		0	0

18 - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status

Number of Adults by Income Category	Number of Adults at Start	Number of Adults at Annual Assessment (Stayers)	Number of Adults at Exit (Leavers)
Adults with Only Earned Income (i.e., Employment Income)	3	0	2
Adults with Only Other Income	7	0	4
Adults with Both Earned and Other Income	0	0	0
Adults with No Income	24	0	14
Adults with Client Doesn't Know/Client Refused Income Information	0	0	0
Adults with Missing Income Information	0	0	0
Number of adult stayers not yet required to have an annual assessment		14	
Number of adult stayers without required annual assessment		0	
Total Adults	34	14	20
1 or More Source of Income	11	0	6
Adults with Income Information at Start and Annual Assessment/Exit		0	0

19a1 - Client Cash Income Change - Income Source - by Start and Latest Status

Income Change by Income Category (Universe: Adult Stayers with Income Information at Start and Annual Assessment)	Had Income Category at Start and Did Not Have It at Annual Assessment	Retained Income Category But Had Less $ at Annual Assessment Than at Start	Retained Income Category and Same $ at Annual Assessment as at Start	Retained Income Category and Increased $ at Annual Assessment	Did Not Have the Income Category at Start and Gained the Income Category at Annual Assessment	Did Not Have the Income Category at Start or at Annual Assessment	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Annual Assessment, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure
Number of Adults with Earned Income (i.e., Employment Income)	0	0	0	0	0	0	0	0	0%
Average Change in Earned Income	0	0		0	0			0	
Number of Adults with Other Income	0	0	0	0	0	0	0	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	0	0	0	0	0	0	0%
Average Change in Overall Income	0	0		0	0			0	

19a2 - Client Cash Income Change - Income Source - by Start and Exit

Income Change by Income Category (Universe: Adult Leavers with Income Information at Start and Exit)	Had Income Category at Start and Did Not Have It at Exit	Retained Income Category But Had Less $ at Exit Than at Start	Retained Income Category and Same $ at Exit as at Start	Retained Income Category and Increased $ at Exit	Did Not Have the Income Category at Start and Gained the Income Category at Exit	Did Not Have the Income Category at Start or at Exit	Total Adults (including those with No Income)	Performance Measure: Adults who Gained or Increased Income from Start to Exit, Average Gain	Performance measure: Percent of Persons who Accomplished this Measure

Number of Adults with Earned Income (i.e., Employment Income)	0	0	1	0	0	16	20	1	5%
Average Change in Earned Income	0	0		0	0			400	
Number of Adults with Other Income	0	0	4	0	0	16	20	0	0%
Average Change in Other Income	0	0		0	0			0	
Number of Adults with Any Income (i.e., Total Income)	0	0	5	0	0	14	20	1	5%
Average Change in Overall Income	0	0		0	0			400	

19b - Disabling Conditions and Income for Adults at Exit

	AC: Adult with Disabling Condition	AC: Adult without Disabling Condition	AC: Total Adults	AC: percent with Disabling Condition by Source	UK: Adult with Disabling Condition	UK: Adult without Disabling Condition	UK: Total Adults	UK: percent with Disabling Condition by Source
Earned Income	0	2	2	0%	0	0	0	0%
Supplemental Security Income (SSI)	1	1	2	50%	0	0	0	0%
Social Security Disability Insurance (SSDI)	2	0	2	100%	0	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families (TANF)	0	0	0	0%	0	0	0	0%
Retirement Income from Social Security	0	1	1	0%	0	0	0	0%
Pension or retirement income from a former job	0	0	0	0%	0	0	0	0%
Child Support	0	0	0	0%	0	0	0	0%
Other Source	0	1	1	0%	0	0	0	0%
No Sources	2	9	11	18%	0	0	0	0%
Unduplicated Total Adults	4	14	18		0	0	0	

20a - Type of Non-Cash Benefit Source

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	6	0	4
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

20b - Number of Non-Cash Benefit Sources

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
No Sources	25	0	15
1 + Source(s)	6	0	4
Client Doesn't Know/Client Refused	0	0	0
Data Not Collected/Not stayed long enough for Annual Assessment	3	14	1
Total	34	14	20

21 - Health Insurance

	At Start	At Annual Assessment for Stayers	At Exit for Leavers
MEDICAID	15	0	8
MEDICARE	6	0	2
State Children's Health Insurance Program	0	0	0
Veteran's Administration (VA) Medical Services	1	0	0
Employer-Provided Health Insurance	0	0	0
Health Insurance obtained through COBRA	0	0	0
Private Pay Health Insurance	2	0	1
State Health Insurance for Adults	4	0	2
Indian Health Services Program	0	0	0
Other	0	0	0
No Health Insurance	13	0	10
Client Doesn't Know/Client Refused	0	0	0
Data not collected	0	0	0
Number of stayers not yet required to have an annual assessment		14	
1 Source of Health Insurance	11	0	5
More than 1 Source of Health Insurance	8	0	4

22a1 - Length of Participation - CoC Projects

	Total	Leavers	Stayers
30 days or less	17	16	1
31 to 60 days	6	4	2
61 to 90 days	2	0	2
91 to 180 days	9	0	9
181 to 365 days	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
Total	34	20	14

22b - Average and Median Length of Participation in Days

	Leavers	Stayers
Average Length	19	88
Median Length	18	103

22c - Length of Time between Project Start Date and Housing Move-in Date

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	0	0	0	0	0
8 to 14 days	0	0	0	0	0
15 to 21 days	0	0	0	0	0
22 to 30 days	0	0	0	0	0
31 to 60 days	0	0	0	0	0
61 to 180 days	0	0	0	0	0
181 to 365 days	0	0	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0	0	0
Total (persons moved into housing)	0	0	0	0	0
Average length of time to housing	0	0	0	0	0
Persons who were exited without move-in	0	0	0	0	0
Total	0	0	0	0	0

22e - Length of Time Prior to Housing - based on 3.917 Data Homelessness Started

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
7 days or less	2	2	0	0	0
8 to 14 days	1	1	0	0	0
15 to 21 days	3	3	0	0	0
22 to 30 days	1	1	0	0	0
31 to 60 days	2	2	0	0	0
61 to 180 days	5	5	0	0	0
181 to 365 days	4	4	0	0	0
366 to 730 Days (1-2 Yrs)	7	7	0	0	0
731 days or more	8	8	0	0	0
Total (persons moved into housing)	33	33	0	0	0
Not yet moved into housing	0	0	0	0	0
Data not collected	1	1	0	0	0
Total Persons	34	34	0	0	0

23c - Exit Destination - All persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing subsidy	0	0	0	0	0
Owned by client, with ongoing subsidy	0	0	0	0	0
Rental by client, no ongoing subsidy	0	0	0	0	0
Rental by client, with VASH subsidy	0	0	0	0	0
Rental by client with GPD TIP subsidy	0	0	0	0	0
Rental by client, other ongoing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	3	3	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	3	3	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	8	8	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	14	14	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	1	1	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	2	2	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	4	4	0	0	0
Subtotal	4	4	0	0	0
Total	20	20	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	1	1	0	0	0
Percentage	0%	0%	0%	0%	0%

25a - Number of Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	1	1	0	0
Non-Chronically Homeless Veteran	3	3	0	0
Not a veteran	30	30	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	34	34	0	0

25b - Number of Veteran Households

	Total	Without Children	With Children and Adults	Unknown Household Type
Chronically Homeless Veteran	1	1	0	0
Non-Chronically Homeless Veteran	3	3	0	0
Not a veteran	30	30	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	34	34	0	0

25c - Gender - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
Male	4	4	0	0
Female	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0
Data not collected	0	0	0	0
Total	4	4	0	0

25d - Age - Veterans

	Total	Without Children	With Children and Adults	Unknown Household Type
18 - 24	0	0	0	0
25 - 34	1	1	0	0
35 - 44	0	0	0	0
45 - 54	0	0	0	0
55 - 61	1	1	0	0
62 +	2	2	0	0
Client Doesn't Know/Client Refused				
Data not collected				
Total	4	4	0	0

25e - Physical and Mental Health Conditions - Veterans

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	1	0	1
Alcohol Abuse	0	0	0
Drug Abuse	0	0	0
Both Alcohol and Drug Abuse	0	0	0
Chronic Health Condition	0	0	0
HIV/AIDS	0	0	0
Development Disability	0	0	0
Physical Disability	2	1	1

25f - Cash Income Category - Income Category - by Start and Annual/Exit Status - Veterans

Number of Veterans by Income Category	Number of Veterans at Start	Number of Veterans at Annual Assessment (Stayers)	Number of Veterans at Exit (Leavers)
Veterans with Only Earned Income (i.e., Employment Income)	0	0	0
Veterans with Only Other Income	0	0	0
Veterans with Both Earned and Other Income	0	0	0
Veterans with No Income	4	0	3
Veterans with Client Doesn't Know/Client Refused Income Information	0	0	0
Veterans with Missing Income Information	0	0	0
Number of veterans not yet required to have an annual assessment		1	
Number of veterans without required annual assessment		0	
Total Veterans	4	1	3

25g - Type of Cash Income Sources - Veterans

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0

Veterans with Income Information at Start and Annual Assessment/Exit	0	0

25h - Type of Non-Cash Benefit Sources - Veterans

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	0	0	0
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

25i - Exit Destination - Veterans

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	2	2	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	2	2	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	1	1	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	1	1	0	0	0
Other Destinations					
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	3	3	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	1	1	0	0	0
Percentage	0%	0%	0%	0%	0%

26a - Chronic Homeless Status - Number of Households w/at least one or more CH person

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	8	8	0	0	0
Not Chronically Homeless	26	26	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0

Total	34	34	0	0	0

26b - Number of Chronically Homeless Persons by Household

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Chronically Homeless	8	8	0	0	0
Not Chronically Homeless	26	26	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	34	34	0	0	0

26c - Gender of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	8	8	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	8	8	0	0	0

26d - Age of Chronically Homeless Persons

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
0 - 17	0		0	0	0
18 - 24	0	0	0		0
25 - 34	2	2	0		0
35 - 44	0	0	0		0
45 - 54	2	2	0		0
55 - 61	3	3	0		0
62 +	1	1	0		0
Client Doesn't Know/Client Refused	0	0	0		0
Data not collected	0	0	0		0
Total	8	8	0	0	0

26e - Physical and Mental Health Conditions - Chronically Homeless Persons

	Conditions at Start	Conditions at Latest Assessment for Stayers	Conditions at Exit for Leavers
Mental Health Problem	4	1	3
Alcohol Abuse	0	0	0
Drug Abuse	2	1	1
Both Alcohol and Drug Abuse	1	0	1
Chronic Health Condition	5	3	2
HIV/AIDS	0	0	0
Development Disability	2	0	2
Physical Disability	3	1	2

26f - Client Cash Income - Chronically Homeless Persons

Number of Chronically Homeless Persons by Income Category	Number of Chronically Homeless Persons at Start	Number of Chronically Homeless Persons at Annual Assessment (Stayers)	Number of Chronically Homeless Persons at Exit (Leavers)
Chronically Homeless Persons with Only Earned Income (i.e., Employment Income)	0	0	0
Chronically Homeless Persons with Only Other Income	3	0	2
Chronically Homeless Persons with Both Earned and Other Income	0	0	0
Chronically Homeless Persons with No Income	5	0	2
Chronically Homeless Persons with Client Doesn't Know/Client Refused Income Information	0	0	0
Chronically Homeless Persons with Missing Income Information	0	0	0
Number of Chronically Homeless Persons not yet required to have an annual assessment		4	
Number of Chronically Homeless Persons without required annual assessment		0	
Total Chronically Homeless Persons	8	4	4

26g - Type of Cash Income Sources - Chronically Homeless Persons

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	1	0	1
Social Security Disability Insurance (SSDI)	2	0	2
VA Service - Connected Disability Compensation	0	0	0

VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	1	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Chronically Homeless Persons with Income Information at Start and Annual Assessment/Exit		0	0

25h - Type of Non-Cash Income Sources - Chronically Homeless Persons

	Benefit at Start	Benefit at Latest Annual Assessment for Stayers	Benefit at Exit for Leavers
Supplemental Nutrition Assistance Program (SNAP) (Previously known as Food Stamps)	4	0	2
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)	0	0	0
TANF Child Care Services	0	0	0
TANF Transportation Services	0	0	0
Other TANF-Funded Services	0	0	0
Other Source	0	0	0

27a - Age of Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
12 - 17	0		0	0	0
18 - 24	1	1	0		0
Client Doesn't Know/Client Refused					
Data not collected					
Total	1	1	0	0	0

27b - Parenting Youth

	Total Parenting Youth	Total Children of Parenting Youth	Total Persons	Total Households
Parenting youth < 18	0	0	0	0
Parenting youth 18 to 24	0	0	0	0

27c - Gender - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Male	1	1	0	0	0
Female	0	0	0	0	0
Trans Female (MTF or Male to Female)	0	0	0	0	0
Trans Male (FTM or Female to Male)	0	0	0	0	0
Gender Non-Conforming (i.e. not exclusively male or female)	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Total	1	1	0	0	0

27d - Living Situation - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Homeless Situations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Place not meant for habitation	1	1	0	0	0
Safe Haven	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	1	1	0	0	0
Institutional Settings					
Psychiatric hospital or other psychiatric facility	0	0	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Foster care home or foster care group home	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Residential project or halfway house with no homeless criteria	0	0	0	0	0
Subtotal	0	0	0	0	0
Other Locations					
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0

Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other housing subsidy (including RRH)	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Staying or living in a friend's room, apartment or house	0	0	0	0	0
Staying or living in a family member's room, apartment or house	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data not collected	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	1	1	0	0	0

27e - Length of Participation - Youth

	Total	Leavers	Stayers
30 days or less	1	1	0
31 to 60 days	0	0	0
61 to 90 days	0	0	0
91 to 180 days	0	0	0
181 to 365 days	0	0	0
366 to 730 Days (1-2 Yrs)	0	0	0
731 to 1,095 Days (2-3 Yrs)	0	0	0
1,096 to 1,460 Days (3-4 Yrs)	0	0	0
1,461 to 1,825 Days (4-5 Yrs)	0	0	0
More than 1,825 Days (>5 Yrs)	0	0	0
Data not collected	0	0	0
Total	1	1	0

27f - Exit Destination - Youth

	Total	Without Children	With Children and Adults	With Only Children	Unknown Household Type
Permanent Destinations					
Moved from one HOPWA funded project to HOPWA PH	0	0	0	0	0
Owned by client, no ongoing housing subsidy	0	0	0	0	0
Owned by client, with ongoing housing subsidy	0	0	0	0	0
Rental by client, no ongoing housing subsidy	0	0	0	0	0
Rental by client, with VASH housing subsidy	0	0	0	0	0
Rental by client, with GPD TIP housing subsidy	0	0	0	0	0
Rental by client, with other ongoing housing subsidy	0	0	0	0	0
Permanent Housing (other than RRH) for formerly homeless persons	0	0	0	0	0
Staying or living with family, permanent tenure	0	0	0	0	0
Staying or living with friends, permanent tenure	0	0	0	0	0
Rental by client, with RRH or equivalent subsidy	0	0	0	0	0
Rental by client, with HCV voucher (tenant or project based)	0	0	0	0	0
Rental by client in a public housing unit	0	0	0	0	0
Subtotal	0	0	0	0	0
Temporary Destinations					
Emergency shelter, including hotel or motel paid for with emergency shelter voucher	0	0	0	0	0
Moved from one HOPWA funded project to HOPWA TH	0	0	0	0	0
Transitional housing for homeless persons (including homeless youth)	0	0	0	0	0
Staying or living with family, temporary tenure (e.g., room, apartment or house)	0	0	0	0	0
Staying or living with friends, temporary tenure (e.g., room apartment or house)	0	0	0	0	0
Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or motel paid for without emergency shelter voucher	0	0	0	0	0
Host Home (non-crisis)	0	0	0	0	0
Subtotal	0	0	0	0	0
Institutional Settings					
Foster care home or foster care group home	0	0	0	0	0
Psychiatric hospital or other psychiatric facility	1	1	0	0	0
Substance abuse treatment facility or detox center	0	0	0	0	0
Hospital or other residential non-psychiatric medical facility	0	0	0	0	0
Jail, prison, or juvenile detention facility	0	0	0	0	0
Long-term care facility or nursing home	0	0	0	0	0
Subtotal	1	1	0	0	0
Other Destinations					

Residential project or halfway house with no homeless criteria	0	0	0	0	0
Deceased	0	0	0	0	0
Other	0	0	0	0	0
Client Doesn't Know/Client Refused	0	0	0	0	0
Data Not Collected (no exit interview completed)	0	0	0	0	0
Subtotal	0	0	0	0	0
Total	1	1	0	0	0
Total persons exiting to positive housing destinations	0	0	0	0	0
Total persons whose destinations excluded them from the calculation	0	0	0	0	0
Percentage	0%	0%	0%	0%	0%

27g - Cash Income - Sources - Youth

	Income at Start	Income at Latest Annual Assessment for Stayers	Income at Exit for Leavers
Earned Income	0	0	0
Unemployment Insurance	0	0	0
Supplemental Security Income (SSI)	0	0	0
Social Security Disability Insurance (SSDI)	0	0	0
VA Service - Connected Disability Compensation	0	0	0
VA Non-Service Connected Disability Pension	0	0	0
Private Disability Insurance	0	0	0
Worker's Compensation	0	0	0
Temporary Assistance for Needy Families (TANF)	0	0	0
General Assistance (GA)	0	0	0
Retirement Income from Social Security	0	0	0
Pension or retirement income from a former job	0	0	0
Child Support	0	0	0
Alimony and other spousal support	0	0	0
Other Source	0	0	0
Adults with Income Information at Start and Annual Assessment/Exit		0	0

27h - Client Cash Income Category - Earned/Other Income Category - by Start and Annual Assessment/Exit Status - Youth

Number of Youth by Income Category	Number of Youth at Start	Number of Youth at Annual Assessment (Stayers)	Number of Youth at Exit (Leavers)
Youth with Only Earned Income (i.e., Employment Income)	0	0	0
Youth with Only Other Income	0	0	0
Youth with Both Earned and Other Income	0	0	0
Youth with No Income	1	0	1
Youth with Client Doesn't Know/Client Refused Income Information	0	0	0
Youth with Missing Income Information	0	0	0
Number of youth stayers not yet required to have an annual assessment		0	
Number of youth stayers without required annual assessment		0	
Total Youth	1	0	1
1 or More Source of Income	0	0	0
Youth with Income Information at Start and Annual Assessment/Exit		0	0

27i - Disabling Conditions and Income for Youth at Exit

	AO: Youth with Disabling Condition	AO: Youth without Disabling Condition	AO: Total Youth	AO: percent with Disabling Condition by Source	AC: Youth with Disabling Condition	AC: Youth without Disabling Condition	AC: Total Youth	AC: percent with Disabling Condition by Source	CO: Youth with Disabling Condition	CO: Youth without Disabling Condition	CO: Total Youth	CO: percent with Disabling Condition by Source	UK: Youth with Disabling Condition	UK: Youth without Disabling Condition	UK: Total Youth	UK: percent with Disabling Condition by Source
Earned Income	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Supplemental Security Income (SSI)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Social Security Disability Insurance (SSDI)	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
VA Service - Connected Disability Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Private Disability Insurance	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Worker's Compensation	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%
Temporary Assistance for Needy Families	0	0	0	0%	0	0	0	0%	0	0	0	0%	0	0	0	0%

Debra Wiley

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 12:08 PM
To: Administrative Hearings
Subject: 2020-0005x 1/7/21 AT 1:30
Attachments: EXHIBIT NO.1.PLAN.pdf; EXHIBIT NO.2.AERIAL.pdf

CAUTION: This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

Please find attached exhibits.
--

Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

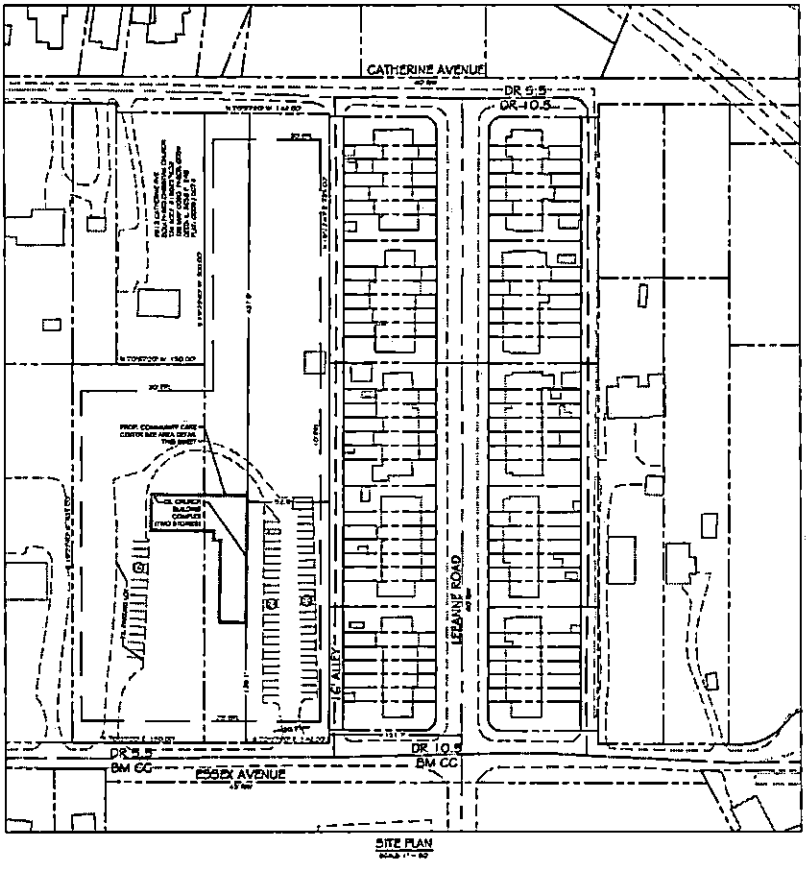
O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

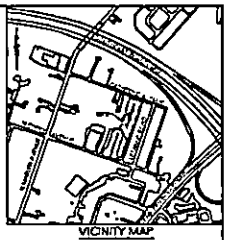
3407 Eastern Boulevard, Baltimore, MD 21220

The Law Offices of
MIKE MORAN
BALTIMORE, MD

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SITE PLAN



VICINITY MAP

SITE DATA

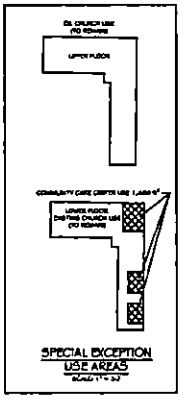
1. SITE ADDRESS: 913 & 920 ESSEX AVE.
2. OWNER: BOULEVARD BAPTIST CHURCH
3. TAX ACCT NO.: 1509370000, 1509370002
4. DEED REF.: L. 8328 F. 623 & L. 8634 F. 498
5. PLAT REF.: 0009 / 0077A, LOTS 24 & 25
6. SITE AREA: 169,635 SF / 3.89 AC ±
7. ZONING: DR 5.5
8. EXISTING USES: CHURCH
   PROPOSED USES: COMMUNITY CARE CENTER AND CHURCH
9. SETBACKS:

	FRONT	SIDE	REAR
REQUIRED	25'	10'	30'
PROVIDED	138.4'	98.9'	437.8'

10. PARKING TABULATION:
    REQUIRED: COMMUNITY CARE CENTER USES:
    1 SPACE PER 5 BEDS
    1 E. PROF. STAFF = 8 SPACES REQ.
    CHURCH USES:
    1 SPACE PER 4 SEATS
    1 201 PROF. SEATS = 50 SPACES REQ.
    PROVIDED: 66 SPACES INCL. 2 HANDICAP
11. ZONING HISTORY:
    CASE #: I-1956-371-A-H, GRANTED 2/24/1956
    PETITION FOR RECLASSIFICATION FROM R-6 (RESIDENCE) TO B.R. (BRESLAP HOUSE) ZONE AND VARIANCES TO ZONING REGULATIONS:
    SE NCT CORNER LOT - FRONT WIDTH OF 54.5' INSTEAD OF 65', LOT DEPTH OF 100' INSTEAD OF 115', SIDE YARD WIDTH OF 20' INSTEAD OF 25', AND LOT AREA OF 5654 SF INSTEAD OF 6940 SF.
    INTERIOR LOT - FRONT LOT DEPTH OF 100' INSTEAD OF 115' AND LOT AREA OF 1940 SF INSTEAD OF 2070 SF.
    INTERIOR LOT (NO) - FRONT LOT DEPTH OF 100' INSTEAD OF 115' AND LOT AREA OF 5616 SF INSTEAD OF 2760 SF.
12. THIS PROPERTY IS NOT IN THE CBCA, IS NOT IN THE 100-YR. FLOOD PLAIN AND NOT ON THE HISTORIC REGISTER.

LEGEND

- PROPERTY LINE
- BUILDING RESTRICTION LINE
- ZONING LINES
- EXIST. CODE OF PARKING
- EXIST. BUILDING
- PROP. COMMUNITY CARE CENTER



SPECIAL EXCEPTION USE AREAS

PROFESSIONAL CERTIFICATION. I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 17293, EXP. DATE: 04.30.07.

KCI TECHNOLOGIES

PLAN TO ACCOMPANY PETITION FOR ZONING HEARING
913 & 920 ESSEX AVENUE
ESSEX, MD 21221

G-01

Google Maps 920 Essex Ave

Churches for Streets of Hope



Imagery ©2019 Google, Imagery ©2019 Maxar Technologies, U.S. Geological Survey, USDA Farm Service Agency, Map data ©2019 100 ft

EXHIBIT NO. 24

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12-19-20

Date of Birth [redacted]70 Social Security # [redacted] Nickname [redacted]

ID # NONE

Address homeless ID type N/A

Email address NONE

Cell # NONE

License Plate # (if bringing car) N/A Public Transportation BUS/WALK

Emergency Contact [redacted] Phone # [redacted]

Address N/A

Are you currently working? NO Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving Food stamp's Amount per month 200

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions NONE

Allergies penicillin Medicines NONE

Doctor's name NONE Phone # N/A

Doctor's address N/A

Primary Language English Other languages spoken NONE

Baltimore County
Universal Intake Form

HMIS #: _____ Entry Date: _____

Case Worker: _____ Exit Date: _____

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]-20

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

✓ Yes | No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

✓	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
	White		

Ethnicity (Check One):

	Hispanic / Latino		Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation	✓	Married		Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One): ✓ Yes | No

Chronically Homeless? (Check One): ✓ Yes | No

Date of Present Homelessness: 12-17-20

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction	✓	Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At Imminent Risk of Losing Housing		Stably Housed
	Housed & At Risk	✓	Don't Know
	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month	✓	1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 2122

Primary Means of Transportation (Check One):

	Bicycle		Light Rail		Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | ✓ | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | ✓ | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired	✓	Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
	Very Good		Fair	✓	Don't Know

Institutional Living Prior to 18 Years? | | Yes | ✓ | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	✓	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea – Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12.27.20

Date of Birth [redacted].88 Social Security [redacted] Nickname [redacted]

ID # NO ID type N/A

Address homeless

Email address none Cell # N/A

License Plate # (if bringing car) N/A Public Transportation bus/walk

Emergency Contact [redacted] Phone [redacted]

Address N/A

Are you currently working? N/A Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving Food stamps/ SSI Amount per month 204/783

Medical history (check all that apply)

stroke ____ depression X brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse X

Other medical conditions acid reflux, bronchitis/asthma

Allergies NONE Medicines inhaler, prilosec

Doctor's name N/A Phone # N/A

Doctor's address N/A

Primary Language english Other languages spoken N/A

Baltimore County Universal Intake Form

HMIS #: _____ Entry Date: _____

Case Worker: _____ Exit Date: _____

First Name: [redacted] Middle Name: Walter

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]/88

Date of Birth Type (Check One): [X] Full DOB [ ] Approx/Partial [ ] Don't Know [ ] Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One): [ ] Yes [X] No

Household Type (Check One):

[ ] Cohabitation	[ ] Foster Parent(s)	[ ] Non-Custodial Grandparent(s)
[ ] Couple w/ No Children	[ ] Grandparent(s) & Children	[ ] Other
[ ] Female Single Parent	[ ] Male Single Parent	[ ] Two Parent Family

Primary Race (Check One):

[ ] American Indian / Alaskan Native	[ ] Don't Know
[ ] Asian	[ ] Refused
[ ] Black / African American	
[ ] Native Hawaiian / Other Pacific Islander	
[ ] White	

Ethnicity (Check One): [ ] Hispanic / Latino [ ] Non Hispanic / Latino (Other) [ ] Don't Know [ ] Refused

Gender (Check One):

[X] Male	[ ] Don't Know	[ ] Transgendered Male to Female
[ ] Female	[ ] Other	[ ] Transgendered Female to Male
	[ ] Refused	

Marital Status (Check One):

[ ] Cohabitation	[ ] Married	[X] Single
[ ] Divorced	[ ] Separated	[ ] Widowed

Is Client Homeless? (Check One): [X] Yes [ ] No

Chronically Homeless? (Check One): [X] Yes [ ] No

Date of Present Homelessness: 10/10/10

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction	☑	Medical Condition		Substandard Housing
	Health/Safety	☑	Mental Health		Unemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Unemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): ☐ Yes ☐ No

If Yes, Date of Eviction: N/A

Domestic Violence Victim? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed w/ Imminent Risk of Losing Housing		Stably Housed
	Housed w/ At Risk		Don't Know
☑	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client - no subsidy		Rental by Client - w/ subsidy
☑	Emergency Shelter		Owned by Client - w/ subsidy		Rental by Client - VASH
	Foster Care		Permanent Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant for Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/ Friend
	Jail / Prison / Juvenile Detention		Rehab		Substance Abuse Facility
	Other		Rental by Client - no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	One Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 91722

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	☑	Uses Bus
	Family / Friends		Owns Car	☑	Walks
	Host-supplied Transportation		Taxi		

Employed? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If employed, looking for additional work or hours? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

Don't Know	Refused	Temporary	
Permanent	Seasonal		

If Unemployed Looking For Work? (Check One):

Yes	No	Don't Know	Refused

Cash Income Received in last 30 Days?

Yes	No	Don't Know	Refused

Monthly Cash Income (Check All That Apply):

A Veteran's Disability Payment	Other	TANF
Alimony/Spousal Support	Pension	Unemployment Insurance
Child Support	Private Disability Insurance	Veteran's Pension
Earned Income	Retirement from SSI	Worker's Compensation
General Assistance	SSDI	
No Financial Resources	SSI	

1st income amount last month: $ 793 2nd income amount last month: $

Non-Cash Benefits Received in last 30 Days?

Yes	No	Don't Know	Refused

Non-Cash Benefits (Check All That Apply):

MEDICAID	Section 8/Pub Housing/Rent Assist	TANF child care svcs
MEDICARE	Special Suppl Nutrition (WIC only)	TANF transportation svcs
Other Source	State Child Health Ins Program	
Other TANF-funded services	Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month: $ 204 2nd benefit amount last month: $

Do You Use Alcohol or Drugs? (Check One):

Yes	No	Don't Know	Refused

Do You Suffer From Mental Illness? (Check One):

Yes	No	Don't Know	Refused

HIV Positive? (Check One):

Yes	No	Don't Know	Refused

Do Have a Disability of Long Duration? (Check One):

Yes	No	Don't Know	Refused

Does Your Disability Prevent You from Working? (Check One): Yes No

Disability Type (Check All That Apply):

Alcohol Abuse	Hearing Impaired	Physical/Medical
Developmental	HIV/AIDS	Physical/Mobility Limits
Drug Abuse	Mental Illness	Vision Impaired
Dual Diagnosis	Other	

Pregnant? (Check One):

Yes	No	Don't Know	Refused

If Pregnant, Projected Birth Date: N/A

Health Condition Compared to People of Your Age (Check One):

Excellent	Good	Poor
Very Good	Fair	Don't Know

Institutional Living Prior to 18 Years?

Yes	No	Don't Know	Refused

Highest Level of Education Attained (Check One):

No Schooling Completed	10th Grade	College Degree
Nursery School to 4th Grade	11th Grade	Graduate Degree
5th or 6th Grade	12th Grade No Diploma	Don't Know
7th or 8th Grade	Some High School	Refused
Post Secondary School	GED	
9th Grade	High School Diploma	

Currently in School or Working on Degree? (Check One): Yes | No | Don't Know | Refused

Received Vocational Training? (Check One): Yes | No | Don't Know | Refused

U.S. Military Veteran? (Check One): Yes | No | Don't Know | Refused

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

Honorable	Bad Conduct	Don't Know
General	Dishonorable	Refused
Medical	Other	

Military Service Related Disability? (Check One): Yes | No

Receiving Veterans Services? (Check One): Yes | No

Military Service era (Check All That Apply):

Afghanistan	Grenada	Post Vietnam
Between Korea – Vietnam	Korea	Vietnam
Between WWI – WWII	Lebanon	WWI
Between WWII – Korea	Panama	WWII
Bosnia	Persian Gulf	

Military Branch (Choose One):

Air Force	Marines	Other
Army	Navy	
Coast Guard	National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

Afghanistan	Korea	South China Sea
Chad, Burma, India	Laos & Cambodia	South Pacific
Desert Storm	North Africa	Vietnam
Europe	Other	
Iraq	Persian Gulf	

Case Notes:

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12-31-2020

Date of Birth [redacted]/1950 Social Security # [redacted] Nickname _____

ID # [redacted] ID type _____

Address _____

Email address _____ Cell # _____

License Plate # (if bringing car) _____ Public Transportation _____

Emergency Contact [redacted] Phone # _____

Address _____

Are you currently working? NO Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving SSI Amount per month 800

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ✓ diabetes ____ drug abuse ____

Other medical conditions _____

Allergies None Medicines _____

Doctor's name _____ Phone # _____

Doctor's address _____

Primary Language _____ Other languages spoken _____

Baltimore County Universal Intake Form

HMIS #: _____ Entry Date: 12/31/2020

Case Worker: _____ Exit Date: _____

First Name: [redacted] Middle Name: _____

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]/58

Date of Birth Type (Check One):

☑	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

☑	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non - Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
☑	White		

Ethnicity (Check One):

	Hispanic / Latino	☑	Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

☑	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married		Single
	Divorced		Separated	☑	Widowed

Is Client Homeless? (Check One): ☑ Yes ☐ No

Chronically Homeless? (Check One): ☐ Yes ☐ No

Date of Present Homelessness: 2014

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
✓	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	✓	No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At Imminent Risk of Losing Housing		Stably Housed
	Housed & At Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Permanent Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)	✓	Place Not Meant For Habitation		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month	✓	1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 2121

Primary Means of Transportation (Check One):

	Bicycle		Light Rail		Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | | No | | Don't Know | | Refused |

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources	✓	SSI		

1st income amount last month: $ 700 2nd income amount last month: $ _____

Non-Cash Benefits Received in last 30 Days? | ✓ | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition (WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services	✓	Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month: $ 125 2nd benefit amount last month: $ _____

Do You Use Alcohol or Drugs? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent	✓	Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | ✓ | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
✓	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea – Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Gulf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

STREETS of HOPE Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12-26-20

Date of Birth [redacted].82 Social Security # [redacted] Nickname ———

ID # NONE ID type N/A

Address homeless

Email address [redacted] Cell # NONE

License Plate # (if bringing car) N/A Public Transportation bus/walk

Emergency Contact [redacted] Phone [redacted]

Address [redacted] Essex, MD 21221

Are you currently working? NO Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving disability Amount per month 836.00

Medical history (check all that apply)

stroke ___ depression X brain injury X HIV/AIDS ___ alcoholism ___

seizures NO TB ___ high blood pressure NO diabetes ___ drug abuse X

Other medical conditions NONE

Allergies Codeine Medicines Seroquil, Suboxone

Doctor's name Dr Ratiner Phone # N/A

Doctor's address Bayview

Primary Language ENGLISH Other languages spoken NONE

Baltimore County Universal Intake Form

HMIS #: _____ Entry Date: 12-15-2020

Case Worker: _____ Exit Date: 12-29-2020

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SSN: [redacted]

Date of Birth: [redacted]-87

Date of Birth Type (Check One):

X	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes	X	No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
X	White		

Ethnicity (Check One):

	Hispanic / Latino	X	Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

X	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	X	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One): X Yes | No

Chronically Homeless? (Check One): X Yes | No

Date of Present Homelessness: 12/20

F

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
☑	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
☑	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): ☐ Yes ☑ No

If Yes, Date of Eviction: N/A

Domestic Violence Victim? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
☒	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At Imminent Risk of Losing Housing		Stably Housed
	Housed & At Risk		Don't Know
☒	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other	☒	Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month	☒	1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21221

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	☑	Uses Bus
	Family / Friends		Owns Car	☒	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If employed, looking for additional work or hours? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | X | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance	X	SSDI		
	No Financial Resources		SSI		

1st income amount last month: $ $30 2nd income amount last month: $ N/A

Non-Cash Benefits Received in last 30 Days? | | Yes | X | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition (WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ 2nd benefit amount last month: $

Do You Use Alcohol or Drugs? (Check One): | X | Yes | | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | X | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | X | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | X | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse	X	Mental Illness		Vision Impaired
X	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: N/A

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
	Very Good	X	Fair		Don't Know

Institutional Living Prior to 18 Years? | X | Yes | | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade	X	11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School	X	GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | X | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea – Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Gulf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: N/A

STREETS of HOPE Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12.21.20

Date of Birth [redacted]-1945 Social Security # [redacted] Nickname —

ID # [redacted] ID type I.D.

Address Homeless

Email address None Cell # None At Present.

License Plate # (if bringing car) None Public Transportation bus/walk

Emergency Contact Miss [redacted] Phone # Any-Day PH.

Address P.O. Box [redacted]

Are you currently working? No Where? N/A

For how long? N/A Current weekly hours ____ Days of the week ____

Benefits currently receiving Veterans - S.S. Amount per month $950.00

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions N/A

Allergies N/A Medicines N/A

Doctor's name V.A. Medical System Phone # Green St. Lockton

Doctor's address N/A

Primary Language English Other languages spoken —

Baltimore County Universal Intake Form

HMIS #: _____ Entry Date: _____

Case Worker: _____ Exit Date: _____

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SSn: [redacted]

Date of Birth: [redacted]45

Date of Birth Type (Check One):

V	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank (Check One):

	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non - Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
V	White		

Ethnicity (Check One):

	Hispanic / Latino		Non Hispanic / Latino (Other)
V	Don't Know		Refused

Gender (Check One):

V	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation	V	Married		Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One):

V	Yes		No

Chronically Homeless? (Check One):

	Yes		No

Date of Present Homelessness: 11/26/14

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	✓	No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity	✓	Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): [ ] Yes [✓] No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At Imminent Risk of Losing Housing		Stably Housed
	Housed & At Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy	✓	Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month	✓	1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21229

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If employed, looking for additional work or hours? [ ] Yes [ ] No [ ] Don't Know [ ] Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One):

	Yes	✓	No		Don't Know		Refused

Cash Income Received in last 30 Days?

✓	Yes		No		Don't Know		Refused

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources	✓	SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days?

✓	Yes		No		Don't Know		Refused

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition (WIC only)		TANF transportation svcs
✓	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One):

✓	Yes		No		Don't Know		Refused

Do You Suffer From Mental Illness? (Check One):

	Yes	✓	No		Don't Know		Refused

HIV Positive? (Check One):

	Yes	✓	No		Don't Know		Refused

Do Have a Disability of Long Duration? (Check One):

	Yes	✓	No		Don't Know		Refused

Does Your Disability Prevent You From Working? (Check One):

	Yes	✓	No

Disability Type: (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One):

	Yes	✓	No		Don't Know		Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
✓	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years?

	Yes	✓	No		Don't Know		Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade - No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	✓	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: 4yrs

Discharge Type (Check One):

✓	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | ✓ | No |

Receiving Veterans Services? (Check One): | ✓ | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea – Vietnam		Korea	✓	Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Gulf		

Military Branch (Choose One):

✓	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes:

STREETS of HOPE Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12/17/20

Date of Birth [redacted]/1966 Social Security # [redacted] Nickname N/A

ID # [redacted] ID type ID CARD

Address [redacted] CHASE MD 21027

Email address NONE Cell # [redacted]

License Plate # (if bringing car) NONE Public Transportation BUS

Emergency Contact [redacted] Phone # [redacted]

Address N/A

Are you currently working? NO Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving Food stamp TDAP Amount per month 204 - 243

Medical history (check all that apply)

stroke ____ depression ✓ brain injury ____ HIV/AIDS ____ alcoholism ✓

seizures ✓ TB ____ high blood pressure ✓ diabetes ____ drug abuse ____

Other medical conditions No see Right eye

Allergies PCN yellow #5 Medicines N/A

Doctor's name N/A Phone # N/A

Doctor's address N/A

Primary Language ENGLISH Other languages spoken NONE

Baltimore County Universal Intake Form

HMIS #_____ Entry Date_____

Case Worker_____ Exit Date_____

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]/1966

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
✓	White		

Ethnicity (Check One):

	Hispanic / Latino		Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	✓	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One):

✓	Yes		No

Chronically Homeless? (Check One):

✓	Yes		No

Date of Present Homelessness: 3/2004

(A)

Homelessness Primary Reason (Check One):

✓	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety	✓	Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At Imminent Risk of Losing Housing		Stably Housed
	Housed & At Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Permanent Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)	✓	Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less	✓	More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month	✓	1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21224

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

Don't Know	Refused	Temporary
Permanent	Seasonal	

If Unemployed Looking For Work? (Check One): Yes | ✓ No | Don't Know | Refused

Cash Income Received in last 30 Days? Yes | ✓ No | Don't Know | Refused

Monthly Cash Income (Check All That Apply):

A Veteran's Disability Payment	Other	TANF
Alimony / Spousal Support	Pension	Unemployment Insurance
Child Support	Private Disability Insurance	Veteran's Pension
Earned Income	Retirement from SSI	Worker's Compensation
General Assistance	SSDI	
No Financial Resources	SSI	

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? ✓ Yes | No | Don't Know | Refused

Non-Cash Benefits (Check All That Apply):

MEDICAID	Section8/Pub Housing/Rent Assist	TANF child care svcs
MEDICARE	Special Suppl Nutrition (WIC only)	TANF transportation svcs
Other Source	State Child Health Ins Prgm	
Other TANF-funded services	✓ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): ✓ Yes | No | Don't Know | Refused

Do You Suffer From Mental Illness? (Check One): ✓ Yes | No | Don't Know | Refused

HIV Positive? (Check One): Yes | ✓ No | Don't Know | Refused

Do Have a Disability of Long Duration? (Check One): ✓ Yes | No | Don't Know | Refused

Does Your Disability Prevent You From Working? (Check One): ✓ Yes | No

Disability Type (Check All That Apply):

Alcohol Abuse	Hearing Impaired	✓ Physical / Medical
Developmental	HIV/AIDS	Physical / Mobility Limits
Drug Abuse	✓ Mental Illness	Vision Impaired
Dual Diagnosis	Other	

Pregnant? (Check One): Yes | ✓ No | Don't Know | Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

Excellent	Good	✓ Poor
Very Good	Fair	Don't Know

Institutional Living Prior to 18 Years? Yes | ✓ No | Don't Know | Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
✓	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea – Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

STREETS of HOPE Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12/17/2020

Date of Birth [redacted] Social Security # [redacted] Nickname Nish

ID # [redacted] ID type SS card

Address [redacted] Essex, MD 21221

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) N/A Public Transportation Bus

Emergency Contact [redacted] Phone # [redacted]

Address homeless

Are you currently working? No Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving N/A Amount per month

Medical history (check all that apply)

stroke ____ depression ✓ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions Severe Hemophillia factor VIII deficancy.

Allergies Aspirin Medicines Adavate 3000 iu Hemophilia Sp—

Doctor's name Dr. Shrago Phone # N/A

Doctor's address Johns Hopkins Hematology

Primary Language English Other languages spoken Limited Spanish

Baltimore County Universal Intake Form

HMIS #: _____ Entry Date: 12-14-2020

Case Worker: _____ Exit Date: _____

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]

Date of Birth Type (Check One):

V	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
	No

Household Type (Check One):

Cohabitation	Foster Parent(s)	Non - Custodial Caregiver(s)
Couple w/ No Children	Grandparent(s) & Children	Other
Female Single Parent	Male Single Parent	Two Parent Family

Primary Race (Check One):

American Indian / Alaskan Native	Don't Know
Asian	Refused
Black / African American	
Native Hawaiian / Other Pacific Islander	
V White	

Ethnicity (Check One):

Hispanic / Latino	Non Hispanic / Latino (Other)
Don't Know	Refused

Gender (Check One):

V Male	Don't Know	Transgendered Male to Female	
Female	Other	Transgendered Female to Male	
	Refused		

Marital Status (Check One):

Cohabitation	Married	V Single
Divorced	Separated	Widowed

Is Client Homeless? (Check One):

V	Yes
	No

Chronically Homeless? (Check One):

V	Yes
	No

Date of Present Homelessness: 4/2016

Homelessness Primary Reason (Check One):

Criminal Activity	Loss of Public Assistance	Release from Institution
Domestic Violence Victim	Loss of Transportation	Substance Abuse
✓ Eviction	Medical Condition	Substandard Housing
Health/Safety	Mental Health	Underemployment / Low Income
Loss of Childcare	Mortgage Foreclosure	Utility Shutoff
Loss of a Job	No Affordable Housing	

Homelessness Secondary Reason (Check One):

Criminal Activity	Loss of Public Assistance	Release from Institution
Domestic Violence Victim	Loss of Transportation	Substance Abuse
Eviction	✓ Medical Condition	Substandard Housing
Health/Safety	Mental Health	Underemployment / Low Income
Loss of Childcare	Mortgage Foreclosure	Utility Shutoff
Loss of a Job	No Affordable Housing	

Actual or Pending Eviction? (Check One): Yes | ✓ No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): Yes | ✓ No | Don't Know | Refused

If Yes, Extent of Domestic Violence:

Within Past Three Months	More Than a Year
Three to Six Months	Don't Know
From Six to Twelve Months	Refused

Housing Status: (Check One):

Housed & At Imminent Risk of Losing Housing	Stably Housed
Housed & At Risk	Don't Know
✓ Literally Homeless	Refused

Living Situation Prior to Program Entry (Check One):

Don't Know	Owned by Client – no subsidy	Rental by Client – w/ subsidy
Emergency Shelter	Owned by Client – w/ subsidy	Rental by Client – VASH
Foster Care	Perm Housing (formerly homeless)	Safe Haven
Hospital (non-psychiatric)	Place Not Meant For Habitat	✓ Staying w/ Family Member
Hotel / Motel	Psych Hospital/Facility	Staying w/Friend
Jail / Prison / Juvenile Detention	Refused	Substance Abuse Facility
Other	Rental by Client – no subsidy	Transitional Housing

Length of Stay at Prior Residence (Check One):

1 Week or Less	More 3 Months, Less 1 Year	Don't Know
More 1 Week, Less 1 Month	✓ 1 Year or Longer	Refused
1 to 3 Months		

Zip Code of Prior Residence: 21221

Primary Means of Transportation (Check One):

Bicycle	Light Rail	Uses Bus
Family / Friends	Owns Car	✓ Walks
Handicapped Transportation	✓ Taxi	

Employed? (Check One): Yes | ✓ No | Don't Know | Refused

If employed, looking for additional work or hours? Yes | No | Don't Know | Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

Cash Income Received in last 30 Days? | | Yes | ✓ | No | | Don't Know | | Refused

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused

Non-Cash Benefits (Check All That Apply):

✓	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services	✓	Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

Do You Suffer From Mental Illness? (Check One): ✓ Yes | | No | | Don't Know | | Refused

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

Do Have a Disability of Long Duration? (Check One): ✓ Yes | | No | | Don't Know | | Refused

Does Your Disability Prevent You From Working? (Check One): ✓ Yes | | No

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired	✓	Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse	✓	Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good	✓	Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | ✓ | No | | Don't Know | | Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade - No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	✓	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea – Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Gulf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date [redacted] 1-08-21

Date of Birth [redacted]-1982 Social Security # [redacted] Nickname _____

ID # [redacted] ID type ID

Address [redacted] Balt. Md. 21201

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car)_____ Public Transportation Bike

Emergency Contact [redacted] Phone # [redacted]

Address _____

Are you currently working? No Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving Food Stamps Amount per month 192

Medical history (check all that apply)

stroke ____ depression _____ brain injury _____ HIV/AIDS _____ alcoholism _____

seizures _____ TB _____ high blood pressure _____ diabetes _____ drug abuse _____

Other medical conditions _____

Allergies Dust Medicines _____

Doctor's name _____ Phone # _____

Doctor's address _____

Primary Language English Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 103936 Entry Date 1-08-20

Case Worker _____ Exit Date 3-12-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]-1982

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do **NOT** complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
✓	White		

Ethnicity (Check One):

	Hispanic / Latino	✓	Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	✓	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One): ✓ Yes | No

Chronically Homeless? (Check One): Yes | ✓ No

Date of Present Homelessness: 10-28-19

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health	✓	Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other	✓	Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less	✓	More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 17201

Primary Means of Transportation (Check One):

✓	Bicycle		Light Rail		Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | | No | | Don't Know | | Refused |

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | ✓ | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
✓	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | ✓ | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services	✓	Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ 92 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | | Yes | ✓ | No

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
✓	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | ✓ | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	✓	High School Diploma		

Currently in School or Working on Degree? (Check One):

	Yes	✓	No		Don't Know		Refused

Received Vocational Training? (Check One):

	Yes	✓	No		Don't Know		Refused

U.S. Military Veteran? (Check One):

	Yes	✓	No		Don't Know		Refused

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | ✓ | No |

Receiving Veterans Services? (Check One): | | Yes | ✓ | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12-12-19

Date of Bi[redacted]-74 Social Security [redacted] Nickname _____

ID # [redacted] ID type ID

Address _____

Email address _____ Cell # _____

License Plate # (if bringing car) _____ Public Transportation YES

Emergency Contact [redacted] Phone # [redacted]

Address Bolto, MD

Are you currently working? NO Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving Food stamps Amount per month $123.00

Medical history (check all that apply)

stroke ____ depression ✓ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ✓

Other medical conditions _____

Allergies _____ Medicines Suboxone

Doctor's name N/A Phone # _____

Doctor's address _____

Primary Language _____ Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 102765 Entry Date ~~102765~~ 12-12-19

Case Worker _____ Exit Date 03-22-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: [redacted] SS#: [redacted]

Date of Birth: [redacted]/54

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
✓	White		

Ethnicity (Check One):

	Hispanic / Latino		Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	✓	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One): ✓ Yes | No

Chronically Homeless? (Check One): ✓ Yes | No

Date of Present Homelessness: 12/12/19

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
√	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	√	No Affordable Housing		

Actual or Pending Eviction? (Check One): [ ] Yes [√] No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): [ ] Yes [√] No [ ] Don't Know [ ] Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
√	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
√	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

√	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: _____

Primary Means of Transportation (Check One):

	Bicycle		Light Rail		Uses Bus
	Family / Friends		Owns Car	√	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): [ ] Yes [√] No [ ] Don't Know [ ] Refused

If employed, looking for additional work or hours? [ ] Yes [ ] No [ ] Don't Know [ ] Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

☐ Don't Know	☐ Refused	☐ Temporary
☐ Permanent	☐ Seasonal	

If Unemployed Looking For Work? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐ A Veteran's Disability Payment	☐ Other	☐ TANF
☐ Alimony / Spousal Support	☐ Pension	☐ Unemployment Insurance
☐ Child Support	☐ Private Disability Insurance	☐ Veteran's Pension
☐ Earned Income	☐ Retirement from SSI	☐ Worker's Compensation
☐ General Assistance	☐ SSDI	
☐ No Financial Resources	☐ SSI	

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? ☑ Yes ☐ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☐ MEDICAID	☐ Section8/Pub Housing/Rent Assist	☐ TANF child care svcs
☐ MEDICARE	☐ Special Suppl Nutrition(WIC only)	☐ TANF transportation svcs
☐ Other Source	☐ State Child Health Ins Prgm	
☐ Other TANF-funded services	☑ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $ 175 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Does Your Disability Prevent You From Working? (Check One): ☐ Yes ☑ No

Disability Type (Check All That Apply):

☐ Alcohol Abuse	☐ Hearing Impaired	☐ Physical / Medical
☐ Developmental	☐ HIV/AIDS	☐ Physical / Mobility Limits
☐ Drug Abuse	☐ Mental Illness	☐ Vision Impaired
☐ Dual Diagnosis	☐ Other	

Pregnant? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

☐ Excellent	☑ Good	☐ Poor
☐ Very Good	☐ Fair	☐ Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

☐ No Schooling Completed	☑ 10th Grade	☐ College Degree
☐ Nursery School to 4th Grade	☐ 11th Grade	☐ Graduate Degree
☐ 5th or 6th Grade	☐ 12th Grade, No Diploma	☐ Don't Know
☐ 7th or 8th Grade	☐ Some High School	☐ Refused
☐ Post Secondary School	☐ GED	
☐ 9th Grade	☐ High School Diploma	

Currently in School or Working on Degree? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Received Vocational Training? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

U.S. Military Veteran? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

☐ Honorable	☐ Bad Conduct	☐ Don't Know
☐ General	☐ Dishonorable	☐ Refused
☐ Medical	☐ Other	

Military Service Related Disability? (Check One): ☐ Yes ☐ No

Receiving Veterans Services? (Check One): ☐ Yes ☐ No

Military Service era (Check All That Apply):

☐ Afghanistan	☐ Grenada	☐ Post Vietnam
☐ Between Korea - Vietnam	☐ Korea	☐ Vietnam
☐ Between WWI – WWII	☐ Lebanon	☐ WWI
☐ Between WWII – Korea	☐ Panama	☐ WWII
☐ Bosnia	☐ Persian Golf	

Military Branch (Chose One):

☐ Air Force	☐ Marines	☐ Other
☐ Army	☐ Navy	
☐ Coast Guard	☐ National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

☐ Afghanistan	☐ Korea	☐ South China Sea
☐ China, Burma, India	☐ Laos & Cambodia	☐ South Pacific
☐ Desert Storm	☐ North Africa	☐ Vietnam
☐ Europe	☐ Other	
☐ Iraq	☐ Persian Gulf	

Case Notes: _____

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11.3.19

Date of Birth [redacted]62 Social Security # [redacted] Nickname [redacted]

ID # [redacted] ID type ID CARD

Address [redacted]

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) NO Public Transportation BUS

Emergency Contact [redacted] SOH Phone # [redacted]

Address [redacted]

Are you currently working? NO Where? NO

For how long? NO Current weekly hours NO Days of the week NO

Benefits currently receiving Food Stamps / Med Assistance Amount per month 194

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ✓ diabetes ____ drug abuse ____

Other medical conditions Congestive heart failure / COPD

Allergies NONE Medicines will attach list 11/5/19

Doctor's name EBO Phone # 410-391-6996

Doctor's address 1124 Mace Ave

Primary Language English Other languages spoken NO

Baltimore County Universal Intake Form

HMIS # 90869

Case Worker _____

Entry Date 11-3-19

Exit Date 4-15-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: / SS#: [redacted]

Date of Birth: [redacted]62

Date of Birth Type (Check One):

☑ Full DOB	☐ Approx/Partial
☐ Don't Know	☐ Refused

Head of Household? NOTE: If Single, do **NOT** complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

☐ Yes	☑ No

Household Type (Check One):

☐ Cohabitation	☐ Foster Parent(s)	☐ Non – Custodial Caregiver(s)
☐ Couple w/ No Children	☐ Grandparent(s) & Children	☐ Other
☐ Female Single Parent	☐ Male Single Parent	☐ Two Parent Family

Primary Race (Check One):

☐ American Indian / Alaskan Native	☐ Don't Know
☐ Asian	☐ Refused
☐ Black / African American	
☐ Native Hawaiian / Other Pacific Islander	
☑ White	

Ethnicity (Check One):

☐ Hispanic / Latino	☑ Non Hispanic / Latino (Other)
☐ Don't Know	☐ Refused

Gender (Check One):

☑ Male	☐ Don't Know	☐ Transgendered Male to Female
☐ Female	☐ Other	☐ Transgendered Female to Male
	☐ Refused	

Marital Status (Check One):

☐ Cohabitation	☐ Married	☑ Single
☐ Divorced	☐ Separated	☐ Widowed

Is Client Homeless? (Check One): ☑ Yes ☐ No

Chronically Homeless? (Check One): ☑ Yes ☐ No

Date of Present Homelessness: Since Oct 27, 2016

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
✓	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: N/A

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)	✓	Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
✓	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month	✓	1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21220

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

☐ Don't Know	☐ Refused	☐ Temporary
☐ Permanent	☐ Seasonal	

If Unemployed Looking For Work? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐ A Veteran's Disability Payment	☐ Other	☐ TANF
☐ Alimony / Spousal Support	☐ Pension	☐ Unemployment Insurance
☐ Child Support	☐ Private Disability Insurance	☐ Veteran's Pension
☐ Earned Income	☐ Retirement from SSI	☐ Worker's Compensation
☐ General Assistance	☐ SSDI	
☐ No Financial Resources	☐ SSI	

1st income amount last month: $ NONE 2nd income amount last month: $ NONE

Non-Cash Benefits Received in last 30 Days? ☒ Yes ☐ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☐ MEDICAID	☐ Section8/Pub Housing/Rent Assist	☐ TANF child care svcs
☐ MEDICARE	☐ Special Suppl Nutrition(WIC only)	☐ TANF transportation svcs
☐ Other Source	☐ State Child Health Ins Prgm	
☐ Other TANF-funded services	☒ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $ 96 2nd benefit amount last month: $

Do You Use Alcohol or Drugs? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☒ Yes ☐ No ☐ Don't Know ☐ Refused

Does Your Disability Prevent You From Working? (Check One): ☒ Yes ☐ No

Disability Type (Check All That Apply):

☐ Alcohol Abuse	☐ Hearing Impaired	☒ Physical / Medical
☐ Developmental	☐ HIV/AIDS	☒ Physical / Mobility Limits
☐ Drug Abuse	☐ Mental Illness	☐ Vision Impaired
☐ Dual Diagnosis	☐ Other	

Pregnant? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: N/A

Health Condition Compared to People of Your Age (Check One):

☐ Excellent	☐ Good	☐ Poor
☐ Very Good	☒ Fair	☐ Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	☑	High School Diploma		

Currently in School or Working on Degree? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Received Vocational Training? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

U.S. Military Veteran? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): ☐ Yes ☐ No

Receiving Veterans Services? (Check One): ☐ Yes ☐ No

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: N/A

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

C2/4.

Name [redacted] Today's Date 1-29-20

Date of Birth [redacted] 1982 Social Security # [redacted] Nickname N-A

ID # [redacted] ID type Maryland Id

Address [redacted]

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) None Public Transportation MTA

Emergency Contact [redacted] Phone # [redacted]

Address [redacted]

Are you currently working? No Where? N-A

For how long? None Current weekly hours None Days of the week None

Benefits currently receiving food stamps Amount per month None

Medical history (check all that apply)

stroke No depression No brain injury No HIV/AIDS No alcoholism No

seizures No TB No high blood pressure No diabetes No drug abuse No

Other medical conditions No

Allergies Pollin, onions Medicines None

Doctor's name Jal medical Phone # 410-433-2200

Doctor's address Erin Mahoney

Primary Language English Other languages spoken NA

Baltimore County Universal Intake Form

HMIS # 115588

Case Worker _____

Entry Date ~~1/29/20~~ (2/4/20)

Exit Date 3/16/20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted] 1982

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
	No

Household Type (Check One):

Cohabitation	Foster Parent(s)	Non – Custodial Caregiver(s)
Couple w/ No Children	Grandparent(s) & Children	Other
Female Single Parent	Male Single Parent	Two Parent Family

Primary Race (Check One):

American Indian / Alaskan Native	Don't Know
Asian	Refused
Black / African American	
Native Hawaiian / Other Pacific Islander	
✓ White	

Ethnicity (Check One):

Hispanic / Latino	Non Hispanic / Latino (Other)
Don't Know	Refused

Gender (Check One):

✓ Male	Don't Know	Transgendered Male to Female	
Female	Other	Transgendered Female to Male	
	Refused		

Marital Status (Check One):

Cohabitation	Married	✓ Single
Divorced	Separated	Widowed

Is Client Homeless? (Check One):

✓	Yes
	No

Chronically Homeless? (Check One):

	Yes
	No

Date of Present Homelessness: 11-01-2019

If Currently Employed, Select Tenure (Check One):

☐ Don't Know	☐ Refused	☐ Temporary
☐ Permanent	☐ Seasonal	

If Unemployed Looking For Work? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐ A Veteran's Disability Payment	☐ Other	☐ TANF
☐ Alimony / Spousal Support	☐ Pension	☐ Unemployment Insurance
☐ Child Support	☐ Private Disability Insurance	☐ Veteran's Pension
☐ Earned Income	☐ Retirement from SSI	☐ Worker's Compensation
☐ General Assistance	☐ SSDI	
☐ No Financial Resources	☐ SSI	

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☑ MEDICAID	☐ Section8/Pub Housing/Rent Assist	☐ TANF child care svcs
☐ MEDICARE	☐ Special Suppl Nutrition(WIC only)	☐ TANF transportation svcs
☐ Other Source	☐ State Child Health Ins Prgm	
☐ Other TANF-funded services	☐ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Does Your Disability Prevent You From Working? (Check One): ☐ Yes ☑ No

Disability Type (Check All That Apply):

☐ Alcohol Abuse	☐ Hearing Impaired	☐ Physical / Medical
☐ Developmental	☐ HIV/AIDS	☐ Physical / Mobility Limits
☐ Drug Abuse	☐ Mental Illness	☐ Vision Impaired
☐ Dual Diagnosis	☐ Other	

Pregnant? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

☐ Excellent	☐ Good	☐ Poor
☑ Very Good	☐ Fair	☐ Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School	✓	GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One):

	Yes	✓	No		Don't Know		Refused

Received Vocational Training? (Check One):

	Yes	✓	No		Don't Know		Refused

U.S. Military Veteran? (Check One):

	Yes	✓	No		Don't Know		Refused

Months Served on Active Duty in the Military: N-A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): ☐ Yes ☐ No

Receiving Veterans Services? (Check One): ☐ Yes ☑ No

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes:

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 1-10-20

Date of Birth [redacted] Social Security # [redacted] Nickname _____

ID # [redacted] ID type NDL

Address [redacted]

Email address _____ Cell # [redacted]

License Plate # (if bringing car) _____ Public Transportation _____

Emergency Contact [redacted] Phone # [redacted]

Address _____

Are you currently working? NO Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving _____ Amount per month _____

Medical history (check all that apply)

stroke ____ depression ✓ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions asthma

Allergies Shrimp Medicines _____

Doctor's name James Ho Phone # 855-681-8700

Doctor's address _____

Primary Language _____ Other languages spoken _____

Baltimore County Universal Intake Form

HMIS #_____ Entry Date 1/10/20

Case Worker_____ Exit Date 02-04-20

First Name: [redacted] Middle Name: D

Last Name: [redacted] Suffix: ____ SS#: [redacted]

Date of Birth: [redacted]77

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
	No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
✓	Black / African American		
	Native Hawaiian / Other Pacific Islander		
	White		

Ethnicity (Check One):

	Hispanic / Latino		Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	✓	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One):

✓	Yes
	No

Chronically Homeless? (Check One):

	Yes
✓	No

Date of Present Homelessness: 1/2020

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | ✓ | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | ✓ | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony/ Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services	✓	Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ 180.00 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | | Yes | ✓ | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
✓	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent	✓	Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | ✓ | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade	✓	11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Received Vocational Training? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

U.S. Military Veteran? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): ☐ Yes ☐ No

Receiving Veterans Services? (Check One): ☐ Yes ☐ No

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

Essex

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-04-19

Date of Birth [redacted]-83 Social Security # [redacted] Nickname ~

ID # NO ID ID type NO ID

Address Homeless

Email address NONE Cell # NO PHONE

License Plate # (if bringing car) NONE Public Transportation BUS

Emergency Contact [redacted] Phone # [redacted]

Address N/A

Are you currently working? NO Where? NO

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving Food / [redacted] Med. Amount per month 194

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ✓

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ✓

Other medical conditions N/A

Allergies NO Medicines methadone

Doctor's name NONE Phone # NONE

Doctor's address NONE

Primary Language ENGLISH Other languages spoken NONE

Baltimore County Universal Intake Form

HMIS # 111190

Case Worker _____

Entry Date 11-4-19

Exit Date 11-10-19

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]-1983

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
✓	No

Household Type (Check One):

	Cohabitation
	Couple w/ No Children
	Female Single Parent
	Foster Parent(s)
	Grandparent(s) & Children
	Male Single Parent
	Non – Custodial Caregiver(s)
	Other
	Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native
	Asian
	Black / African American
	Native Hawaiian / Other Pacific Islander
✓	White
	Don't Know
	Refused

Ethnicity (Check One):

	Hispanic / Latino
	Don't Know
✓	Non Hispanic / Latino (Other)
	Refused

Gender (Check One):

✓	Male
	Female
	Don't Know
	Other
	Refused
	Transgendered Male to Female
	Transgendered Female to Male

Marital Status (Check One):

	Cohabitation
	Divorced
	Married
	Separated
✓	Single
	Widowed

Is Client Homeless? (Check One):

✓	Yes
	No

Chronically Homeless? (Check One):

✓	Yes
	No

Date of Present Homelessness: 11-04-19

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation	✓	Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): [ ] Yes [✓] No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

✓	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year	✓	Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: _____

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If employed, looking for additional work or hours? [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If Employed, Hours Worked Last Week? none

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): [✓] Yes [ ] No [ ] Don't Know [ ] Refused

Cash Income Received in last 30 Days? [ ] Yes [✓] No [ ] Don't Know [ ] Refused

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
[✓]	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? [✓] Yes [ ] No [ ] Don't Know [ ] Refused

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services	[✓]	Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ 194.00 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): [✓] Yes [ ] No [ ] Don't Know [ ] Refused

Do You Suffer From Mental Illness? (Check One): [✓] Yes [ ] No [ ] Don't Know [ ] Refused

HIV Positive? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

Do Have a Disability of Long Duration? (Check One): [✓] Yes [ ] No [ ] Don't Know [ ] Refused

Does Your Disability Prevent You From Working? (Check One): [ ] Yes [✓] No

Disability Type (Check All That Apply):

[✓]	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
[✓]	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis	[✓]	Other		

Pregnant? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
	Very Good		Fair	[✓]	Don't Know

Institutional Living Prior to 18 Years? [ ] Yes [ ] No [✓] Don't Know [ ] Refused

Highest Level of Education Attained (Check One): HSG 12th

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	X	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | X | Yes | | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: N/A

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-13-19

Date of Birth [redacted] 1983 Social Security # [redacted] Nickname _____

ID # _____ ID type _____

Address _____

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) _____ Public Transportation _____

Emergency Contact N/A Phone # _____

Address _____

Are you currently working? Yes Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving _____ Amount per month _____

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ✓ diabetes ____ drug abuse ____

Other medical conditions _____

Allergies _____ Medicines _____

Doctor's name N/A Phone # _____

Doctor's address _____

Primary Language _____ Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # _____ Entry Date 11-13-19

Case Worker _____ Exit Date _____

First Name [redacted] Middle Name [redacted]

Last Name: [redacted] Suffix: _____ SS# [redacted]

Date of Birth [redacted] 1983

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
✓	Black / African American		
	Native Hawaiian / Other Pacific Islander		
	White		

Ethnicity (Check One):

	Hispanic / Latino	✓	Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	✓	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One): ✓ Yes No

Chronically Homeless? (Check One): ✓ Yes No

Date of Present Homelessness: Nov 4 2018

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
✓	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | ✓ | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $ 1400 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | ✓ | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | | Yes | ✓ | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
✓	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent	✓	Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | ✓ | No | | Don't Know | | Refused |

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
✓	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	✓	No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
✓	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month	✓	1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 20783

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | ✓ | Yes | | No | | Don't Know | | Refused |

If Employed, Hours Worked Last Week? 40 hours

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	✓	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11/10/19

Date of Birth [redacted]72 Social Security # [redacted] Nickname [redacted]

ID # [redacted] ID type License

Address [redacted]

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) None Public Transportation ✓

Emergency Contact [redacted] Phone # [redacted]

Address None

Are you currently working? NO Where? no

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving 791 Amount per month 791

Medical history (check all that apply)

stroke ____ depression ✓ brain injury ✓ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ✓ diabetes ✓ drug abuse ____

Other medical conditions Bi-Polar Disorder PTSD

Allergies None Medicines will add from doc

Doctor's name Healthcare for the Homeless Phone # ____

Doctor's address N/A

Primary Language English Other languages spoken ____

Baltimore County Universal Intake Form

HMIS # 14311

Case Worker _____

Entry Date 11-10-19

Exit Date 01-06-2020

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]72

Date of Birth Type (Check One):

✓ Full DOB	Approx/Partial
Don't Know	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

Yes	No

Household Type (Check One):

Cohabitation	Foster Parent(s)	Non – Custodial Caregiver(s)
Couple w/ No Children	Grandparent(s) & Children	Other
Female Single Parent	Male Single Parent	Two Parent Family

Primary Race (Check One):

American Indian / Alaskan Native	Don't Know
Asian	Refused
Black / African American	
Native Hawaiian / Other Pacific Islander	
✓ White	

Ethnicity (Check One):

Hispanic / Latino	✓ Non Hispanic / Latino (Other)
Don't Know	Refused

Gender (Check One):

✓ Male	Don't Know	Transgendered Male to Female	
Female	Other	Transgendered Female to Male	
	Refused		

Marital Status (Check One):

Cohabitation	Married	✓ Single
Divorced	Separated	Widowed

Is Client Homeless? (Check One): ✓ Yes | No

Chronically Homeless? (Check One): Yes | No

Date of Present Homelessness: Dec 14, 2019

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	✓	No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	✓	No Affordable Housing		

Actual or Pending Eviction? (Check One): [ ] Yes [✓] No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility	✓	Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less	✓	More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21221

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If employed, looking for additional work or hours? [ ] Yes [ ] No [ ] Don't Know [ ] Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

☐ Don't Know	☐ Refused	☐ Temporary
☐ Permanent	☐ Seasonal	

If Unemployed Looking For Work? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐ A Veteran's Disability Payment	☐ Other	☐ TANF
☐ Alimony / Spousal Support	☐ Pension	☐ Unemployment Insurance
☐ Child Support	☐ Private Disability Insurance	☐ Veteran's Pension
☐ Earned Income	☐ Retirement from SSI	☐ Worker's Compensation
☐ General Assistance	☑ SSDI	
☐ No Financial Resources	☑ SSI	

1st income amount last month: $ 791 2nd income amount last month: $ _____

Non-Cash Benefits Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☐ MEDICAID	☐ Section8/Pub Housing/Rent Assist	☐ TANF child care svcs
☐ MEDICARE	☐ Special Suppl Nutrition(WIC only)	☐ TANF transportation svcs
☐ Other Source	☐ State Child Health Ins Prgm	
☐ Other TANF-funded services	☐ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $ _____ 2nd benefit amount last month: $ _____

Do You Use Alcohol or Drugs? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

Does Your Disability Prevent You From Working? (Check One): ☑ Yes ☐ No

Disability Type (Check All That Apply):

☐ Alcohol Abuse	☐ Hearing Impaired	☑ Physical / Medical
☐ Developmental	☐ HIV/AIDS	☐ Physical / Mobility Limits
☐ Drug Abuse	☐ Mental Illness	☐ Vision Impaired
☐ Dual Diagnosis	☐ Other	

Pregnant? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

☐ Excellent	☐ Good	☐ Poor
☐ Very Good	☑ Fair	☐ Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

No Schooling Completed	10th Grade	College Degree
Nursery School to 4th Grade	11th Grade	Graduate Degree
5th or 6th Grade	12th Grade, No Diploma	Don't Know
7th or 8th Grade	Some High School	Refused
Post Secondary School	GED	
9th Grade	✓ High School Diploma	

Currently in School or Working on Degree? (Check One): Yes | ✓ No | Don't Know | Refused

Received Vocational Training? (Check One): Yes | ✓ No | Don't Know | Refused

U.S. Military Veteran? (Check One): ✓ Yes | No | Don't Know | Refused

Months Served on Active Duty in the Military: 15 MONTHS

Discharge Type (Check One):

✓ Honorable	Bad Conduct	Don't Know
General	Dishonorable	Refused
Medical	Other	

Military Service Related Disability? (Check One): Yes | ✓ No

Receiving Veterans Services? (Check One): Yes | ✓ No

Military Service era (Check All That Apply):

Afghanistan	Grenada	Post Vietnam
Between Korea - Vietnam	Korea	Vietnam
Between WWI – WWII	Lebanon	WWI
Between WWII – Korea	Panama	WWII
Bosnia	✓ Persian Golf	

Military Branch (Chose One):

Air Force	Marines	Other
✓ Army	Navy	
Coast Guard	National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

Afghanistan	Korea	South China Sea
China, Burma, India	Laos & Cambodia	South Pacific
✓ Desert Storm	North Africa	Vietnam
Europe	✓ Other	
Iraq	Persian Gulf	

Case Notes: _____

STREETS of HOPE Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12.1.19

Date of Birth [redacted]55 Social Security # [redacted] Nickname _____

ID # [redacted] ID type license

Address _____

Email address NONE Cell # NONE

License Plate # (if bringing car) NONE Public Transportation BUS

Emergency Contact will get Phone # will get

Address N/A

Are you currently working? NO Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving Social Security/ SSDI Amount per month 791
Food Stamps $60

Medical history (check all that apply)

stroke ____ depression ✓ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ✓ diabetes ____ drug abuse ____

Other medical conditions Cancer,

Allergies NONE Medicines prozac, bp pills,

Doctor's name (MEDICAID)/MEDICARE Phone # _____

Doctor's address _____

Primary Language English Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 11695

Case Worker _____

Entry Date 12/1/19

Exit Date 12-07-19

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]55

Date of Birth Type (Check One):

O Full DOB	Approx/Partial
Don't Know	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

Yes	O No

Household Type (Check One):

Cohabitation	Foster Parent(s)	Non – Custodial Caregiver(s)
Couple w/ No Children	Grandparent(s) & Children	Other
Female Single Parent	Male Single Parent	Two Parent Family

Primary Race (Check One):

American Indian / Alaskan Native	Don't Know
Asian	Refused
Black / African American	
Native Hawaiian / Other Pacific Islander	
X White	

Ethnicity (Check One):

Hispanic / Latino	Non Hispanic / Latino (Other)
X Don't Know	Refused

Gender (Check One):

X Male	Don't Know	Transgendered Male to Female
Female	Other	Transgendered Female to Male
	Refused	

Marital Status (Check One):

Cohabitation	Married	Single
Divorced	Separated	X Widowed

Is Client Homeless? (Check One): X Yes | No

Chronically Homeless? (Check One): X Yes | No

Date of Present Homelessness: 12-1-19

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
X	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): [X] Yes [ ] No

If Yes, Date of Eviction: 11.1.19

Domestic Violence Victim? (Check One): [ ] Yes [X] No [ ] Don't Know [ ] Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
X	Housed & At-Risk		Don't Know
X	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy	X	Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month	X	1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21237

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	X	Uses Bus
	Family / Friends		Owns Car	X	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): [ ] Yes [X] No [ ] Don't Know [ ] Refused

If employed, looking for additional work or hours? [ ] Yes [X] No [ ] Don't Know [ ] Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused
	Permanent		Seasonal
	Temporary		

If Unemployed Looking For Work? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | X | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance	X	SSDI		
	No Financial Resources	X	SSI		

1st income amount last month: $ 791 SSI/SSDI 9

2nd income amount last month: $ _____

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services	X	Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ 100

2nd benefit amount last month: $ _____

Do You Use Alcohol or Drugs? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | X | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | X | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | X | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse	X	Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: N/A

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good	X	Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | X | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
X	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | X | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: N/A

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11/12/19

Date of Birth [redacted]67 Social Security # [redacted] Nickname [redacted]

ID # [redacted] ID type MD

Address [redacted]

Email address N/A Cell # N/A

License Plate # (if bringing car) N/A Public Transportation _____

Emergency Contact [redacted] Phone # [redacted]

Address [redacted]

Are you currently working? NO Where? NO

For how long? NO Current weekly hours 0 Days of the week NO

Benefits currently receiving SSDI Amount per month 854.00
FOOD STAMPS - 129.00

Medical history (check all that apply)

stroke ✓ depression ✓ brain injury _____ HIV/AIDS _____ alcoholism _____

seizures ✓ TB _____ high blood pressure _____ diabetes _____ drug abuse _____

Other medical conditions Arthritis COPD Crohns PAD etc.

Allergies Tramadol / Ceftin Medicines Methadone

Doctor's name Dr Khanpa Phone # 410 391-8300

Doctor's address Essex

Primary Language English Other languages spoken None

Baltimore County Universal Intake Form

HMIS # _____

Case Worker _____

Entry Date 11-12-19

Exit Date 1-31-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]/67

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know

	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
✓	No

Household Type (Check One):

	Cohabitation
	Couple w/ No Children
	Female Single Parent
	Foster Parent(s)
	Grandparent(s) & Children
	Male Single Parent
	Non – Custodial Caregiver(s)
	Other
	Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native
	Asian
	Black / African American
	Native Hawaiian / Other Pacific Islander
	White
	Don't Know
	Refused

Ethnicity (Check One):

	Hispanic / Latino
	Don't Know
✓	Non Hispanic / Latino (Other)
	Refused

Gender (Check One):

✓	Male
	Female
	Don't Know
	Other
	Refused
	Transgendered Male to Female
	Transgendered Female to Male

Marital Status (Check One):

	Cohabitation
	Divorced
	Married
	Separated
✓	Single
	Widowed

Is Client Homeless? (Check One):

✓	Yes
	No

Chronically Homeless? (Check One):

✓	Yes
	No

Date of Present Homelessness: 11.12.19

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
✓	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety	✓	Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job	✓	No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: N/A

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk	✓	Don't Know
	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
✓	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year	✓	Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21222

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

If employed, looking for additional work or hours? | | Yes | ✓ | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

Don't Know	Refused	Temporary
Permanent	Seasonal	

N/A

If Unemployed Looking For Work? (Check One): Yes | No | Don't Know | Refused

Cash Income Received in last 30 Days? Yes | No | Don't Know | Refused

Monthly Cash Income (Check All That Apply):

A Veteran's Disability Payment	Other	TANF
Alimony / Spousal Support	Pension	Unemployment Insurance
Child Support	Private Disability Insurance	Veteran's Pension
Earned Income	Retirement from SSI	Worker's Compensation
General Assistance	SSDI	
No Financial Resources	SSI	

1st income amount last month: $ 630.00 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? Yes | No | Don't Know | Refused

Non-Cash Benefits (Check All That Apply):

MEDICAID	Section8/Pub Housing/Rent Assist	TANF child care svcs
MEDICARE	Special Suppl Nutrition(WIC only)	TANF transportation svcs
Other Source	State Child Health Ins Prgm	
Other TANF-funded services	Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $ 290.00 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): Yes | No | Don't Know | Refused

Do You Suffer From Mental Illness? (Check One): Yes | No | Don't Know | Refused

HIV Positive? (Check One): Yes | No | Don't Know | Refused

Do Have a Disability of Long Duration? (Check One): Yes | No | Don't Know | Refused

Does Your Disability Prevent You From Working? (Check One): Yes | No

Disability Type (Check All That Apply):

Alcohol Abuse	Hearing Impaired	Physical / Medical
Developmental	HIV/AIDS	Physical / Mobility Limits
Drug Abuse	Mental Illness	Vision Impaired
Dual Diagnosis	Other	

Pregnant? (Check One): Yes | No | Don't Know | Refused

If Pregnant, Projected Birth Date: N/A

Health Condition Compared to People of Your Age (Check One):

Excellent	Good	Poor
Very Good	Fair	Don't Know

Institutional Living Prior to 18 Years? Yes | No | Don't Know | Refused

Highest Level of Education Attained (Check One):

No Schooling Completed	10th Grade	College Degree
Nursery School to 4th Grade	11th Grade	Graduate Degree
5th or 6th Grade	12th Grade, No Diploma	Don't Know
7th or 8th Grade	Some High School	Refused
Post Secondary School	GED	
9th Grade	High School Diploma	

Currently in School or Working on Degree? (Check One): Yes | X No | Don't Know | Refused

Received Vocational Training? (Check One): Yes | X No | Don't Know | Refused

U.S. Military Veteran? (Check One): Yes | X No | Don't Know | Refused

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

Honorable	Bad Conduct	Don't Know
General	Dishonorable	Refused
Medical	Other	

Military Service Related Disability? (Check One): Yes | No

Receiving Veterans Services? (Check One): Yes | No

Military Service era (Check All That Apply):

Afghanistan	Grenada	Post Vietnam
Between Korea – Vietnam	Korea	Vietnam
Between WWI – WWII	Lebanon	WWI
Between WWII – Korea	Panama	WWII
Bosnia	Persian Golf	

Military Branch (Chose One):

Air Force	Marines	Other
Army	Navy	
Coast Guard	National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

Afghanistan	Korea	South China Sea
China, Burma, India	Laos & Cambodia	South Pacific
Desert Storm	North Africa	Vietnam
Europe	Other	
Iraq	Persian Gulf	

Case Notes: _____

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11/3/19

Date of Birth [redacted]/1940 Social Security [redacted] Nickname [redacted]

ID # [redacted] ID type _____

Address [redacted]

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) _____ Public Transportation _____

Emergency Contact [redacted] Phone # [redacted]

Address _____

Are you currently working? N Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving Food Stamps Amount per month _____

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions _____

Allergies Pollen * Vegetarian Medicines _____

Doctor's name _____ Phone # _____

Doctor's address _____

Primary Language English Other languages spoken Telugu, Hindi

Baltimore County Universal Intake Form

HMIS # 109362

Case Worker _____

Entry Date 11-3-19

Exit Date 4-15-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]/1940

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

✓	Yes
	No

Household Type (Check One):

	Cohabitation
	Couple w/ No Children
	Female Single Parent
	Foster Parent(s)
	Grandparent(s) & Children
	Male Single Parent
	Non – Custodial Caregiver(s)
	Other
	Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native
✓	Asian
	Black / African American
	Native Hawaiian / Other Pacific Islander
	White
	Don't Know
	Refused

Ethnicity (Check One):

	Hispanic / Latino
	Don't Know
✓	Non Hispanic / Latino (Other)
	Refused

Gender (Check One):

✓	Male
	Female
	Don't Know
	Other
	Refused
	Transgendered Male to Female
	Transgendered Female to Male

Marital Status (Check One):

	Cohabitation
	Divorced
	Married
	Separated
✓	Single
	Widowed

Is Client Homeless? (Check One):

✓	Yes
	No

Chronically Homeless? (Check One):

	Yes
X	No

Date of Present Homelessness: 2015-16 to present

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	X	No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
X	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | X | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
X	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
X	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less	X	More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21206

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	X	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

☐ Don't Know	☐ Refused	☐ Temporary
☐ Permanent	☐ Seasonal	

If Unemployed Looking For Work? (Check One): ☒ Yes ☐ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☒ Yes ☐ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐ A Veteran's Disability Payment	☒ Other	☐ TANF
☐ Alimony / Spousal Support	☐ Pension	☐ Unemployment Insurance
☐ Child Support	☐ Private Disability Insurance	☐ Veteran's Pension
☐ Earned Income	☐ Retirement from SSI	☐ Worker's Compensation
☐ General Assistance	☐ SSDI	
☐ No Financial Resources	☐ SSI	

1st income amount last month: $ 30 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☐ MEDICAID	☐ Section8/Pub Housing/Rent Assist	☐ TANF child care svcs
☐ MEDICARE	☐ Special Suppl Nutrition(WIC only)	☐ TANF transportation svcs
☐ Other Source	☐ State Child Health Ins Prgm	
☐ Other TANF-funded services	☒ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Does Your Disability Prevent You From Working? (Check One): ☐ Yes ☐ No

Disability Type (Check All That Apply):

☐ Alcohol Abuse	☐ Hearing Impaired	☐ Physical / Medical
☐ Developmental	☐ HIV/AIDS	☐ Physical / Mobility Limits
☐ Drug Abuse	☐ Mental Illness	☐ Vision Impaired
☐ Dual Diagnosis	☐ Other	

Pregnant? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

☐ Excellent	☒ Good	☐ Poor
☐ Very Good	☐ Fair	☐ Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

☐ No Schooling Completed	☐ 10th Grade	☒ College Degree
☐ Nursery School to 4th Grade	☐ 11th Grade	☐ Graduate Degree
☐ 5th or 6th Grade	☐ 12th Grade, No Diploma	☐ Don't Know
☐ 7th or 8th Grade	☐ Some High School	☐ Refused
☐ Post Secondary School	☐ GED	
☐ 9th Grade	☐ High School Diploma	

Currently in School or Working on Degree? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Received Vocational Training? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

U.S. Military Veteran? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

☐ Honorable	☐ Bad Conduct	☐ Don't Know
☐ General	☐ Dishonorable	☐ Refused
☐ Medical	☐ Other	

Military Service Related Disability? (Check One): ☐ Yes ☐ No

Receiving Veterans Services? (Check One): ☐ Yes ☐ No

Military Service era (Check All That Apply):

☐ Afghanistan	☐ Grenada	☐ Post Vietnam
☐ Between Korea - Vietnam	☐ Korea	☐ Vietnam
☐ Between WWI – WWII	☐ Lebanon	☐ WWI
☐ Between WWII – Korea	☐ Panama	☐ WWII
☐ Bosnia	☐ Persian Golf	

Military Branch (Chose One):

☐ Air Force	☐ Marines	☐ Other
☐ Army	☐ Navy	
☐ Coast Guard	☐ National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

☐ Afghanistan	☐ Korea	☐ South China Sea
☐ China, Burma, India	☐ Laos & Cambodia	☐ South Pacific
☐ Desert Storm	☐ North Africa	☐ Vietnam
☐ Europe	☐ Other	
☐ Iraq	☐ Persian Gulf	

Case Notes: _____

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-3-19

Date of birth [redacted]75 Social Security # [redacted] Nickname _____

ID # [redacted] ID type ID CARD

Address [redacted]

Email address _____ Cell # [redacted]

License Plate # (if bringing car) NONE Public Transportation ✓ BUS

Emergency Contact [redacted] Phone # [redacted]

Address [redacted]

Are you currently working? NO Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving MEDICAID Amount per month —

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ✓ diabetes ✓ drug abuse ____

Other medical conditions NONE

Allergies NO Medicines Metaformin

Doctor's name NO PRIMARY CARE Phone # —

Doctor's address _____

Primary Language English Other languages spoken NONE

Baltimore County Universal Intake Form

HMIS # 114873

Case Worker _____

Entry Date 11-3-19

Exit Date 11-6-19

First Name: [redacted] **Middle Name:** [redacted]

Last Name: [redacted] **Suffix:** _____ **SS#:** [redacted]

Date of Birth: [redacted]-1975

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes	✓	No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
✓	Black / African American		
	Native Hawaiian / Other Pacific Islander		
	White		

Ethnicity (Check One):

	Hispanic / Latino	✓	Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	✓	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One):

✓	Yes		No

Chronically Homeless? (Check One):

✓	Yes		No

Date of Present Homelessness: 11-3-19

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): ☐ Yes ☒ No

If Yes, Date of Eviction: N/A

Domestic Violence Victim? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
✓	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat	✓	Staying w/ Family Member
✓	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

✓	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 2121

Primary Means of Transportation (Check One):

	Bicycle	✓	Light Rail	✓	Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

If employed, looking for additional work or hours? ☐ Yes ☒ No ☐ Don't Know ☐ Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | X | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $ NO 2nd income amount last month: $

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ NO 2nd benefit amount last month: $

Do You Use Alcohol or Drugs? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | | Yes | X | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | | Yes | X | No

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical /Medical
	Developmental		HIV/AIDS		Physical /Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: N/A

Health Condition Compared to People of Your Age (Check One):

	Excellent	X	Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | X | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade	X	11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School	X	GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | X | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: N/A

STREETS of HOPE Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 2-1-2020

Date of Birth [redacted]/1964 Social Security # [redacted] Nickname NO

ID # [redacted] ID type I.D. car

Address [redacted]

Email address N/A Cell # [redacted]

License Plate # (if bringing car) _____ Public Transportation _____

Emergency Contact [redacted] Phone # [redacted]

Address [redacted]

Are you currently working? NO Where? CAVA 443-499-9090

For how long? 4½ yrs Current weekly hours _____ Days of the week _____

Benefits currently receiving NO Amount per month _____

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions _____

Allergies [redacted] Medicines _____

Doctor's name BRYAN HOFFMAN Phone # 410-327-5108

Doctor's address _____

Primary Language Spanish Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 116234

Case Worker _____

Entry Date 2/1/20

Exit Date 3/09/20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: [redacted] SS#: [redacted]

Date of Birth: [redacted]/1964

Date of Birth Type (Check One):

[X]	Full DOB
[ ]	Don't Know
[ ]	Approx/Partial
[ ]	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

[ ]	Yes
[ ]	No

Household Type (Check One):

[ ]	Cohabitation
[ ]	Couple w/ No Children
[ ]	Female Single Parent
[ ]	Foster Parent(s)
[ ]	Grandparent(s) & Children
[ ]	Male Single Parent
[ ]	Non – Custodial Caregiver(s)
[ ]	Other
[ ]	Two Parent Family

Primary Race (Check One):

[ ]	American Indian / Alaskan Native
[ ]	Asian
[ ]	Black / African American
[ ]	Native Hawaiian / Other Pacific Islander
[ ]	White
[ ]	Don't Know
[ ]	Refused

Ethnicity (Check One):

[X]	Hispanic / Latino
[ ]	Don't Know
[ ]	Non Hispanic / Latino (Other)
[ ]	Refused

Gender (Check One):

[X]	Male
[ ]	Female
[ ]	Don't Know
[ ]	Other
[ ]	Refused
[ ]	Transgendered Male to Female
[ ]	Transgendered Female to Male

Marital Status (Check One):

[ ]	Cohabitation
[ ]	Divorced
[ ]	Married
[ ]	Separated
[X]	Single
[ ]	Widowed

Is Client Homeless? (Check One):

[X]	Yes
[ ]	No

Chronically Homeless? (Check One):

[ ]	Yes
[X]	No

Date of Present Homelessness: 1/20/2020

If Currently Employed, Select Tenure (Check One):

☐ Don't Know	☐ Refused	☐ Temporary
☐ Permanent	☐ Seasonal	

If Unemployed Looking For Work? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐ A Veteran's Disability Payment	☐ Other	☐ TANF
☐ Alimony / Spousal Support	☐ Pension	☐ Unemployment Insurance
☐ Child Support	☐ Private Disability Insurance	☐ Veteran's Pension
☐ Earned Income	☐ Retirement from SSI	☐ Worker's Compensation
☐ General Assistance	☐ SSDI	
☐ No Financial Resources	☐ SSI	

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☐ MEDICAID	☐ Section8/Pub Housing/Rent Assist	☐ TANF child care svcs
☐ MEDICARE	☐ Special Suppl Nutrition(WIC only)	☐ TANF transportation svcs
☐ Other Source	☐ State Child Health Ins Prgm	
☐ Other TANF-funded services	☐ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Does Your Disability Prevent You From Working? (Check One): ☐ Yes ☐ No

Disability Type (Check All That Apply):

☐ Alcohol Abuse	☐ Hearing Impaired	☐ Physical / Medical
☐ Developmental	☐ HIV/AIDS	☐ Physical / Mobility Limits
☐ Drug Abuse	☐ Mental Illness	☐ Vision Impaired
☐ Dual Diagnosis	☐ Other	

Pregnant? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

☐ Excellent	☒ Good	☐ Poor
☐ Very Good	☐ Fair	☐ Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

☐	No Schooling Completed	☐	10th Grade	☐	College Degree
☐	Nursery School to 4th Grade	☐	11th Grade	☐	Graduate Degree
☐	5th or 6th Grade	☐	12th Grade, No Diploma	☐	Don't Know
☐	7th or 8th Grade	☐	Some High School	☐	Refused
☐	Post Secondary School	☐	GED		
☐	9th Grade	☐	High School Diploma		

Currently in School or Working on Degree? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Received Vocational Training? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

U.S. Military Veteran? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

☐	Honorable	☐	Bad Conduct	☐	Don't Know
☐	General	☐	Dishonorable	☐	Refused
☐	Medical	☐	Other		

Military Service Related Disability? (Check One): ☐ Yes ☐ No

Receiving Veterans Services? (Check One): ☐ Yes ☐ No

Military Service era (Check All That Apply):

☐	Afghanistan	☐	Grenada	☐	Post Vietnam
☐	Between Korea - Vietnam	☐	Korea	☐	Vietnam
☐	Between WWI – WWII	☐	Lebanon	☐	WWI
☐	Between WWII – Korea	☐	Panama	☐	WWII
☐	Bosnia	☐	Persian Golf		

Military Branch (Chose One):

☐	Air Force	☐	Marines	☐	Other
☐	Army	☐	Navy		
☐	Coast Guard	☐	National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

☐	Afghanistan	☐	Korea	☐	South China Sea
☐	China, Burma, India	☐	Laos & Cambodia	☐	South Pacific
☐	Desert Storm	☐	North Africa	☐	Vietnam
☐	Europe	☐	Other		
☐	Iraq	☐	Persian Gulf		

Case Notes: _____

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 3-8-20

Date of Birth [redacted] 87 Social Security # [redacted] Nickname [redacted]

ID # N/A NO I.D. ID type NONE

Address N/A

Email address N/A Cell # [redacted]

License Plate # (if bringing car) N/A Public Transportation N/A

Emergency Contact N/A [redacted] one # [redacted]

Address N/A

Are you currently working? YES Where? ANY For myself

For how long? _____ Current weekly hours _____ Days of the week 6

Benefits currently receiving N/A Amount per month _____

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions NONE

Allergies NONE Medicines N/A

Doctor's name N/A Phone # N/A

Doctor's address N/A

Primary Language ENGLISH Other languages spoken NONE

Baltimore County Universal Intake Form

HMIS #: _____ Entry Date: 3/8/20

Case Worker: _____ Exit Date: 4/15/20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: NA SS#: [redacted]

Date of Birth: [redacted] - 87

Date of Birth Type (Check One):

	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

✓	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
✓	White		

Ethnicity (Check One):

	Hispanic / Latino		Non-Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married		Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One):

✓	Yes		No

Chronically Homeless? (Check One):

✓	Yes		No

Date of Present Homelessness: 3/1/20

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): [ ] Yes [✓] No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month	[✓]	1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: _____

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	[✓]	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): [✓] Yes [ ] No [ ] Don't Know [ ] Refused

If employed, looking for additional work or hours? [✓] Yes [ ] No [ ] Don't Know [ ] Refused

If Employed, Hours Worked Last Week? 35 hours

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused	✓	Temporary
	Permanent	✓	Seasonal		

If Unemployed Looking For Work? (Check One): ✓ Yes | No | Don't Know | Refused

Cash Income Received in last 30 Days? ✓ Yes | No | Don't Know | Refused

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $ 768 2nd income amount last month: $

Non-Cash Benefits Received in last 30 Days? Yes | ✓ No | Don't Know | Refused

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition (WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ 2nd benefit amount last month: $

Do You Use Alcohol or Drugs? (Check One): Yes | ✓ No | Don't Know | Refused

Do You Suffer From Mental Illness? (Check One): Yes | ✓ No | Don't Know | Refused

HIV Positive? (Check One): Yes | ✓ No | Don't Know | Refused

Do Have a Disability of Long Duration? (Check One): Yes | ✓ No | Don't Know | Refused

Does Your Disability Prevent You From Working? (Check One): Yes | ✓ No

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): Yes | No | Don't Know | Refused

If Pregnant, Projected Birth Date: 2/1/22

Health Condition Compared to People of Your Age (Check One):

	Excellent	✓	Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? Yes | ✓ No | Don't Know | Refused

Highest Level of Education Attained (Check One):

No Schooling Completed	10th Grade	College Degree
Nursery School to 4th Grade	11th Grade	Graduate Degree
5th or 6th Grade	12th Grade, No Diploma	Don't Know
7th or 8th Grade	Some High School	Refused
Post Secondary School	GED	
9th Grade	High School Diploma	

Currently in School or Working on Degree? (Check One): Yes | No | Don't Know | Refused

Received Vocational Training? (Check One): Yes | No | Don't Know | Refused

U.S. Military Veteran? (Check One): Yes | No | Don't Know | Refused

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

Honorable	Bad Conduct	Don't Know
General	Dishonorable	Refused
Medical	Other	

Military Service Related Disability? (Check One): Yes | No

Receiving Veterans Services? (Check One): Yes | No

Military Service era (Check All That Apply):

Afghanistan	Grenada	Post Vietnam
Between Korea - Vietnam	Korea	Vietnam
Between WWI – WWII	Lebanon	WWI
Between WWII – Korea	Panama	WWII
Bosnia	Persian Golf	

Military Branch (Chose One):

Air Force	Marines	Other
Army	Navy	
Coast Guard	National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

Afghanistan	Korea	South China Sea
China, Burma, India	Laos & Cambodia	South Pacific
Desert Storm	North Africa	Vietnam
Europe	Other	
Iraq	Persian Gulf	

Case Notes: N/A

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11.17.19

Date of Birth [redacted]79 Social Security # [redacted] Nickname [redacted]

ID # [redacted] ID type Passport

Address [redacted] 21721

Email address [redacted] L# [redacted]

License Plate # (if bringing car) NONE Public Transportation BUS

Emergency Contact [redacted] Phone # [redacted]

Address ? DON'T KNOW

Are you currently working? NO Where? NO

For how long? X Current weekly hours ^ Days of the week X

Benefits currently receiving Social Security Amount per month 770

Medical history (check all that apply)

stroke ___ depression ✓ brain injury ✓ HIV/AIDS ___ alcoholism ___

seizures ___ TB ___ high blood pressure ___ diabetes ___ drug abuse ___

Other medical conditions N/A

Allergies NONE Medicines NONE

Doctor's name Medicade Phone # None

Doctor's address None

Primary Language english Other languages spoken Vietnamese

Baltimore County Universal Intake Form

HMIS # _____ Entry Date 11-17-19

Case Worker _____ Exit Date 11-27-19

First Name: [redacted] Middle Name: _____

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted] 79

Date of Birth Type (Check One):

X	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes	X	No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children	✓	Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native	✓	Don't Know
✓	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
✓	White		

Ethnicity (Check One):

✓	Hispanic / Latino		Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married		Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One):

✓	Yes		No

Chronically Homeless? (Check One):

✓	Yes		No

Date of Present Homelessness: 10/17/19

Homelessness Primary Reason (Check One):

	Criminal Activity
	Domestic Violence Victim
	Eviction
✓	Health/Safety
	Loss of Childcare
✓	Loss of a Job

	Loss of Public Assistance
	Loss of Transportation
✓	Medical Condition
✓	Mental Health
	Mortgage Foreclosure
✓	No Affordable Housing

	Release from Institution
	Substance Abuse
	Substandard Housing
✓	Underemployment / Low Income
	Utility Shutoff

Homelessness Secondary Reason (Check One):

	Criminal Activity
✓	Domestic Violence Victim
	Eviction
	Health/Safety
	Loss of Childcare
✓	Loss of a Job

	Loss of Public Assistance
	Loss of Transportation
✓	Medical Condition
	Mental Health
	Mortgage Foreclosure
	No Affordable Housing

	Release from Institution
	Substance Abuse
	Substandard Housing
	Underemployment / Low Income
	Utility Shutoff

Actual or Pending Eviction? (Check One): ☐ Yes ☑ No

If Yes, Date of Eviction: N/A

Domestic Violence Victim? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months
	Three to Six Months
	From Six to Twelve Months

	More Than a Year
	Don't Know
✓	Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing
	Housed & At-Risk
	Literally Homeless

	Stably Housed
✓	Don't Know
	Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know
	Emergency Shelter
	Foster Care
	Hospital (non-psychiatric)
	Hotel / Motel
	Jail / Prison / Juvenile Detention
	Other

	Owned by Client – no subsidy
	Owned by Client – w/ subsidy
	Perm Housing (formerly homeless)
	Place Not Meant For Habitat
	Psych Hospital/Facility
	Refused
	Rental by Client – no subsidy

	Rental by Client – w/ subsidy
	Rental by Client – VASH
	Safe Haven
	Staying w/ Family Member
	Staying w/Friend
	Substance Abuse Facility
	Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less
✓	More 1 Week, Less 1 Month
	1 to 3 Months

	More 3 Months, Less 1 Year
	1 Year or Longer

	Don't Know
	Refused

Zip Code of Prior Residence: 1646

Primary Means of Transportation (Check One):

	Bicycle
	Family / Friends
	Handicapped Transportation

	Light Rail
	Owns Car
	Taxi

✓	Uses Bus
✓	Walks

Employed? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If employed, looking for additional work or hours? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused	✓	Temporary
	Permanent	✓	Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources	✓	SSI		

1st income amount last month: $ 710 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | ✓ | No | | Don't Know | | Refused

Non-Cash Benefits (Check All That Apply):

✓	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | | No | | Don't Know | ✓ | Refused

Do You Suffer From Mental Illness? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

Do Have a Disability of Long Duration? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused

Does Your Disability Prevent You From Working? (Check One): | ✓ | Yes | | No

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse	✓	Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
	Very Good	✓	Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | | No | ✓ | Don't Know | | Refused

Highest Level of Education Attained (Check One):

No Schooling Completed	10th Grade	College Degree
Nursery School to 4th Grade	11th Grade	Graduate Degree
5th or 6th Grade	12th Grade, No Diploma	Don't Know
7th or 8th Grade	Some High School	Refused
Post Secondary School	GED	
9th Grade	☑ High School Diploma	

Currently in School or Working on Degree? (Check One): ☒ Yes ☐ No ☐ Don't Know ☐ Refused

Received Vocational Training? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

U.S. Military Veteran? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Months Served on Active Duty in the Military: NO

Discharge Type (Check One):

Honorable	Bad Conduct	Don't Know
General	Dishonorable	Refused
Medical	Other	

Military Service Related Disability? (Check One): ☐ Yes ☒ No

Receiving Veterans Services? (Check One): ☐ Yes ☒ No

Military Service era (Check All That Apply):

Afghanistan	Grenada	Post Vietnam
Between Korea – Vietnam	Korea	Vietnam
Between WWI – WWII	Lebanon	WWI
Between WWII – Korea	Panama	WWII
Bosnia	Persian Golf	

Military Branch (Chose One):

Air Force	Marines	✓ Other
Army	Navy	
Coast Guard	National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

Afghanistan	Korea	South China Sea
China, Burma, India	Laos & Cambodia	South Pacific
Desert Storm	North Africa	Vietnam
Europe	Other	
Iraq	Persian Gulf	

Case Notes: Braven lost Vietnam war MIA family. Living injustice

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-3-18

Date of Birth [redacted]66 Social Security # [redacted] Nickname [redacted]

ID # [redacted] ID type State ID.

Address [redacted] Balto MD 21221

Email address — Cell # [redacted]

License Plate # (if bringing car) — Public Transportation Yes

Emergency Contact [redacted] Phone # [redacted]

Address [redacted]

Are you currently working? NO Where? —

For how long? — Current weekly hours — Days of the week —

Benefits currently receiving Foods stamps Amount per month $182.00

Medical history (check all that apply)

stroke ____ depression ✓ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions ____

Allergies N/A Medicines ____

Doctor's name ____ Phone # ____

Doctor's address ____

Primary Language English Other languages spoken —

Baltimore County Universal Intake Form

HMIS # 97372

Case Worker _____

Entry Date 11-3-19

Exit Date 11-05-19

First Name: [redacted] **Middle Name:** [redacted]

Last Name: [redacted] **Suffix:** _____ **SS#:** [redacted]

Date of Birth: [redacted]-66

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
	No

Household Type (Check One):

Cohabitation	Foster Parent(s)	Non – Custodial Caregiver(s)
Couple w/ No Children	Grandparent(s) & Children	Other
Female Single Parent	Male Single Parent	Two Parent Family

Primary Race (Check One):

American Indian / Alaskan Native	Don't Know
Asian	Refused
Black / African American	
Native Hawaiian / Other Pacific Islander	
✓ White	

Ethnicity (Check One):

Hispanic / Latino	Non Hispanic / Latino (Other)
Don't Know	Refused

Gender (Check One):

✓ Male	Don't Know	Transgendered Male to Female	
Female	Other	Transgendered Female to Male	
	Refused		

Marital Status (Check One):

Cohabitation	Married	✓ Single
Divorced	Separated	Widowed

Is Client Homeless? (Check One): ✓ Yes | No

Chronically Homeless? (Check One): ✓ Yes | No

Date of Present Homelessness: 2019

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity	✓	Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Penn Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility	✓	Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month	✓	1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21221

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

If employed, looking for additional work or hours? | | Yes | | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | ✓ | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
✓	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $ 270 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | ✓ | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

✓	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | | ✓ | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | | ✓ | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | ✓ | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse	✓	Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | | ✓ | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
	Very Good	✓	Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | | ✓ | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School	✓	GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

CITIZENS FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12/14/19

Date of Birth [redacted]/56 Social Security # [redacted] Nickname _____

ID # _____ ID type _____

Address _____

Email address [redacted] Cell # _____

License Plate # (if bringing car) _____ Public Transportation BUS

Emergency Contact [redacted] Phone # [redacted]

Address _____

Are you currently working? N/O Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving Food Stamps, SSI, SSDI Amount per month 150, 200.00, 700.00

Medical history (check all that apply)

stroke X depression X brain injury X HIV/AIDS _____ alcoholism X

seizures _____ TB _____ high blood pressure X diabetes _____ drug abuse _____

Other medical conditions _____

Allergies _____ Medicines _____

Doctor's name _____ Phone # _____

Doctor's address _____

Primary Language _____ Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # _____ Entry Date 12-14-19

Case Worker _____ Exit Date 12-23-19

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]-84

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do **NOT** complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

✓	Yes
	No

Household Type (Check One):

	Cohabitation
	Couple w/ No Children
	Female Single Parent
	Foster Parent(s)
	Grandparent(s) & Children
	Male Single Parent
	Non – Custodial Caregiver(s)
	Other
	Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native
	Asian
	Black / African American
	Native Hawaiian / Other Pacific Islander
✓	White
	Don't Know
	Refused

Ethnicity (Check One):

	Hispanic / Latino
	Don't Know
	Non Hispanic / Latino (Other)
	Refused

Gender (Check One):

✓	Male
	Female
	Don't Know
	Other
	Refused
	Transgendered Male to Female
	Transgendered Female to Male

Marital Status (Check One):

	Cohabitation
	Divorced
	Married
	Separated
✓	Single
	Widowed

Is Client Homeless? (Check One):

✓	Yes
	No

Chronically Homeless? (Check One):

✓	Yes
	No

Date of Present Homelessness: 12-14-19

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
✓	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction	✓	Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): [ ] Yes [✓] No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
✓	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

✓	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: _____

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If employed, looking for additional work or hours? [ ] Yes [ ] No [ ] Don't Know [ ] Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | ✓ | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance	✓	SSDI		
	No Financial Resources	✓	SSI		

1st income amount last month: $ 700.00 2nd income amount last month: $ 700.00

Non-Cash Benefits Received in last 30 Days? | ✓ | Yes | | No | | Don't Know | | Refused

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
✓	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services	✓	Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ 150.00 2nd benefit amount last month: $

Do You Use Alcohol or Drugs? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused

Do You Suffer From Mental Illness? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

Do Have a Disability of Long Duration? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused

Does Your Disability Prevent You From Working? (Check One): | ✓ | Yes | | No

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse	✓	Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent	✓	Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | ✓ | No | | Don't Know | | Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School	✓	GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

Annapolis

CHIPPEWA FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11 4 2019

Date of Birth [redacted] 1965 Social Security # [redacted] Nickname [redacted]

ID # [redacted] ID type DL

Address _____

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) N/A Public Transportation BUS / WALK

Emergency Contact FR [redacted] JR Phone # [redacted]

Address [redacted] 21027

Are you currently working? NO Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving FS Amount per month 194.00

Medical history (check all that apply)

stroke ____ depression ✓ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions ANXIETY PTSD BIPOLAR ADD

Allergies NO KNOWN Medicines MANY

Doctor's name AMOLIA JACKSON HCH Phone # _____

Doctor's address 9150 FRANKLYN SQ DR.

Primary Language ENGLISH Other languages spoken AMERICAN SIGN LANGUAGE

Baltimore County Universal Intake Form

HMIS # 105970 Entry Date 11-4-19

Case Worker _____ Exit Date _____

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: NA SS#: [redacted]

Date of Birth: [redacted] 1965

Date of Birth Type (Check One):

✓ Full DOB	Approx/Partial
Don't Know	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

Yes	No

Household Type (Check One):

Cohabitation	Foster Parent(s)	Non – Custodial Caregiver(s)
Couple w/ No Children	Grandparent(s) & Children	Other
Female Single Parent	Male Single Parent	Two Parent Family

Primary Race (Check One):

American Indian / Alaskan Native	Don't Know
Asian	Refused
Black / African American	
Native Hawaiian / Other Pacific Islander	
✓ White	

Ethnicity (Check One):

Hispanic / Latino	✓ Non Hispanic / Latino (Other)
✗ Don't Know	Refused

Gender (Check One):

✓ Male	Don't Know	Transgendered Male to Female	
Female	Other	Transgendered Female to Male	
	Refused		

Marital Status (Check One):

Cohabitation	Married	✓ Single
Divorced	Separated	Widowed

Is Client Homeless? (Check One): ✓ Yes No

Chronically Homeless? (Check One): ✓ Yes No

Date of Present Homelessness: 10-4-2019

FA

Homelessness Primary Reason (Check One):

	Criminal Activity
	Domestic Violence Victim
✓	Eviction
	Health/Safety
	Loss of Childcare
	Loss of a Job

	Loss of Public Assistance
✓	Loss of Transportation
✓	Medical Condition
✓	Mental Health
	Mortgage Foreclosure
	No Affordable Housing

	Release from Institution
	Substance Abuse
	Substandard Housing
✓	Underemployment / Low Income
	Utility Shutoff

Homelessness Secondary Reason (Check One):

	Criminal Activity
	Domestic Violence Victim
	Eviction
	Health/Safety
✓	Loss of Childcare
✓	Loss of a Job

	Loss of Public Assistance
	Loss of Transportation
	Medical Condition
	Mental Health
	Mortgage Foreclosure
	No Affordable Housing

	Release from Institution
	Substance Abuse
	Substandard Housing
	Underemployment / Low Income
	Utility Shutoff

Actual or Pending Eviction? (Check One): | | Yes | | ✓ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | | No | ✓ | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months
	Three to Six Months
	From Six to Twelve Months

	More Than a Year
	Don't Know
	Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing
✓	Housed & At-Risk
✓	Literally Homeless

	Stably Housed
	Don't Know
	Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know
	Emergency Shelter
	Foster Care
	Hospital (non-psychiatric)
	Hotel / Motel
	Jail / Prison / Juvenile Detention
	Other

	Owned by Client – no subsidy
	Owned by Client – w/ subsidy
	Perm Housing (formerly homeless)
✓	Place Not Meant For Habitat
	Psych Hospital/Facility
	Refused
	Rental by Client – no subsidy

	Rental by Client – w/ subsidy
	Rental by Client – VASH
	Safe Haven
	Staying w/ Family Member
	Staying w/Friend
	Substance Abuse Facility
	Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less
	More 1 Week, Less 1 Month
	1 to 3 Months

	More 3 Months, Less 1 Year
	1 Year or Longer

✓	Don't Know
	Refused

Zip Code of Prior Residence: _____

Primary Means of Transportation (Check One):

	Bicycle
	Family / Friends
	Handicapped Transportation

	Light Rail
	Owns Car
	Taxi

	Uses Bus
✓	Walks

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

If employed, looking for additional work or hours? | | Yes | | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? NA

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
✓	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | ✓ | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

✓	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | ✓ | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired	✓	Physical / Medical
	Developmental		HIV/AIDS	✓	Physical / Mobility Limits
	Drug Abuse	✓	Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
	Very Good		Fair	✓	Don't Know

Institutional Living Prior to 18 Years? | ✓ | Yes | | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade; No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One):

	Yes	/	No		Don't Know		Refused

Received Vocational Training? (Check One):

/	Yes		No		Don't Know		Refused

U.S. Military Veteran? (Check One):

	Yes	/	No		Don't Know		Refused

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea – Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-3-19

Date of Birth [redacted]69 Social Security # [redacted] Nickname _____

ID # [redacted] ID type license

Address NONE

Email address NONE Cell # [redacted]

License Plate # (if bringing car) NO Public Transportation ✓

Emergency Contact [redacted] Phone # [redacted]

Address [redacted] Curtis Bay, MD

Are you currently working? NO Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving CASH ASSISTANCE/FOOD STAMPS Amount per month 185/174

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes Type 2 drug abuse ____

Other medical conditions Bone spurs, Knee issues

Allergies Penicillin Medicines Oxycodone, muscle relaxers IBUPROFEN,

Doctor's name Kerri Jones Phone # _____

Doctor's address Glen Burnie 415 Crane Hwy

Primary Language English Other languages spoken NONE

Baltimore County Universal Intake Form

HMIS # 168827 Entry Date 11-3-19

Case Worker _____ Exit Date 4-15-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]69

Date of Birth Type (Check One):

X	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes	X	No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
X	White		

Ethnicity (Check One):

	Hispanic / Latino	X	Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

X	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	X	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One): X Yes | No

Chronically Homeless? (Check One): X Yes | No

Date of Present Homelessness: 11.3.19

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
✓	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): ☐ Yes ☑ No

If Yes, Date of Eviction: N/A

Domestic Violence Victim? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
✓	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year	✓	Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: N/A

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If employed, looking for additional work or hours? N/A ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

N/A

Don't Know	Refused	Temporary
Permanent	Seasonal	

If Unemployed Looking For Work? (Check One): Yes | (No) | Don't Know | Refused

Cash Income Received in last 30 Days? (Yes) | No | Don't Know | Refused

Monthly Cash Income (Check All That Apply):

A Veteran's Disability Payment	Other	TANF
Alimony / Spousal Support	Pension	Unemployment Insurance
Child Support	Private Disability Insurance	Veteran's Pension
Earned Income	Retirement from SSI	Worker's Compensation
(General Assistance)	SSDI	
No Financial Resources	SSI	

1st income amount last month: $ 190 cash 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? Yes | No | Don't Know | Refused

Non-Cash Benefits (Check All That Apply):

MEDICAID	Section8/Pub Housing/Rent Assist	TANF child care svcs
MEDICARE	Special Suppl Nutrition(WIC only)	TANF transportation svcs
Other Source	State Child Health Ins Prgm	
Other TANF-funded services	(Suppl Nutr Assist Prgm (food stamps))	

1st benefit amount last month $ 185 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): Yes | (No) | Don't Know | Refused

Do You Suffer From Mental Illness? (Check One): Yes | (No) | Don't Know | Refused

HIV Positive? (Check One): Yes | (No) | Don't Know | Refused

Do Have a Disability of Long Duration? (Check One): (Yes) | No | Don't Know | Refused

Does Your Disability Prevent You From Working? (Check One): (Yes) | No

Disability Type (Check All That Apply):

Alcohol Abuse	Hearing Impaired	(Physical / Medical)
Developmental	HIV/AIDS	Physical / Mobility Limits
Drug Abuse	Mental Illness	Vision Impaired
Dual Diagnosis	Other	

Pregnant? (Check One): Yes | (No) | Don't Know | Refused

If Pregnant, Projected Birth Date: N/A

Health Condition Compared to People of Your Age (Check One):

Excellent	Good	Poor
Very Good	(Fair)	Don't Know

Institutional Living Prior to 18 Years? Yes | (No) | Don't Know | Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed
	Nursery School to 4th Grade
	5th or 6th Grade
	7th or 8th Grade
	Post Secondary School
	9th Grade

	10th Grade
✓	11th Grade
	12th Grade, No Diploma
	Some High School
	GED
	High School Diploma

	College Degree
	Graduate Degree
	Don't Know
	Refused

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable
	General
	Medical

	Bad Conduct
	Dishonorable
	Other

	Don't Know
	Refused

Military Service Related Disability? (Check One): | | Yes | ✓ | No

Receiving Veterans Services? (Check One): | | Yes | ✓ | No

Military Service era (Check All That Apply):

	Afghanistan
	Between Korea – Vietnam
	Between WWI – WWII
	Between WWII – Korea
	Bosnia

	Grenada
	Korea
	Lebanon
	Panama
	Persian Golf

	Post Vietnam
	Vietnam
	WWI
	WWII

Military Branch (Chose One):

	Air Force
	Army
	Coast Guard

	Marines
	Navy
	National Guard

	Other

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan
	China, Burma, India
	Desert Storm
	Europe
	Iraq

	Korea
	Laos & Cambodia
	North Africa
	Other
	Persian Gulf

	South China Sea
	South Pacific
	Vietnam

Case Notes: _____

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-3-19

Date of Birth [redacted] Social Security [redacted] Nickname _____

ID # [redacted] ID type _____

Address [redacted] Baltimore, MD 21224

Email address _____ Cell [redacted]

License Plate # (if bringing car) _____ Public Transportation _____

Emergency Contact [redacted] Phone # [redacted]

Address [redacted]

Are you currently working? No Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving food stamps Amount per month 194.00

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions _____

Allergies None Medicines _____

Doctor's name _____ Phone # _____

Doctor's address _____

Primary Language English Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 106843

Case Worker _____

Entry Date 11-3-19

Exit Date 3-01-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]-1989

Date of Birth Type (Check One):

	Full DOB
	Don't Know

	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do **NOT** complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
X	No

Household Type (Check One):

	Cohabitation
	Couple w/ No Children
	Female Single Parent
	Foster Parent(s)
	Grandparent(s) & Children
X	Male Single Parent
	Non – Custodial Caregiver(s)
	Other
	Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native
	Asian
X	Black / African American
	Native Hawaiian / Other Pacific Islander
	White
	Don't Know
	Refused

Ethnicity (Check One):

	Hispanic / Latino
	Don't Know
X	Non Hispanic / Latino (Other)
	Refused

Gender (Check One):

X	Male
	Female
	Don't Know
	Other
	Refused
	Transgendered Male to Female
	Transgendered Female to Male

Marital Status (Check One):

	Cohabitation
	Divorced
	Married
X	Separated
	Single
	Widowed

Is Client Homeless? (Check One):

X	Yes
	No

Chronically Homeless? (Check One):

	Yes
	No

Date of Present Homelessness: August 3, 2019

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		other - no family support

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): ☐ Yes ☑ No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other – Outside/tent		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less	✓	More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21221

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If employed, looking for additional work or hours? ☑ Yes ☐ No ☐ Don't Know ☐ Refused

If Employed, Hours Worked Last Week? _____

looking for work

If Currently Employed, Select Tenure (Check One):

☐ Don't Know	☒ Refused	☑ Temporary
☐ Permanent	☐ Seasonal	

If Unemployed Looking For Work? (Check One): ☐ Yes ☐ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐ A Veteran's Disability Payment	☐ Other	☐ TANF
☐ Alimony / Spousal Support	☐ Pension	☐ Unemployment Insurance
☐ Child Support	☐ Private Disability Insurance	☐ Veteran's Pension
☐ Earned Income	☐ Retirement from SSI	☐ Worker's Compensation
☐ General Assistance	☐ SSDI	
☑ No Financial Resources	☐ SSI	

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☑ MEDICAID	☐ Section8/Pub Housing/Rent Assist	☐ TANF child care svcs
☐ MEDICARE	☐ Special Suppl Nutrition(WIC only)	☐ TANF transportation svcs
☐ Other Source	☐ State Child Health Ins Prgm	
☐ Other TANF-funded services	☐ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☐ Yes ☑ No ☐ Don't Know ☑ Refused

Does Your Disability Prevent You From Working? (Check One): ☐ Yes ☑ No

Disability Type (Check All That Apply):

☐ Alcohol Abuse	☐ Hearing Impaired	☐ Physical / Medical
☐ Developmental	☐ HIV/AIDS	☐ Physical / Mobility Limits
☐ Drug Abuse	☐ Mental Illness	☐ Vision Impaired
☐ Dual Diagnosis	☐ Other	

Pregnant? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

☑ Excellent	☐ Good	☐ Poor
☐ Very Good	☐ Fair	☐ Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☐ No ☑ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

No Schooling Completed	10th Grade	College Degree
Nursery School to 4th Grade	11th Grade	Graduate Degree
5th or 6th Grade	12th Grade, No Diploma	Don't Know
7th or 8th Grade	Some High School	Refused
Post Secondary School	GED	
9th Grade	High School Diploma	

Currently in School or Working on Degree? (Check One): Yes | No | Don't Know | Refused

Received Vocational Training? (Check One): Yes | No | Don't Know | Refused

U.S. Military Veteran? (Check One): Yes | No | Don't Know | Refused

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

Honorable	Bad Conduct	Don't Know
General	Dishonorable	Refused
Medical	Other	

Military Service Related Disability? (Check One): Yes | No

Receiving Veterans Services? (Check One): Yes | No

Military Service era (Check All That Apply):

Afghanistan	Grenada	Post Vietnam
Between Korea - Vietnam	Korea	Vietnam
Between WWI – WWII	Lebanon	WWI
Between WWII – Korea	Panama	WWII
Bosnia	Persian Golf	

Military Branch (Chose One):

Air Force	Marines	Other
Army	Navy	
Coast Guard	National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

Afghanistan	Korea	South China Sea
China, Burma, India	Laos & Cambodia	South Pacific
Desert Storm	North Africa	Vietnam
Europe	Other	
Iraq	Persian Gulf	

Case Notes: _____

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-10-19

Date of Bir[redacted]1986 Social Security # [redacted] Nickname [redacted]

ID # NO ID ID type MD State

Address [redacted] Balt. MD 21221

Email address N/A Cell # BROKE

License Plate # (if bringing car) N/A Public Transportation BUS

Emergency Contact [redacted] Phone # Will know once phone gets turned on.

Address N/A DONT KNOW

Are you currently working? NO Where? NO

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving FOOD STAMPS Amount per month 192

Medical history (check all that apply)

stroke ___ depression ___ brain injury ___ HIV/AIDS ___ alcoholism ___

seizures ___ TB ___ high blood pressure ✓ diabetes ___ drug abuse ✓

Other medical conditions NONE

Allergies Morphine/wellbutrin/lexipro/zoloft Medicines NONE

Doctor's name Balt. Medical Systems Phone # ? N/A

Doctor's address N/A

Primary Language English Other languages spoken NONE

Baltimore County Universal Intake Form

HMIS # 110427

Case Worker _____

Entry Date 11-10-19

Exit Date 4-15-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: N/A SS#: [redacted]

Date of Birth: [redacted] 1989

Date of Birth Type (Check One):

- [x] Full DOB
- [ ] Don't Know
- [ ] Approx/Partial
- [ ] Refused

Head of Household? NOTE: If Single, do **NOT** complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

- [ ] Yes
- [x] No

Household Type (Check One):

- [ ] Cohabitation
- [ ] Couple w/ No Children
- [ ] Female Single Parent
- [ ] Foster Parent(s)
- [ ] Grandparent(s) & Children
- [ ] Male Single Parent
- [ ] Non – Custodial Caregiver(s)
- [ ] Other
- [ ] Two Parent Family

Primary Race (Check One):

- [ ] American Indian / Alaskan Native
- [ ] Asian
- [ ] Black / African American
- [ ] Native Hawaiian / Other Pacific Islander
- [x] White
- [ ] Don't Know
- [ ] Refused

Ethnicity (Check One):

- [ ] Hispanic / Latino
- [ ] Don't Know
- [x] Non Hispanic / Latino (Other)
- [ ] Refused

Gender (Check One):

- [x] Male
- [ ] Female
- [ ] Don't Know
- [ ] Other
- [ ] Refused
- [ ] Transgendered Male to Female
- [ ] Transgendered Female to Male

Marital Status (Check One):

- [ ] Cohabitation
- [ ] Divorced
- [ ] Married
- [ ] Separated
- [x] Single
- [ ] Widowed

Is Client Homeless? (Check One):

- [x] Yes
- [ ] No

Chronically Homeless? (Check One):

- [x] Yes
- [ ] No

Date of Present Homelessness: 2-5-19

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation	√	Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety	3	Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety	√	Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | √ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | √ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
√	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)	√	Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility	3	Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
2	1 to 3 Months				

Zip Code of Prior Residence: 2127

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	√	Uses Bus
	Family / Friends		Owns Car	√	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | √ | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | √ | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused
	Permanent		Seasonal
			Temporary

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $ 84

Do You Use Alcohol or Drugs? (Check One): | | Yes | | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	☑	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ☑ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ☑ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ☑ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | ☑ | No |

Receiving Veterans Services? (Check One): | | Yes | ☑ | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: N/A

STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 10/5/19

Date of Birth [redacted]65 Social Security # [redacted] Nickname [redacted]

ID # [redacted] ID type MD ID.

Address [redacted]

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) _____ Public Transportation yes

Emergency Contact [redacted] Phone # [redacted]

Address [redacted]

Are you currently working? NO Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving Food stamps Amount per month 179.00

Medical history (check all that apply)

stroke ____ depression ✓ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ✓ diabetes ✓ drug abuse ____

Other medical conditions _____

Allergies _____ Medicines _____

Doctor's name AMELIA SACHDEV Phone # 443-703-1465

Doctor's address 9150 FRANKLIN SQ DR S

Primary Language English Other languages spoken none

Baltimore County Universal Intake Form

HMIS # 66347

Case Worker _____

Entry Date 11-6-19

Exit Date 11-11-19

First Name: [redacted] **Middle Name:** [redacted]

Last Name: [redacted] **Suffix:** Mr. **SS#:** [redacted]

Date of Birth: [redacted]65

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent	✓	Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
✓	White		

Ethnicity (Check One):

	Hispanic / Latino		Non Hispanic / Latino (Other)
	Don't Know	✓	Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married		Single ✓
	Divorced		Separated		Widowed

Is Client Homeless? (Check One): ✓ Yes | No

Chronically Homeless? (Check One): ✓ Yes | No

Date of Present Homelessness: 11/5/19

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation	✓	Substance Abuse
	Eviction	✓	Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	✓	No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): ✓ Yes | No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): Yes | ✓ No | Don't Know | Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility	✓	Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less	✓	More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21214

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): Yes | ✓ No | Don't Know | Refused

If employed, looking for additional work or hours? Yes | No | Don't Know | Refused

If Employed, Hours Worked Last Week? None

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): [✓] Yes [ ] No [ ] Don't Know [ ] Refused

Cash Income Received in last 30 Days? [ ] Yes [✓] No [ ] Don't Know [ ] Refused

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
✓	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? [ ] Yes [✓] No [ ] Don't Know [ ] Refused

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): [✓] Yes [ ] No [ ] Don't Know [ ] Refused

Do You Suffer From Mental Illness? (Check One): [✓] Yes [ ] No [ ] Don't Know [ ] Refused

HIV Positive? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

Do Have a Disability of Long Duration? (Check One): [✓] Yes [ ] No [ ] Don't Know [ ] Refused

Does Your Disability Prevent You From Working? (Check One): [✓] Yes [ ] No

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired	✓	Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good	✓	Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? [ ] Yes [✓] No [ ] Don't Know [ ] Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	✓	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11/5/14

Date of Birth [redacted] Social Security # [redacted] Nickname _____

ID # _____ ID type _____

Address [redacted]

Email address None Cell # None

License Plate # (if bringing car) None Public Transportation _____

Emergency Contact None Phone # _____

Address _____

Are you currently working? No Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving None Amount per month _____

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions None

Allergies None Medicines _____

Doctor's name _____ Phone # _____

Doctor's address _____

Primary Language English Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # _____ Entry Date 11-5-19

Case Worker _____ Exit Date 11-06-19

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]/91

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
	No

Household Type (Check One):

Cohabitation	Foster Parent(s)	Non – Custodial Caregiver(s)
Couple w/ No Children	Grandparent(s) & Children	Other
Female Single Parent	Male Single Parent	Two Parent Family

Primary Race (Check One):

American Indian / Alaskan Native	Don't Know
Asian	Refused
Black / African American	
Native Hawaiian / Other Pacific Islander	
✓ White	

Ethnicity (Check One):

Hispanic / Latino	✓ Non Hispanic / Latino (Other)
Don't Know	Refused

Gender (Check One):

✓ Male	Don't Know	Transgendered Male to Female	
Female	Other	Transgendered Female to Male	
	Refused		

Marital Status (Check One):

Cohabitation	Married	✓ Single
Divorced	Separated	Widowed

Is Client Homeless? (Check One): ✓ Yes No

Chronically Homeless? (Check One): ✓ Yes No

Date of Present Homelessness: 12-04-18

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job	✓	No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance	✓	Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job	✓	No Affordable Housing		

Actual or Pending Eviction? (Check One): ☐ Yes ☑ No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)	✓	Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
✓	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: _____

Primary Means of Transportation (Check One):

	Bicycle		Light Rail		Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If employed, looking for additional work or hours? ☐ Yes ☐ No ☑ Don't Know ☐ Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | ✓ | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
✓	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
✓	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | ✓ | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse	✓	Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent	✓	Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | | No | ✓ | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	✓	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | | No | ✓ | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | ✓ | No |

Receiving Veterans Services? (Check One): | | Yes | ✓ | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea – Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11/3/19

Date of Birth [redacted]57 Social Security # [redacted] Nickname _____

ID # [redacted] ID type MD Driver's Lic

Address [redacted] 2120

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) _____ Public Transportation _____

Emergency Contact [redacted] Phone # _____

Address [redacted] 21206

Are you currently working? N Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving _____ Amount per month _____

Medical history (check all that apply)

stroke ____ depression ____ brain injury ✓ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ✓ diabetes ✓ drug abuse ____

Other medical conditions _____

Allergies _____ Medicines Needs medications

Doctor's name _____ Phone # _____

Doctor's address @ Franklin Square

Primary Language English Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 103516

Case Worker _____

Entry Date 11-3-19

Exit Date 11-19-19

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]/57

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

✓	Yes
	No

Household Type (Check One):

	Cohabitation
	Couple w/ No Children
	Female Single Parent
	Foster Parent(s)
	Grandparent(s) & Children
	Male Single Parent
	Non – Custodial Caregiver(s)
	Other
	Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native
	Asian
	Black / African American
	Native Hawaiian / Other Pacific Islander
✓	White
	Don't Know
	Refused

Ethnicity (Check One):

	Hispanic / Latino
	Don't Know
✓	Non Hispanic / Latino (Other)
	Refused

Gender (Check One):

✓	Male
	Female
	Don't Know
	Other
	Refused
	Transgendered Male to Female
	Transgendered Female to Male

Marital Status (Check One):

	Cohabitation
	Divorced
	Married
	Separated
✓	Single
	Widowed

Is Client Homeless? (Check One):

✓	Yes
	No

Chronically Homeless? (Check One):

✓	Yes
	No

Date of Present Homelessness: 10/2016

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	X	No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
X	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | X | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
X	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
X	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
X	1 to 3 Months				

Zip Code of Prior Residence: _____

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	X	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | X | No | | Don't Know | | Refused |

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): [X] Yes [ ] No [ ] Don't Know [ ] Refused

Cash Income Received in last 30 Days? [X] Yes [ ] No [ ] Don't Know [ ] Refused

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance	[X]	SSDI		
	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? [ ] Yes [ ] No [ ] Don't Know [ ] Refused

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): [ ] Yes [X] No [ ] Don't Know [ ] Refused

Do You Suffer From Mental Illness? (Check One): [X] Yes [ ] No [ ] Don't Know [ ] Refused

HIV Positive? (Check One): [ ] Yes [X] No [ ] Don't Know [ ] Refused

Do Have a Disability of Long Duration? (Check One): [X] Yes [ ] No [ ] Don't Know [ ] Refused

Does Your Disability Prevent You From Working? (Check One): [X] Yes [ ] No

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired	[X]	Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse	[X]	Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): [ ] Yes [X] No [ ] Don't Know [ ] Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good	[X]	Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? [ ] Yes [X] No [ ] Don't Know [ ] Refused

Highest Level of Education Attained (Check One):

☐ No Schooling Completed	☐ 10th Grade	☐ College Degree
☐ Nursery School to 4th Grade	☐ 11th Grade	☐ Graduate Degree
☐ 5th or 6th Grade	☒ 12th Grade, No Diploma	☐ Don't Know
☐ 7th or 8th Grade	☐ Some High School	☐ Refused
☐ Post Secondary School	☐ GED	
☐ 9th Grade	☐ High School Diploma	

Currently in School or Working on Degree? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Received Vocational Training? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

U.S. Military Veteran? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

☐ Honorable	☐ Bad Conduct	☐ Don't Know
☐ General	☐ Dishonorable	☐ Refused
☐ Medical	☐ Other	

Military Service Related Disability? (Check One): ☐ Yes ☐ No

Receiving Veterans Services? (Check One): ☐ Yes ☐ No

Military Service era (Check All That Apply):

☐ Afghanistan	☐ Grenada	☐ Post Vietnam
☐ Between Korea - Vietnam	☐ Korea	☐ Vietnam
☐ Between WWI – WWII	☐ Lebanon	☐ WWI
☐ Between WWII – Korea	☐ Panama	☐ WWII
☐ Bosnia	☐ Persian Golf	

Military Branch (Chose One):

☐ Air Force	☐ Marines	☐ Other
☐ Army	☐ Navy	
☐ Coast Guard	☐ National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

☐ Afghanistan	☐ Korea	☐ South China Sea
☐ China, Burma, India	☐ Laos & Cambodia	☐ South Pacific
☐ Desert Storm	☐ North Africa	☐ Vietnam
☐ Europe	☐ Other	
☐ Iraq	☐ Persian Gulf	

Case Notes: _____

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-29-14

Date of Birth [redacted] Social Security [redacted] Nickname [redacted]

ID # [redacted] ID type Maryland state

Address N/A

Email address _____ Cell # 443-[redacted]-0453

License Plate # (if bringing car) N/A Public Transportation N/A

Emergency Contact [redacted] Phone # [redacted]

Address N/A

Are you currently working? N/A Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving NONE Amount per month NONE

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions NONE

Allergies NONE Medicines NONE

Doctor's name N/A Phone # N/A

Doctor's address N/A

Primary Language N/A Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 106272 Entry Date 11-29-19

Case Worker _____ Exit Date 1-10-20

First Name: [redacted] Middle Name: D

Last Name: [redacted] Suffix: N/A SS#: [redacted]

Date of Birth: [redacted]/97

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes	✓	No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
✓	Black / African American		
	Native Hawaiian / Other Pacific Islander		
	White		

Ethnicity (Check One):

	Hispanic / Latino	✓	Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	✓	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One):

	Yes	✓	No

Chronically Homeless? (Check One):

✓	Yes		No

Date of Present Homelessness: 05/29/19

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance	✓	Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job	✓	No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job	✓	No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: N/A

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
✓	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year	✓	Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21220

Primary Means of Transportation (Check One):

✓	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | ✓ | No | | Don't Know | | Refused |

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused	✓	Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | ✓ | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | ✓ | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
✓	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | ✓ | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | ✓ | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | | Yes | ✓ | No |

Disability Type (Check All That Apply): N/A

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

✓	Excellent		Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | ✓ | Yes | | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade	✓	12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): See notes | ✓ | Yes | | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: No

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | ✓ | No

Receiving Veterans Services? (Check One): | | Yes | ✓ | No

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: * 1 rode Program, currently learning a trade

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12/26/19

Date of Birth [redacted]69. Social Security # [redacted] Nickname AL.

ID # _____ ID type _____

Address [redacted]

Email address _____ Cell # [redacted]

License Plate # (if bringing car) _____ Public Transportation BUS.

Emergency Contact Ch. Son. [redacted] Phone # [redacted]

Address Dundalk. Md

Are you currently working? NO. Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving _____ Amount per month _____

Medical history (check all that apply)

stroke NO depression ✓ brain injury NO HIV/AIDS NO alcoholism NO

seizures NO TB NO high blood pressure NO diabetes NO drug abuse yes

Other medical conditions _____

Allergies _____ Medicines Sunboxons.

Doctor's name _____ Phone # _____

Doctor's address _____

Primary Language _____ Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 61433

Case Worker _____

Entry Date 12/26/19

Exit Date 2/2/20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]/69

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
	No

Household Type (Check One):

Cohabitation	Foster Parent(s)	Non – Custodial Caregiver(s)
Couple w/ No Children	Grandparent(s) & Children	Other
Female Single Parent	Male Single Parent	Two Parent Family

Primary Race (Check One):

American Indian / Alaskan Native	Don't Know
Asian	Refused
Black / African American	
Native Hawaiian / Other Pacific Islander	
✓ White	

Ethnicity (Check One):

Hispanic / Latino	✓ Non Hispanic / Latino (Other)
Don't Know	Refused

Gender (Check One):

Male	Don't Know	Transgendered Male to Female
Female	Other	Transgendered Female to Male
	Refused	

Marital Status (Check One):

Cohabitation	✓ Married	Single
Divorced	✓ Separated	Widowed

Is Client Homeless? (Check One):

✓ Yes	No

Chronically Homeless? (Check One):

Yes	No

Date of Present Homelessness: 11/22/18

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim	✓	Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim	✓	Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): [ ] Yes [✓] No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

✓	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility	✓	Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
✓	1 to 3 Months				

Zip Code of Prior Residence: 21221

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If employed, looking for additional work or hours? [✓] Yes [ ] No [ ] Don't Know [ ] Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

☑ Don't Know	☐ Refused	☐ Temporary
☐ Permanent	☐ Seasonal	

If Unemployed Looking For Work? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐ A Veteran's Disability Payment	☐ Other	☐ TANF
☐ Alimony / Spousal Support	☐ Pension	☐ Unemployment Insurance
☐ Child Support	☐ Private Disability Insurance	☐ Veteran's Pension
☐ Earned Income	☐ Retirement from SSI	☐ Worker's Compensation
☐ General Assistance	☐ SSDI	
☑ No Financial Resources	☐ SSI	

1st income amount last month: $_____ 2nd income amount last month: $0.

Non-Cash Benefits Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☐ MEDICAID	☐ Section8/Pub Housing/Rent Assist	☐ TANF child care svcs
☑ MEDICARE	☐ Special Suppl Nutrition(WIC only)	☐ TANF transportation svcs
☐ Other Source	☐ State Child Health Ins Prgm	
☐ Other TANF-funded services	☐ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☐ Yes ☐ No ☑ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Does Your Disability Prevent You From Working? (Check One): ☐ Yes ☑ No

Disability Type (Check All That Apply):

☐ Alcohol Abuse	☐ Hearing Impaired	☐ Physical / Medical
☐ Developmental	☐ HIV/AIDS	☐ Physical / Mobility Limits
☑ Drug Abuse	☐ Mental Illness	☐ Vision Impaired
☐ Dual Diagnosis	☐ Other	

Pregnant? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

☐ Excellent	☑ Good	☐ Poor
☐ Very Good	☐ Fair	☐ Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☐ No ☑ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade	✓	11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | ✓ | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12-23-19

Date of Birth [redacted] 52 Social Security # [redacted] Nickname _____

ID # [redacted] ID type ID CARD

Address [redacted] Balto, MD 21222

Email address NONE Cell # [redacted]

License Plate # (if bringing car) N/A Public Transportation _____

Emergency Contact [redacted] Phone # _____

Address N/A

Are you currently working? NO Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving DISABILITY Amount per month 771

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions ASTHMA, arthritis in right knee

Allergies NONE Medicines inhaler

Doctor's name JOHN HOPKINS ADVANCE Phone # _____

Doctor's address Kathleen (Fleet St) INSURANCE Holland Town

Primary Language ENGLISH Other languages spoken NONE

Baltimore County Universal Intake Form

HMIS # _____ Entry Date 12-23-19

Case Worker _____ Exit Date 1-08-20

First Name: [redacted] Middle Name: _____

Last Name: [redacted] Suffix: X SS#: [redacted]

Date of Birth: [redacted]52

Date of Birth Type (Check One):

X	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes	X	No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
X	Black / African American		
	Native Hawaiian / Other Pacific Islander		
	White		

Ethnicity (Check One):

	Hispanic / Latino	X	Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

X	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	X	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One): X Yes | No

Chronically Homeless? (Check One): X Yes | No

Date of Present Homelessness: 12.13.19

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	X	No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | X | No |

If Yes, Date of Eviction: N/A

Domestic Violence Victim? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
X	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
X	Other Shelter		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year	X	Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21222

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	X	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | X | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | X | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources	X	SSI		

1st income amount last month: $ 771 2nd income amount last month: $

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply): N/A

X	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ N/A 2nd benefit amount last month: $ N/A

Do You Use Alcohol or Drugs? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | | Yes | X | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | X | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | X | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired	X	Physical / Medical
	Developmental		HIV/AIDS	X	Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: N/A

Health Condition Compared to People of Your Age (Check One):

	Excellent	X	Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | X | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

No Schooling Completed	10th Grade	College Degree
Nursery School to 4th Grade	11th Grade	Graduate Degree
5th or 6th Grade	12th Grade, No Diploma	Don't Know
7th or 8th Grade	Some High School	Refused
Post Secondary School	GED	
9th Grade	High School Diploma	

Currently in School or Working on Degree? (Check One): Yes | No | Don't Know | Refused

Received Vocational Training? (Check One): Yes | No | Don't Know | Refused

U.S. Military Veteran? (Check One): Yes | No | Don't Know | Refused

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

Honorable	Bad Conduct	Don't Know
General	Dishonorable	Refused
Medical	Other	

Military Service Related Disability? (Check One): Yes | No

Receiving Veterans Services? (Check One): Yes | No

Military Service era (Check All That Apply):

Afghanistan	Grenada	Post Vietnam
Between Korea - Vietnam	Korea	Vietnam
Between WWI – WWII	Lebanon	WWI
Between WWII – Korea	Panama	WWII
Bosnia	Persian Golf	

Military Branch (Chose One):

Air Force	Marines	Other
Army	Navy	
Coast Guard	National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

Afghanistan	Korea	South China Sea
China, Burma, India	Laos & Cambodia	South Pacific
Desert Storm	North Africa	Vietnam
Europe	Other	
Iraq	Persian Gulf	

Case Notes: N/A

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 1-20-19

Date of Birth [redacted]493 Social Security # [redacted] Nickname [redacted]

ID # VN ID type VN

Address

Email address [redacted] Cell #

License Plate # (if bringing car) VN Public Transportation

Emergency Contact [redacted] Phone # [redacted]

Address VN

Are you currently working? VO Where? VN

For how long? VN Current weekly hours VN Days of the week VN

Benefits currently receiving SSI Amount per month 771

Medical history (check all that apply)

stroke ___ depression ✓ brain injury ___ HIV/AIDS ___ alcoholism ___

seizures ___ TB ___ high blood pressure ___ diabetes ___ drug abuse ___

Other medical conditions

Allergies VN Medicines VN

Doctor's name VN Phone # VN

Doctor's address VN

Primary Language Eng Other languages spoken

Baltimore County Universal Intake Form

HMIS # _____ Entry Date 4-20-17

Case Worker _____ Exit Date 3-20-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: [redacted] SS#: [redacted]

Date of Birth: [redacted]-1493

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do **NOT** complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
✓	White		

Ethnicity (Check One):

	Hispanic / Latino		Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	✓	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One): Yes / No

Chronically Homeless? (Check One): Yes / No

Date of Present Homelessness: 11-20-14

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety	✓	Mental Health	✓	Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	✓	No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job	✓	No Affordable Housing		

Actual or Pending Eviction? (Check One): [ ] Yes [✓] No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)	✓	Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year	✓	Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21221

Primary Means of Transportation (Check One):

	Bicycle		Light Rail		Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): [ ] Yes [✓] No [ ] Don't Know [ ] Refused

If employed, looking for additional work or hours? [ ] Yes [ ] No [ ] Don't Know [ ] Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

☑	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | ☑ | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance	☑	SSDI		
	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

☑	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | ☑ | Yes | | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | ☑ | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | ☑ | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | | Yes | | No | ☑ | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | ☑ | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse	☑	Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | ☑ | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
	Very Good	☑	Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | ☑ | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade	✓	11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | ✓ | No |

Receiving Veterans Services? (Check One): | | Yes | ✓ | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

Essex

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-4-19

Date of Birth [redacted] 58 Social Security # [redacted] Nickname bob

ID # _____ ID type _____

Address [redacted] 221

Email addres [redacted] Cell # [redacted]

License Plate # (if bringing car) _____ Public Transportation _____

Emergency Contact [redacted] Phone # [redacted]

Address [redacted] 01221

Are you currently working? NO Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving ~~MA HEALTHCARE~~ NONE Amount per month NONE

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ✓ diabetes ____ drug abuse ____

Other medical conditions _____

Allergies _____ Medicines LORETAN

Doctor's name _____ Phone # _____

Doctor's address _____

Primary Language ENGLISH Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 75994

Case Worker _____

Entry Date 11-4-19

Exit Date 11-9-19

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]58

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do **NOT** complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
✓	No

Household Type (Check One):

	Cohabitation
	Couple w/ No Children
	Female Single Parent
	Foster Parent(s)
	Grandparent(s) & Children
	Male Single Parent
	Non – Custodial Caregiver(s)
✓	Other
	Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native
	Asian
	Black / African American
	Native Hawaiian / Other Pacific Islander
✓	White
	Don't Know
	Refused

Ethnicity (Check One):

	Hispanic / Latino
	Don't Know
✓	Non Hispanic / Latino (Other)
	Refused

Gender (Check One):

✓	Male
	Female
	Don't Know
	Other
	Refused
	Transgendered Male to Female
	Transgendered Female to Male

Marital Status (Check One):

	Cohabitation
✓	Divorced
	Married
	Separated
	Single
	Widowed

Is Client Homeless? (Check One):

✓	Yes
	No

Chronically Homeless? (Check One):

	Yes
✓	No

Date of Present Homelessness: 09-14-19

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
✓	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk	✓	Don't Know
	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
✓	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
✓	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21237

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused

If employed, looking for additional work or hours? | | Yes | ✓ | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

Don't Know	Refused	Temporary
Permanent	Seasonal	

If Unemployed Looking For Work? (Check One): Yes | No | Don't Know | Refused

Cash Income Received in last 30 Days? Yes | No | Don't Know | Refused

Monthly Cash Income (Check All That Apply):

A Veteran's Disability Payment	Other	TANF
Alimony / Spousal Support	Pension	Unemployment Insurance
Child Support	Private Disability Insurance	Veteran's Pension
Earned Income	Retirement from SSI	Worker's Compensation
General Assistance	SSDI	
No Financial Resources	SSI	

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? Yes | No | Don't Know | Refused

Non-Cash Benefits (Check All That Apply):

MEDICAID	Section8/Pub Housing/Rent Assist	TANF child care svcs
MEDICARE	Special Suppl Nutrition(WIC only)	TANF transportation svcs
Other Source	State Child Health Ins Prgm	
Other TANF-funded services	Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): Yes | No | Don't Know | Refused

Do You Suffer From Mental Illness? (Check One): Yes | No | Don't Know | Refused

HIV Positive? (Check One): Yes | No | Don't Know | Refused

Do Have a Disability of Long Duration? (Check One): Yes | No | Don't Know | Refused

Does Your Disability Prevent You From Working? (Check One): Yes | No

Disability Type (Check All That Apply):

Alcohol Abuse	Hearing Impaired	Physical / Medical
Developmental	HIV/AIDS	Physical / Mobility Limits
Drug Abuse	Mental Illness	Vision Impaired
Dual Diagnosis	Other	

Pregnant? (Check One): Yes | No | Don't Know | Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

Excellent	Good	Poor
Very Good	Fair	Don't Know

Institutional Living Prior to 18 Years? Yes | No | Don't Know | Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	✓	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea – Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 12/31/2019

Date of Birth [redacted] 196Y Social Security # [redacted] Nickname [redacted]

ID # [redacted] ID type VA/State ID

Address [redacted] Essex MD.

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) N/A Public Transportation Yes

Emergency Contact [redacted] Phone # [redacted]

Address [redacted] Charlotte NC. 28216

Are you currently working? No Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving Food stamp Amount per month 170.00

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ✓ diabetes ____ drug abuse ____

Other medical conditions Gout and diverticulitus

Allergies NONE Medicines NONE

Doctor's name N/A Phone # N/A

Doctor's address N/A

Primary Language English Other languages spoken N/A

Baltimore County Universal Intake Form

HMIS # 45836 Entry Date 12/31/19

Case Worker _____ Exit Date 4-13-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]

Date of Birth Type (Check One):

	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
✓	Black / African American		
	Native Hawaiian / Other Pacific Islander		
	White		

Ethnicity (Check One):

	Hispanic / Latino		Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	✓	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One): ✓ Yes ☐ No

Chronically Homeless? (Check One): ☐ Yes ✓ No

Date of Present Homelessness: Dec 31 2019

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): ☐ Yes ☑ No

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat		Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other	✓	Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

✓	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21213

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car		Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If employed, looking for additional work or hours? ☐ Yes ☐ No ☐ Don't Know ☐ Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	✓	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa	✓	Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-3-19

Date of Birth [redacted]-80 Social Security # [redacted] Nickname _____

ID # [redacted] ID type License

Address [redacted]

Email address N/A Cell # [redacted]

License Plate # (if bringing car) NO Public Transportation BUS PASS

Emergency Contact [redacted] Phone # [redacted]

Address [redacted]

Are you currently working? NO Where? N/A

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving Food stamps Amount per month #194

Medical history (check all that apply)

stroke ____ depression ✓ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ✓ drug abuse ____

Other medical conditions bi-polar

Allergies Ivandeso Medicines Bendeakx see attached list from doctor

Doctor's name Erron FitPatrick Phone # _____

Doctor's address 1245 Eastern blvd Essex MD 21221

Primary Language English Other languages spoken NONE

Baltimore County Universal Intake Form

HMIS # 91126 Entry Date 11-3-19

Case Worker _____ Exit Date 12-03-19

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: [redacted] SS#: [redacted]

Date of Birth: [redacted]-80

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes	✓	No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
✓	White		

Ethnicity (Check One):

	Hispanic / Latino	✓	Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married		Single
✓	Divorced		Separated		Widowed

Is Client Homeless? (Check One): ✓ Yes | No

Chronically Homeless? (Check One): Yes | ✓ No

Date of Present Homelessness: 10-19

Homelessness Primary Reason (Check One):

	Criminal Activity
	Domestic Violence Victim
	Eviction
	Health/Safety
	Loss of Childcare
✓	Loss of a Job

	Loss of Public Assistance
	Loss of Transportation
	Medical Condition
	Mental Health
	Mortgage Foreclosure
✓	No Affordable Housing

	Release from Institution
	Substance Abuse
	Substandard Housing
	Underemployment / Low Income
	Utility Shutoff

Homelessness Secondary Reason (Check One):

	Criminal Activity
	Domestic Violence Victim
	Eviction
	Health/Safety
	Loss of Childcare
✓	Loss of a Job

	Loss of Public Assistance
	Loss of Transportation
	Medical Condition
	Mental Health
	Mortgage Foreclosure
✓	No Affordable Housing

	Release from Institution
	Substance Abuse
	Substandard Housing
	Underemployment / Low Income
	Utility Shutoff

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months
	Three to Six Months
	From Six to Twelve Months

	More Than a Year
	Don't Know
	Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing
	Housed & At-Risk
✓	Literally Homeless

	Stably Housed
	Don't Know
	Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know
	Emergency Shelter
	Foster Care
	Hospital (non-psychiatric)
	Hotel / Motel
	Jail / Prison / Juvenile Detention
✓	Other

	Owned by Client – no subsidy
	Owned by Client – w/ subsidy
	Perm Housing (formerly homeless)
	Place Not Meant For Habitat
	Psych Hospital/Facility
	Refused
	Rental by Client – no subsidy

	Rental by Client – w/ subsidy
	Rental by Client – VASH
	Safe Haven
	Staying w/Family Member
	Staying w/Friend
	Substance Abuse Facility
	Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less
	More 1 Week, Less 1 Month
	1 to 3 Months

	More 3 Months, Less 1 Year
✓	1 Year or Longer

	Don't Know
	Refused

Zip Code of Prior Residence: 21221

Primary Means of Transportation (Check One):

	Bicycle
✓	Family / Friends
	Handicapped Transportation

	Light Rail
	Owns Car
	Taxi

✓	Uses Bus
✓	Walks

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | | No | ✓ | Don't Know | | Refused |

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One): N/A

☐ Don't Know	☐ Refused	☐ Temporary
☐ Permanent	☐ Seasonal	

If Unemployed Looking For Work? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐ A Veteran's Disability Payment	☐ Other	☐ TANF
☐ Alimony / Spousal Support	☐ Pension	☐ Unemployment Insurance
☐ Child Support	☐ Private Disability Insurance	☐ Veteran's Pension
☐ Earned Income	☐ Retirement from SSI	☐ Worker's Compensation
☐ General Assistance	☐ SSDI	
☐ No Financial Resources	☐ SSI	

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? ☑ Yes ☐ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☐ MEDICAID	☐ Section8/Pub Housing/Rent Assist	☐ TANF child care svcs
☐ MEDICARE	☐ Special Suppl Nutrition(WIC only)	☐ TANF transportation svcs
☐ Other Source	☐ State Child Health Ins Prgm	
☐ Other TANF-funded services	☑ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $ 194 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

Does Your Disability Prevent You From Working? (Check One): ☑ Yes ☐ No

Disability Type (Check All That Apply):

☐ Alcohol Abuse	☐ Hearing Impaired	☐ Physical / Medical
☐ Developmental	☐ HIV/AIDS	☐ Physical / Mobility Limits
☐ Drug Abuse	☑ Mental Illness	☐ Vision Impaired
☐ Dual Diagnosis	☐ Other	

Pregnant? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: N/A

Health Condition Compared to People of Your Age (Check One):

☐ Excellent	☐ Good	☐ Poor
☐ Very Good	☑ Fair	☐ Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

No Schooling Completed	10th Grade	College Degree
Nursery School to 4th Grade	11th Grade	Graduate Degree
5th or 6th Grade	12th Grade, No Diploma	Don't Know
7th or 8th Grade	Some High School	Refused
Post Secondary School	GED	
9th Grade	√ High School Diploma	

Currently in School or Working on Degree? (Check One): | Yes | √ No | Don't Know | Refused |

Received Vocational Training? (Check One): | Yes | √ No | Don't Know | Refused |

U.S. Military Veteran? (Check One): | Yes | √ No | Don't Know | Refused |

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

Honorable	Bad Conduct	Don't Know
General	Dishonorable	Refused
Medical	Other	

Military Service Related Disability? (Check One): | Yes | ☑ No |

Receiving Veterans Services? (Check One): | Yes | ☑ No |

Military Service era (Check All That Apply):

Afghanistan	Grenada	Post Vietnam
Between Korea - Vietnam	Korea	Vietnam
Between WWI – WWII	Lebanon	WWI
Between WWII – Korea	Panama	WWII
Bosnia	Persian Golf	

Military Branch (Chose One):

Air Force	Marines	Other
Army	Navy	
Coast Guard	National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

Afghanistan	Korea	South China Sea
China, Burma, India	Laos & Cambodia	South Pacific
Desert Storm	North Africa	Vietnam
Europe	Other	
Iraq	Persian Gulf	

Case Notes: N/A

STREETS of HOPE Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 08.21.20

Date of Birth [redacted] Social Security # [redacted] Nickname —

ID # [redacted] ID type DL

Address [redacted], MD 21206

Email address — Cell # [redacted]

License Plate # (if bringing car) NO Public Transportation BUS

Emergency Contact [redacted] Phone # [redacted]

Address N/A

Are you currently working? NO Where? N/A RETIRED

For how long? N/A Current weekly hours N/A Days of the week N/A

Benefits currently receiving SS Amount per month 1700

Medical history (check all that apply)

stroke ____ depression O brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse O

Other medical conditions hypo glycemia - back surgeries - PTSD

Allergies ! Shellfish Medicines KEFLEX

Doctor's name Phatak, Swati Phone # 410-288-4800

Doctor's address CARE FIRST BLUE CHOICE / MEDICARE

Primary Language English Other languages spoken NO

Baltimore County Universal Intake Form

HMIS # 116582 Entry Date 02-21-20

Case Worker _____ Exit Date 4-15-20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]76

Date of Birth Type (Check One):

	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes	✓	No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
✓	White		

Ethnicity (Check One):

	Hispanic / Latino	✓	Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married	✓	Single
	Divorced		Separated		Widowed

Is Client Homeless? (Check One):

✓	Yes		No

Chronically Homeless? (Check One):

	Yes	✓	No

Date of Present Homelessness: 12-19

FA

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
X	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): ☐ Yes ☒ No

If Yes, Date of Eviction: N/A

Domestic Violence Victim? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
X	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
X	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
X	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Permt Housing (formerly homeless)	6	Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat	2	Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility		Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
✓	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less	✓	More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21222

Primary Means of Transportation (Check One):

	Bicycle		Light Rail	✓	Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

If employed, looking for additional work or hours? ☐ Yes ☒ No ☐ Don't Know ☐ Refused

If Employed, Hours Worked Last Week? N/A

If Currently Employed, Select Tenure (Check One): N/A

Don't Know	Refused	Temporary
Permanent	Seasonal	

If Unemployed Looking For Work? (Check One): Yes | X No | Don't Know | Refused

Cash Income Received in last 30 Days? X Yes | No | Don't Know | Refused

Monthly Cash Income (Check All That Apply):

A Veteran's Disability Payment	Other	TANF
Alimony / Spousal Support	Pension	Unemployment Insurance
Child Support	Private Disability Insurance	Veteran's Pension
Earned Income	X Retirement from SSI	Worker's Compensation
General Assistance	SSDI	
No Financial Resources	X SSI	

1st income amount last month: $ 1700 2nd income amount last month: $ 1,300.

Non-Cash Benefits Received in last 30 Days? Yes | No | Don't Know | Refused

Non-Cash Benefits (Check All That Apply):

MEDICAID	Section8/Pub Housing/Rent Assist	TANF child care svcs
X MEDICARE	Special Suppl Nutrition (WIC only)	TANF transportation svcs
Other Source	State Child Health Ins Prgm	
Other TANF-funded services	Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $ 2nd benefit amount last month: $

Do You Use Alcohol or Drugs? (Check One): Yes | X No | Don't Know | Refused

Do You Suffer From Mental Illness? (Check One): X Yes | No | Don't Know | Refused

HIV Positive? (Check One): Yes | X No | Don't Know | Refused

Do Have a Disability of Long Duration? (Check One): X Yes | No | Don't Know | Refused

Does Your Disability Prevent You From Working? (Check One): X Yes | No

Disability Type (Check All That Apply):

Alcohol Abuse	Hearing Impaired	X Physical / Medical
Developmental	HIV/AIDS	Physical / Mobility Limits
Drug Abuse	X Mental Illness	Vision Impaired
Dual Diagnosis	Other	

Pregnant? (Check One): Yes | X No | Don't Know | Refused

If Pregnant, Projected Birth Date: N/A

Health Condition Compared to People of Your Age (Check One):

Excellent	Good	Poor
Very Good	X Fair	Don't Know

Institutional Living Prior to 18 Years? Yes | X No | Don't Know | Refused

Highest Level of Education Attained (Check One):

No Schooling Completed	10th Grade	College Degree
Nursery School to 4th Grade	11th Grade	Graduate Degree
5th or 6th Grade	12th Grade, No Diploma	Don't Know
7th or 8th Grade	Some High School	Refused
Post Secondary School	GED	
9th Grade	High School Diploma	

Currently in School or Working on Degree? (Check One): Yes | X No | Don't Know | Refused

Received Vocational Training? (Check One): Yes | X No | Don't Know | Refused

U.S. Military Veteran? (Check One): Yes | X No | Don't Know | Refused

Months Served on Active Duty in the Military: N/A

Discharge Type (Check One):

Honorable	Bad Conduct	Don't Know
General	Dishonorable	Refused
Medical	Other	

Military Service Related Disability? (Check One): Yes | X No

Receiving Veterans Services? (Check One): Yes | X No

Military Service era (Check All That Apply):

Afghanistan	Grenada	Post Vietnam
Between Korea – Vietnam	Korea	Vietnam
Between WWI – WWII	Lebanon	WWI
Between WWII – Korea	Panama	WWII
Bosnia	Persian Golf	

Military Branch (Chose One):

Air Force	Marines	Other
Army	Navy	
Coast Guard	National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

Afghanistan	Korea	South China Sea
China, Burma, India	Laos & Cambodia	South Pacific
Desert Storm	North Africa	Vietnam
Europe	Other	
Iraq	Persian Gulf	

Case Notes: N/A

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date JAN 30, 20

Date of Birth [redacted] 1962 Social Security [redacted] Nickname ✓

ID # [redacted] ID type DL

Address ✓

Email address [redacted] Cell # [redacted]

License Plate # (if bringing car) ✓ Public Transportation ✓

Emergency Contact [redacted] Phone # [redacted]

Address [redacted]

Are you currently working? NO Where? Retired 2017

For how long? ✓ Current weekly hours ✓ Days of the week ✓

Benefits currently receiving PENSION Amount per month $988.00

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ✓

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions ____

Allergies ____ Medicines ____

Doctor's name DR BODNER Phone # 443-703-1468

Doctor's address HCH 9150 FRANKLIN SQ DR

Primary Language AMERICAN Other languages spoken ✓

Baltimore County Universal Intake Form

HMIS # 116110

Case Worker _____

Entry Date 1/30/2020

Exit Date 2/20/20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth [redacted] 1962

Date of Birth Type (Check One):

☑	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your clien is Single if this section is left blank. (Check One):

	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
☒	White		

Ethnicity (Check One):

	Hispanic / Latino		Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

☒	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married		Single
	Divorced		Separated	☒	Widowed

Is Client Homeless? (Check One):

☒	Yes		No

Chronically Homeless? (Check One):

	Yes	☒	No

Date of Present Homelessness: May 2019

FA

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

RETIRED

Cash Income Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support	X	Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $ 988.60 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

X	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | X | Yes | | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | X | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | | Yes | X | No |

Disability Type (Check All That Apply):

X	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

X	Excellent		Good		Poor
X	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | X | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

☐ No Schooling Completed	☐ 10th Grade
☐ Nursery School to 4th Grade	☐ 11th Grade
☐ 5th or 6th Grade	☐ 12th Grade, No Diploma
☐ 7th or 8th Grade	☐ Some High School
☐ Post Secondary School	☐ GED
☐ 9th Grade	☐ High School Diploma

☒ College Degree	
☐ Graduate Degree	
☐ Don't Know	
☐ Refused	

Currently in School or Working on Degree? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Received Vocational Training? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

U.S. Military Veteran? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Months Served on Active Duty in the Military: ____

Discharge Type (Check One):

☐ Honorable	☐ Bad Conduct	☐ Don't Know
☐ General	☐ Dishonorable	☐ Refused
☐ Medical	☐ Other	

Military Service Related Disability? (Check One): ☐ Yes ☐ No

Receiving Veterans Services? (Check One): ☐ Yes ☐ No

Military Service era (Check All That Apply):

☐ Afghanistan	☐ Grenada	☐ Post Vietnam
☐ Between Korea - Vietnam	☐ Korea	☐ Vietnam
☐ Between WWI – WWII	☐ Lebanon	☐ WWI
☐ Between WWII – Korea	☐ Panama	☐ WWII
☐ Bosnia	☐ Persian Golf	

Military Branch (Chose One):

☐ Air Force	☐ Marines	☐ Other
☐ Army	☐ Navy	
☐ Coast Guard	☐ National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

☐ Afghanistan	☐ Korea	☐ South China Sea
☐ China, Burma, India	☐ Laos & Cambodia	☐ South Pacific
☐ Desert Storm	☐ North Africa	☐ Vietnam
☐ Europe	☐ Other	
☐ Iraq	☐ Persian Gulf	

Case Notes: _____

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 1-29-7

Date of Birth [redacted] 55 Social Security # [redacted] Nickname [redacted]

ID # [redacted] ID type MD

Address 145 C/ Homeless

Email address — Cell # —

License Plate # (if bringing car) — Public Transportation —

Emergency Contact [redacted] Phone # [redacted]

Address [redacted]

Are you currently working? NO Where? —

For how long? — Current weekly hours — Days of the week —

Benefits currently receiving Social Service Food Stamps Amount per month 2

Medical history (check all that apply) 184 294

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions SPINE & balance stamina

Allergies none known Medicines none known

Doctor's name ____ Phone # ____

Doctor's address ____

Primary Language ____ Other languages spoken ____

Baltimore County Universal Intake Form

HMIS # 115018

Case Worker _____

Entry Date 1/29/2020

Exit Date 4/15/20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted] 1955

Date of Birth Type (Check One):

☒ Full DOB	☐ Approx/Partial
☐ Don't Know	☐ Refused

Head of Household? NOTE: If Single, do **NOT** complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

☐ Yes ☐ No

Household Type (Check One):

☐ Cohabitation	☐ Foster Parent(s)	☐ Non – Custodial Caregiver(s)
☐ Couple w/ No Children	☐ Grandparent(s) & Children	☐ Other
☐ Female Single Parent	☐ Male Single Parent	☐ Two Parent Family

Primary Race (Check One):

☐ American Indian / Alaskan Native	☐ Don't Know
☐ Asian	☐ Refused
☒ Black / African American	
☐ Native Hawaiian / Other Pacific Islander	
☐ White	

Ethnicity (Check One):

☐ Hispanic / Latino	☐ Non Hispanic / Latino (Other)
☐ Don't Know	☐ Refused

Gender (Check One):

☒ Male	☐ Don't Know	☐ Transgendered Male to Female
☐ Female	☐ Other	☐ Transgendered Female to Male
	☐ Refused	

Marital Status (Check One):

☐ Cohabitation	☐ Married	☒ Single
☐ Divorced	☐ Separated	☐ Widowed

Is Client Homeless? (Check One): ☒ Yes ☐ No

Chronically Homeless? (Check One): ☐ Yes ☐ No

Date of Present Homelessness: 10/2018

FA

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | X | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | X | Yes | | No | | Don't Know | | Refused

Non-Cash Benefits (Check All That Apply):

✓	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services	X	Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ 184. 2nd benefit amount last month: $ 294.00

Do You Use Alcohol or Drugs? (Check One): | | Yes | X | No | | Don't Know | | Refused

Do You Suffer From Mental Illness? (Check One): | | Yes | X | No | | Don't Know | | Refused

HIV Positive? (Check One): | | Yes | X | No | | Don't Know | | Refused

Do Have a Disability of Long Duration? (Check One): | X | Yes | | No | | Don't Know | | Refused

Does Your Disability Prevent You From Working? (Check One): | X | Yes | | No

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired	X	Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | X | No | | Don't Know | | Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good	X	Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | X | No | | Don't Know | | Refused

Highest Level of Education Attained (Check One):

☐ No Schooling Completed	☐ 10th Grade	☒ College Degree
☐ Nursery School to 4th Grade	☐ 11th Grade	☐ Graduate Degree
☐ 5th or 6th Grade	☐ 12th Grade, No Diploma	☐ Don't Know
☐ 7th or 8th Grade	☐ Some High School	☐ Refused
☐ Post Secondary School	☐ GED	
☐ 9th Grade	☒ High School Diploma	

Currently in School or Working on Degree? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Received Vocational Training? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

U.S. Military Veteran? (Check One): ☐ Yes ☒ No ☐ Don't Know ☐ Refused

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

☐ Honorable	☐ Bad Conduct	☐ Don't Know
☐ General	☐ Dishonorable	☐ Refused
☐ Medical	☐ Other	

Military Service Related Disability? (Check One): ☐ Yes ☐ No

Receiving Veterans Services? (Check One): ☐ Yes ☐ No

Military Service era (Check All That Apply):

☐ Afghanistan	☐ Grenada	☐ Post Vietnam
☐ Between Korea - Vietnam	☐ Korea	☐ Vietnam
☐ Between WWI – WWII	☐ Lebanon	☐ WWI
☐ Between WWII – Korea	☐ Panama	☐ WWII
☐ Bosnia	☐ Persian Golf	

Military Branch (Chose One):

☐ Air Force	☐ Marines	☐ Other
☐ Army	☐ Navy	
☐ Coast Guard	☐ National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

☐ Afghanistan	☐ Korea	☐ South China Sea
☐ China, Burma, India	☐ Laos & Cambodia	☐ South Pacific
☐ Desert Storm	☐ North Africa	☐ Vietnam
☐ Europe	☐ Other	
☐ Iraq	☐ Persian Gulf	

Case Notes: _____

CHURCHES FOR STREETS of HOPE

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11-05-19

Date of Birth [redacted]-1983 Social Security # [redacted] Nickname _____

ID # [redacted] ID type _____

Address [redacted] MD 21225

Email address _____ Cell # 410-855-1112

License Plate # (if bringing car) _____ Public Transportation ✓

Emergency Contact [redacted] Phone # [redacted]

Address _____

Are you currently working? NO Where? _____

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving EBT Amount per month 195.00

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____ None

Other medical conditions _____

Allergies N/A Medicines N/A

Doctor's name _____ Phone # _____

Doctor's address _____

Primary Language _____ Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 114295 Entry Date 11-5-19

Case Worker _____ Exit Date 10/15/20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth [redacted]-1983

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

	Yes
	No

Household Type (Check One):

Cohabitation	Foster Parent(s)	Non – Custodial Caregiver(s)
Couple w/ No Children	Grandparent(s) & Children	Other
Female Single Parent	Male Single Parent	Two Parent Family

Primary Race (Check One):

American Indian / Alaskan Native	Don't Know
Asian	Refused
Black / African American	
Native Hawaiian / Other Pacific Islander	
✓ White	

Ethnicity (Check One):

Hispanic / Latino	Non Hispanic / Latino (Other)
Don't Know	Refused

Gender (Check One):

✓ Male	Don't Know	Transgendered Male to Female	
Female	Other	Transgendered Female to Male	
	Refused		

Marital Status (Check One):

Cohabitation	Married	✓ Single
Divorced	Separated	Widowed

Is Client Homeless? (Check One): ✓ Yes No

Chronically Homeless? (Check One): ✓ Yes No

Date of Present Homelessness: 11-05-2019

Homelessness Primary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim		Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
✓	Loss of a Job	✓	No Affordable Housing		

Homelessness Secondary Reason (Check One):

	Criminal Activity		Loss of Public Assistance		Release from Institution
	Domestic Violence Victim	✓	Loss of Transportation		Substance Abuse
	Eviction		Medical Condition		Substandard Housing
	Health/Safety		Mental Health		Underemployment / Low Income
	Loss of Childcare		Mortgage Foreclosure		Utility Shutoff
	Loss of a Job		No Affordable Housing		

Actual or Pending Eviction? (Check One): | | Yes | ✓ | No |

If Yes, Date of Eviction: _____

Domestic Violence Victim? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If Yes, Extent of Domestic Violence:

	Within Past Three Months		More Than a Year
	Three to Six Months		Don't Know
	From Six to Twelve Months		Refused

Housing Status: (Check One):

	Housed & At-Imminent-Risk of Losing Housing		Stably Housed
	Housed & At-Risk		Don't Know
✓	Literally Homeless		Refused

Living Situation Prior to Program Entry (Check One):

	Don't Know		Owned by Client – no subsidy		Rental by Client – w/ subsidy
	Emergency Shelter		Owned by Client – w/ subsidy		Rental by Client – VASH
	Foster Care		Perm Housing (formerly homeless)		Safe Haven
	Hospital (non-psychiatric)		Place Not Meant For Habitat	✓	Staying w/ Family Member
	Hotel / Motel		Psych Hospital/Facility	✓	Staying w/Friend
	Jail / Prison / Juvenile Detention		Refused		Substance Abuse Facility
	Other		Rental by Client – no subsidy		Transitional Housing

Length of Stay at Prior Residence (Check One):

	1 Week or Less		More 3 Months, Less 1 Year		Don't Know
	More 1 Week, Less 1 Month		1 Year or Longer		Refused
	1 to 3 Months				

Zip Code of Prior Residence: 21225

Primary Means of Transportation (Check One):

	Bicycle	✓	Light Rail	✓	Uses Bus
	Family / Friends		Owns Car	✓	Walks
	Handicapped Transportation		Taxi		

Employed? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

If employed, looking for additional work or hours? | | Yes | | No | | Don't Know | | Refused

If Employed, Hours Worked Last Week? _____

If Currently Employed, Select Tenure (Check One):

☐ Don't Know	☐ Refused	☐ Temporary
☐ Permanent	☐ Seasonal	

If Unemployed Looking For Work? (Check One): ☑ Yes ☐ No ☐ Don't Know ☐ Refused

Cash Income Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Monthly Cash Income (Check All That Apply):

☐ A Veteran's Disability Payment	☐ Other	☐ TANF
☐ Alimony / Spousal Support	☐ Pension	☐ Unemployment Insurance
☐ Child Support	☐ Private Disability Insurance	☐ Veteran's Pension
☐ Earned Income	☐ Retirement from SSI	☐ Worker's Compensation
☐ General Assistance	☐ SSDI	
☐ No Financial Resources	☐ SSI	

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Non-Cash Benefits (Check All That Apply):

☐ MEDICAID	☐ Section8/Pub Housing/Rent Assist	☐ TANF child care svcs
☑ MEDICARE	☐ Special Suppl Nutrition(WIC only)	☐ TANF transportation svcs
☐ Other Source	☐ State Child Health Ins Prgm	
☐ Other TANF-funded services	☑ Suppl Nutr Assist Prgm (food stamps)	

1st benefit amount last month $ 195 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do You Suffer From Mental Illness? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

HIV Positive? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Do Have a Disability of Long Duration? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Does Your Disability Prevent You From Working? (Check One): ☐ Yes ☑ No

Disability Type (Check All That Apply):

☐ Alcohol Abuse	☐ Hearing Impaired	☐ Physical / Medical
☐ Developmental	☐ HIV/AIDS	☐ Physical / Mobility Limits
☐ Drug Abuse	☐ Mental Illness	☐ Vision Impaired
☐ Dual Diagnosis	☐ Other	

Pregnant? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

☐ Excellent	☑ Good	☐ Poor
☐ Very Good	☐ Fair	☐ Don't Know

Institutional Living Prior to 18 Years? ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Highest Level of Education Attained (Check One):

☐ No Schooling Completed	☐ 10th Grade	☐ College Degree
☐ Nursery School to 4th Grade	☐ 11th Grade	☐ Graduate Degree
☐ 5th or 6th Grade	☐ 12th Grade, No Diploma	☐ Don't Know
☐ 7th or 8th Grade	☐ Some High School	☐ Refused
☐ Post Secondary School	☑ GED	
☐ 9th Grade	☐ High School Diploma	

Currently in School or Working on Degree? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Received Vocational Training? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

U.S. Military Veteran? (Check One): ☐ Yes ☑ No ☐ Don't Know ☐ Refused

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

☐ Honorable	☐ Bad Conduct	☐ Don't Know
☐ General	☐ Dishonorable	☐ Refused
☐ Medical	☐ Other	

Military Service Related Disability? (Check One): ☐ Yes ☐ No

Receiving Veterans Services? (Check One): ☐ Yes ☐ No

Military Service era (Check All That Apply):

☐ Afghanistan	☐ Grenada	☐ Post Vietnam
☐ Between Korea – Vietnam	☐ Korea	☐ Vietnam
☐ Between WWI – WWII	☐ Lebanon	☐ WWI
☐ Between WWII – Korea	☐ Panama	☐ WWII
☐ Bosnia	☐ Persian Golf	

Military Branch (Chose One):

☐ Air Force	☐ Marines	☐ Other
☐ Army	☐ Navy	
☐ Coast Guard	☐ National Guard	

If You Served in a War Zone, Which Ones? (Check All That Apply):

☐ Afghanistan	☐ Korea	☐ South China Sea
☐ China, Burma, India	☐ Laos & Cambodia	☐ South Pacific
☐ Desert Storm	☐ North Africa	☐ Vietnam
☐ Europe	☐ Other	
☐ Iraq	☐ Persian Gulf	

Case Notes: _____

STREETS of HOPE Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 11/3/19

Date of Birth [redacted]/59 Social Security # [redacted] Nickname _____

ID # _____ ID type MD Driver's License

Address [redacted] Essex, 21221

Email address _____ Cell # [redacted]

License Plate # (if bringing car) _____ Public Transportation Mobility

Emergency Contact N/A Phone # _____

Address _____

Are you currently working? No Where? Disability

For how long? _____ Current weekly hours _____ Days of the week _____

Benefits currently receiving Disability Amount per month $771

Medical history (check all that apply)

stroke ✓ depression _____ brain injury _____ HIV/AIDS _____ alcoholism _____

seizures ✓ TB _____ high blood pressure _____ diabetes _____ drug abuse _____

Other medical conditions Crohn's disease

Allergies _____ Medicines Oxycodon, Megodulizine

Doctor's name Dr. [redacted] Peter Greg Phone # 410-327-5100

Doctor's address Jai Medical 1735 E Monument

Primary Language English Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 89999 Entry Date 11-3-19

Case Worker _____ Exit Date 3/17/20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]/59

Date of Birth Type (Check One):

✓	Full DOB		Approx/Partial
	Don't Know		Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your client is Single if this section is left blank. (Check One):

✓	Yes		No

Household Type (Check One):

	Cohabitation		Foster Parent(s)		Non – Custodial Caregiver(s)
	Couple w/ No Children		Grandparent(s) & Children		Other
	Female Single Parent		Male Single Parent		Two Parent Family

Primary Race (Check One):

	American Indian / Alaskan Native		Don't Know
	Asian		Refused
	Black / African American		
	Native Hawaiian / Other Pacific Islander		
✓	White		

Ethnicity (Check One):

	Hispanic / Latino		Non Hispanic / Latino (Other)
	Don't Know		Refused

Gender (Check One):

✓	Male		Don't Know		Transgendered Male to Female
	Female		Other		Transgendered Female to Male
			Refused		

Marital Status (Check One):

	Cohabitation		Married		Single
	Divorced		Separated	✓	Widowed

Is Client Homeless? (Check One):

✓	Yes		No

Chronically Homeless? (Check One):

	Yes	✓	No

Date of Present Homelessness: 12/24/18

(7)

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | X | Yes | X | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance	X	SSDI		
	No Financial Resources		SSI		

1st income amount last month: $ 771 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Non-Cash Benefits (Check All That Apply):

X	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $_____ 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Do You Suffer From Mental Illness? (Check One): | X | Yes | | No | | Don't Know | | Refused |

HIV Positive? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Do Have a Disability of Long Duration? (Check One): | X | Yes | | No | | Don't Know | | Refused |

Does Your Disability Prevent You From Working? (Check One): | X | Yes | | No |

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS	X	Physical / Mobility Limits
	Drug Abuse	X	Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes | X | No | | Don't Know | | Refused |

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent		Good	X	Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes | X | No | | Don't Know | | Refused |

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade	X	High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | X | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | X | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____

Client Intake Form (1)

Use this form for all new clients entering shelter. After the client eats, the Shelter Manager or a Shift Manager must sit with the client and fill out this form together.

When a client has been the shelter for a week, review this form and make any necessary changes.

Please answer all questions that apply. This information will be kept confidential with shelter staff.

Name [redacted] Today's Date 3-12-20

Date of Birth [redacted]-76 Social Security # [redacted] Nickname _____

ID # _____ ID type _____

Address Homeless

Email address N/A Cell # N/A

License Plate # (if bringing car) N/A Public Transportation _____

Emergency Contact [redacted] Phone # [redacted]

Address N/A

Are you currently working? No Where? _____

For how long? N/A Current weekly hours _____ Days of the week N/A

Benefits currently receiving Food Stamp Amount per month 185

Medical history (check all that apply)

stroke ____ depression ____ brain injury ____ HIV/AIDS ____ alcoholism ____

seizures ____ TB ____ high blood pressure ____ diabetes ____ drug abuse ____

Other medical conditions None

Allergies None Medicines None

Doctor's name Depak Seth Phone # _____

Doctor's address Wise Ave.

Primary Language _____ Other languages spoken _____

Baltimore County Universal Intake Form

HMIS # 62702

Case Worker _____

Entry Date 3/12/20

Exit Date 4/06/20

First Name: [redacted] Middle Name: [redacted]

Last Name: [redacted] Suffix: _____ SS#: [redacted]

Date of Birth: [redacted]-76

Date of Birth Type (Check One):

✓	Full DOB
	Don't Know
	Approx/Partial
	Refused

Head of Household? NOTE: If Single, do NOT complete this Household section. Service Point automatically assumes your clien is Single if this section is left blank. (Check One):

	Yes
	No

Household Type (Check One):

Cohabitation	Foster Parent(s)	Non – Custodial Caregiver(s)
Couple w/ No Children	Grandparent(s) & Children	Other
Female Single Parent	Male Single Parent	Two Parent Family

Primary Race (Check One):

American Indian / Alaskan Native	Don't Know
Asian	Refused
Black / African American	
Native Hawaiian / Other Pacific Islander	
✓ White	

Ethnicity (Check One):

Hispanic / Latino	Non Hispanic / Latino (Other)
Don't Know	Refused

Gender (Check One):

✓ Male	Don't Know	Transgendered Male to Female	
Female	Other	Transgendered Female to Male	
	Refused		

Marital Status (Check One):

Cohabitation	Married	✓ Single
Divorced	Separated	Widowed

Is Client Homeless? (Check One):

✓ Yes	No

Chronically Homeless? (Check One):

Yes	No

Date of Present Homelessness: 6-19 / 6-2019

FA

If Currently Employed, Select Tenure (Check One):

	Don't Know		Refused		Temporary
	Permanent		Seasonal		

If Unemployed Looking For Work? (Check One): | | Yes | | No | | Don't Know | | Refused |

Cash Income Received in last 30 Days? | | Yes | | No | | Don't Know | | Refused |

Monthly Cash Income (Check All That Apply):

	A Veteran's Disability Payment		Other		TANF
	Alimony / Spousal Support		Pension		Unemployment Insurance
	Child Support		Private Disability Insurance		Veteran's Pension
	Earned Income		Retirement from SSI		Worker's Compensation
	General Assistance		SSDI		
	No Financial Resources		SSI		

1st income amount last month: $_____ 2nd income amount last month: $_____

Non-Cash Benefits Received in last 30 Days? |✓| Yes | | No | | Don't Know | | Refused

Non-Cash Benefits (Check All That Apply):

	MEDICAID		Section8/Pub Housing/Rent Assist		TANF child care svcs
	MEDICARE		Special Suppl Nutrition(WIC only)		TANF transportation svcs
	Other Source		State Child Health Ins Prgm		
	Other TANF-funded services		Suppl Nutr Assist Prgm (food stamps)		

1st benefit amount last month $ 125.00 2nd benefit amount last month: $_____

Do You Use Alcohol or Drugs? (Check One): | | Yes | |✓| No | | Don't Know | | Refused

Do You Suffer From Mental Illness? (Check One): | | Yes | |✓| No | | Don't Know | | Refused

HIV Positive? (Check One): | | Yes | |✓| No | | Don't Know | | Refused

Do Have a Disability of Long Duration? (Check One): | | Yes | |✓| No | | Don't Know | | Refused

Does Your Disability Prevent You From Working? (Check One): | | Yes |✓| No

Disability Type (Check All That Apply):

	Alcohol Abuse		Hearing Impaired		Physical / Medical
	Developmental		HIV/AIDS		Physical / Mobility Limits
	Drug Abuse		Mental Illness		Vision Impaired
	Dual Diagnosis		Other		

Pregnant? (Check One): | | Yes |✓| No | | Don't Know | | Refused

If Pregnant, Projected Birth Date: _____

Health Condition Compared to People of Your Age (Check One):

	Excellent	✓	Good		Poor
	Very Good		Fair		Don't Know

Institutional Living Prior to 18 Years? | | Yes |✓| No | | Don't Know | | Refused

Highest Level of Education Attained (Check One):

	No Schooling Completed		10th Grade		College Degree
	Nursery School to 4th Grade		11th Grade		Graduate Degree
	5th or 6th Grade		12th Grade, No Diploma		Don't Know
✓	7th or 8th Grade		Some High School		Refused
	Post Secondary School		GED		
	9th Grade		High School Diploma		

Currently in School or Working on Degree? (Check One): | | Yes | | No | | Don't Know | | Refused |

Received Vocational Training? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

U.S. Military Veteran? (Check One): | | Yes | ✓ | No | | Don't Know | | Refused |

Months Served on Active Duty in the Military: _____

Discharge Type (Check One):

	Honorable		Bad Conduct		Don't Know
	General		Dishonorable		Refused
	Medical		Other		

Military Service Related Disability? (Check One): | | Yes | ✓ | No |

Receiving Veterans Services? (Check One): | | Yes | | No |

Military Service era (Check All That Apply):

	Afghanistan		Grenada		Post Vietnam
	Between Korea - Vietnam		Korea		Vietnam
	Between WWI – WWII		Lebanon		WWI
	Between WWII – Korea		Panama		WWII
	Bosnia		Persian Golf		

Military Branch (Chose One):

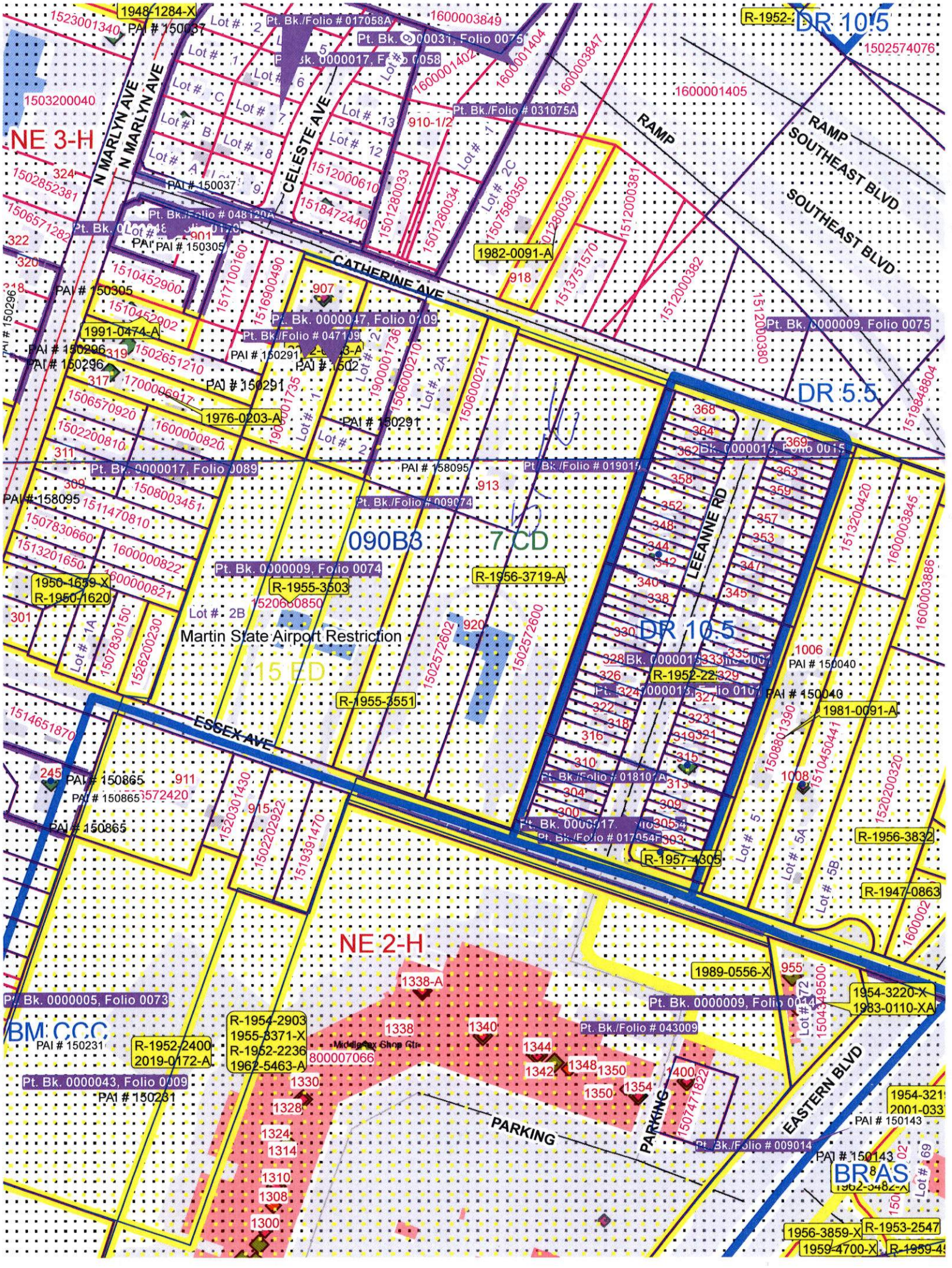
	Air Force		Marines		Other
	Army		Navy		
	Coast Guard		National Guard		

If You Served in a War Zone, Which Ones? (Check All That Apply):

	Afghanistan		Korea		South China Sea
	China, Burma, India		Laos & Cambodia		South Pacific
	Desert Storm		North Africa		Vietnam
	Europe		Other		
	Iraq		Persian Gulf		

Case Notes: _____


NE 3-H
DR 10.5
DR 5.5
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7 CD
15 ED
NE 2-H
BM CCC
BR AS
Martin State Airport Restriction
N MARLYN AVE
CELESTE AVE
CATHERINE AVE
ESSEX AVE
LEEANNE RD
RAMP
SOUTHEAST BLVD
EASTERN BLVD
PARKING
1948-1284-X
1982-0091-A
1991-0474-A
1976-0203-A
1950-1639-X
R-1950-1620
R-1955-3503
R-1956-3719-A
R-1955-3551
R-1952-2236
1962-5463-A
R-1952-2400
2019-0172-A
R-1954-2903
1955-3371-X
1338-A
800007066
1989-0556-X
1954-3220-X
1983-0110-XA
1981-0091-A
R-1956-3832
R-1947-0863
R-1957-4305
1956-3859-X
R-1953-2547
1959-4700-X
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PAI # 150291
PAI # 158095
PAI # 150865
PAI # 150231
PAI # 150040
PAI # 150143
Pt. Bk. 0000017, Folio 0089
Pt. Bk. 0000009, Folio 0074
Pt. Bk. 0000009, Folio 0075
Pt. Bk. 0000047, Folio 0109
Pt. Bk. 0000005, Folio 0073
Pt. Bk. 0000043, Folio 0009
Pt. Bk./Folio # 017058A
Pt. Bk./Folio # 031075A
Pt. Bk./Folio # 047139
Pt. Bk./Folio # 009074
Pt. Bk./Folio # 019015
Pt. Bk./Folio # 043009
Pt. Bk./Folio # 009014
Pt. Bk./Folio # 018107A
Pt. Bk./Folio # 017054F
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1600001402
1600001404
1600003847
1600001405
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1502852381
1506571282
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1510452902
1517100160
1516900490
1502651210
1700006917
1506570920
1502200810
1600000820
1508003451
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1512000610
1518472440
1501280033
1501280034
1507580350
1512000381
1513751570
1512000382
1512000380
1519648804
1513200420
1600003845
1600003886
1508601390
1510450441
1520200320
1600002
1504319500
1507411822
1502572602
1502572600
1600001735
1900001736
1506000210
1506000211
1600001735
1600000820
1600000822
1600000821


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CELESTE AVE
CATHERINE AVE
RAMP
SOUTHEAST BLVD
DR 10.5
DR 5.5
LEEANNE RD
090B3
7 CD
15 ED
Martin State Airport Restriction
ESSEX AVE
NE 2-H
BM CCC
PARKING
EASTERN BLVD
BRAS
1948-1284-X
1991-0474-A
1976-0203-A
1950-1659-X
R-1950-1620
R-1955-3503
R-1956-3719-A
R-1955-3551
R-1952-2236
1981-0091-A
R-1956-3832
R-1947-0863
1989-0556-X
1954-3220-X
1983-0110-XA
R-1954-2903
1955-3371-X
R-1952-2400
2019-0172-A
1962-5463-A
1956-3859-X
R-1953-2547
1959-4700-X
Pt. Bk. 0000009, Folio 0075
Pt. Bk. 0000017, Folio 0089
Pt. Bk. 0000005, Folio 0073
Pt. Bk. 0000043, Folio 0009
Pt. Bk./Folio # 009074
Pt. Bk./Folio # 043009
Pt. Bk./Folio # 009014
Middlesex Shop Ctr
800007066

1/7/21 @ 1:30 P.M.

CASE NO. 2020-0005-X

CHECKLIST

Comment Received	Department	Support/Oppose/ Conditions/ Comments/ No Comment
2-10	DEVELOPMENT PLANS REVIEW (if not received, date e-mail sent _____)	NC
_____	DEPS (if not received, date e-mail sent _____)	_____
_____	FIRE DEPARTMENT	_____
2/7	PLANNING (if not received, date e-mail sent _____)	Comment NO Obj.
1-15	STATE HIGHWAY ADMINISTRATION	No objection
_____	TRAFFIC ENGINEERING	_____
_____	COMMUNITY ASSOCIATION	_____
3-10	ADJACENT PROPERTY OWNERS	Support Lrs. (3)

ZONING VIOLATION (Case No. _____)

PRIOR ZONING (Case No. _____)

NEWSPAPER ADVERTISEMENT Date: 12/18/20 (ORD 3-20-20)

SIGN POSTING (1st) Date: 12-18-20 by O'Keefe

SIGN POSTING (2nd) Date: 1-3-21 by "

PEOPLE'S COUNSEL APPEARANCE Yes ☐ No ☐

PEOPLE'S COUNSEL COMMENT LETTER Yes ☐ No ☐

Comments, if any: _____

LastName	Company	Email	Join Time	Leave Time
Sichel		matthew.sichel@kci.com	1:30 pm Ne	5:19 pm Ne
Gear		spencer.gear@maryland.gov	1:29 pm Ne	1:31 pm Ne
Steinberg		susanr.steinberg@maryland.gov	1:26 pm Ne	1:53 pm Ne
Jackson		lawofficesofmikemoran@gmail.com	1:36 pm Ne	5:19 pm Ne
Moran		lawofficesofmikemoran@gmail.com	1:29 pm Ne	5:19 pm Ne
Ferris		victoria.ferris@kci.com	1:29 pm Ne	5:19 pm Ne
Ayakwah		hayakwah@baltimorecountymd.gov	1:16 pm Ne	1:25 pm Ne
White		pastorken@kandihome.com	1:27 pm Ne	5:20 pm Ne
Dickerson		patrick.w.dickerson@gmail.com	1:32 pm Ne	5:19 pm Ne
Murphy		mmurphy@baltimorecountymd.gov	2:55 pm Ne	5:20 pm Ne
Murphy		mmurphy@baltimorecountymd.gov	1:23 pm Ne	2:53 pm Ne
Nock		btnock2@gmail.com	1:28 pm Ne	5:19 pm Ne
s davis sr		edavissr@dundalkheritagefair.com	1:56 pm Ne	5:20 pm Ne
Shetterly		lifematters418@gmail.com	2:06 pm Ne	4:10 pm Ne
Balas		threeliloinks@aol.com	2:01 pm Ne	5:19 pm Ne
Balas		threeliloinks@aol.com	1:56 pm Ne	2:01 pm Ne
GUNKEL		treasurer@churchesforsoh.org	1:29 pm Ne	4:38 pm Ne
Biddinger		leahmbiddinger@gmail.com	1:29 pm Ne	5:20 pm Ne
wallace		susan.wallace@mail.com	1:24 pm Ne	5:20 pm Ne

Attendance	Chat	Chat sent a	Question	Question si	Question si	Priority	Answer	Answer ser	Answered l	Responded to
229.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
2.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
26.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
223.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
230.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
230.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
9.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
232.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
227.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
145.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
90.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
231.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
203.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
123.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
198.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
189.0 mins	Kathryn Gu	4:10 pm Ne	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
230.0 mins	N/A	N/A	he may not	4:11 pm Ne	All Panelist	N/A	N/A	N/A	N/A	N/A
			I am not at	4:12 pm Ne	All Panelist	N/A	N/A	N/A	N/A	N/A
235.0 mins	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Attendance	Program Name	Event Name	Event Start	Event Start	FirstName
1		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Matthew
2		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Spencer
3		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Susan
4		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Amelia
5		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Mike
6		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Victoria
7		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Henry
8		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Ken
9		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Patrick
10		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Maureen
11		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Maureen
12		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Barbara
13		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne eric
14		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Joshua
15		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Kim
16		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Kim
17		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne KATHRYN
18		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Leah
19		Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7,	1:30 pm	Ne Susan

Event Start Time		FirstName	LastName	Company		Email	Join Time
1:30 pm New York Time	5	Matthew	Sichel			matthew.sichel@kci.(	1:30 pm New York Tim
1:30 pm New York Time		Spencer	Gear			spencer.gear@maryl	1:29 pm New York Tim
1:30 pm New York Time		Susan	Steinberg			susanr.steinberg@m	1:26 pm New York Tim
1:30 pm New York Time	4	Amelia	Jackson		✓	lawofficesofmikemor	1:36 pm New York Tim
1:30 pm New York Time	✓	Mike	Moran		✓	lawofficesofmikemor	1:29 pm New York Tim
1:30 pm New York Time		Victoria	Ferris			victoria.ferris@kci.co	1:29 pm New York Tim
1:30 pm New York Time		Henry	Ayakwah		✓	hayakwah@baltimor	1:16 pm New York Tim
1:30 pm New York Time	2	Ken	White			pastorken@kandihon	1:27 pm New York Tim
1:30 pm New York Time	3	Patrick	Dickerson			patrick.w.dickerson@	1:32 pm New York Tim
1:30 pm New York Time		Maureen	Murphy		✓	mmurphy@baltimore	2:55 pm New York Tim
1:30 pm New York Time		Maureen	Murphy		✓	mmurphy@baltimore	1:23 pm New York Tim
1:30 pm New York Time	1	Barbara	Nock			btnock2@gmail.com	1:28 pm New York Tim
1:30 pm New York Time		eric	s davis sr			edavissr@dundalkhe	1:56 pm New York Tim
1:30 pm New York Time		Joshua	Shetterly			lifematters418@gma	2:06 pm New York Tim
1:30 pm New York Time		Kim	Balas			threeliloinks@aol.cor	2:01 pm New York Tim
1:30 pm New York Time		Kim	Balas			threeliloinks@aol.cor	1:56 pm New York Tim
1:30 pm New York Time		KATHRYN	GUNKEL			treasurer@churchesf	1:29 pm New York Tim
1:30 pm New York Time		Leah	Biddinger			leahmbiddinger@gm	1:29 pm New York Tim
1:30 pm New York Time		Susan	wallace			susan.wallace@mail.(	1:24 pm New York Tim

Attendance Count	Event Name	Event Start Date
1	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
2	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
3	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
4	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
5	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
6	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
7	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
8	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
9	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
10	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
11	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
12	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
13	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
14	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
15	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
16	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
17	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
18	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York
19	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.	January 7, 2021 New York

2020-0005-X

March 10, 2020

Baltimore County Office of Zoning
111 W Chesapeake Ave, Rm 111
Towson, MD 21204

To whom it may concern:

As a citizen of Baltimore County, I am writing to support Churches for Streets of Hope, Inc's petition for a special exception for a Community Care Center at 920 Essex Ave, Essex, MD 21221 (Boulevard Christian Church).

Streets of Hope has been a community-led, church-supported local organization dedicated to helping our impoverished and underprivileged neighbors in Southeast Baltimore County. We started our mission by opening a cold weather shelter for men that rotated from church to church, an incredible need in an area where homelessness abounds. Today, I am proud to be part of more than 300 local volunteers who provide a range of services from meals to budget planning to job recommendations.

The cold weather shelter (November-April) hosts up to 35-40 homeless men each season with 16 beds. To receive a bed, a client must call the Baltimore County Department of Social Services for a referral. The proposed use at Boulevard Christian Church will utilize 3 rooms, 2 for sleeping 16 temporary cots, and 1 for a dining area. I and many others have served dinner as a volunteer in the past when we rotated between churches, so I can confirm that local residents are directly involved in this operation.

We also offer one-on-one relationships with our local homeless clients that can connect them to resources such as housing and employment. On average, 9-10 of the men served each season either move into their own housing or move back with friends and family.

Homelessness has no single solution, but after 10 years' experience, we have learned that no solution is effective without community involvement and personal investment in changing the lives of our homeless neighbors. I ask that you accept this petition so we can continue bettering our community with this service, and include even more neighbors to address the problem of homelessness together.

Maria Demeo	Maria Demeo	21221
Name	Signature	Zip Code

2020-0005-A

March 10, 2020

Baltimore County Office of Zoning
111 W Chesapeake Ave, Rm 111
Towson, MD 21204

To whom it may concern:

As a citizen of Baltimore County, I am writing to support Churches for Streets of Hope, Inc's petition for a special exception for a Community Care Center at 920 Essex Ave, Essex, MD 21221 (Boulevard Christian Church).

Streets of Hope has been a community-led, church-supported local organization dedicated to helping our impoverished and underprivileged neighbors in Southeast Baltimore County. We started our mission by opening a cold weather shelter for men that rotated from church to church, an incredible need in an area where homelessness abounds. Today, I am proud to be part of more than 300 local volunteers who provide a range of services from meals to budget planning to job recommendations.

The cold weather shelter (November-April) hosts up to 35-40 homeless men each season with 16 beds. To receive a bed, a client must call the Baltimore County Department of Social Services for a referral. The proposed use at Boulevard Christian Church will utilize 3 rooms, 2 for sleeping 16 temporary cots, and 1 for a dining area. I and many others have served dinner as a volunteer in the past when we rotated between churches, so I can confirm that local residents are directly involved in this operation.

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Homelessness has no single solution, but after 10 years' experience, we have learned that no solution is effective without community involvement and personal investment in changing the lives of our homeless neighbors. I ask that you accept this petition so we can continue bettering our community with this service, and include even more neighbors to address the problem of homelessness together.

Troy Lawson		21009
Name	Signature	Zip Code

2020-0005-A

March 10, 2020

Baltimore County Office of Zoning
111 W Chesapeake Ave, Rm 111
Towson, MD 21204

To whom it may concern:

As a citizen of Baltimore County, I am writing to support Churches for Streets of Hope, Inc's petition for a special exception for a Community Care Center at 920 Essex Ave, Essex, MD 21221 (Boulevard Christian Church).

Streets of Hope has been a community-led, church-supported local organization dedicated to helping our impoverished and underprivileged neighbors in Southeast Baltimore County. We started our mission by opening a cold weather shelter for men that rotated from church to church, an incredible need in an area where homelessness abounds. Today, I am proud to be part of more than 300 local volunteers who provide a range of services from meals to budget planning to job recommendations.

The cold weather shelter (November-April) hosts up to 35-40 homeless men each season with 16 beds. To receive a bed, a client must call the Baltimore County Department of Social Services for a referral. The proposed use at Boulevard Christian Church will utilize 3 rooms, 2 for sleeping 16 temporary cots, and 1 for a dining area. I and many others have served dinner as a volunteer in the past when we rotated between churches, so I can confirm that local residents are directly involved in this operation.

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Homelessness has no single solution, but after 10 years' experience, we have learned that no solution is effective without community involvement and personal investment in changing the lives of our homeless neighbors. I ask that you accept this petition so we can continue bettering our community with this service, and include even more neighbors to address the problem of homelessness together.

Daniel Tucker		21221
Name	Signature	Zip Code

Panelist List

Name	Email address	Phone number	Time Zone	Language	Locale
Henry Ayakwah (Alternate Host)	hayakwah@baltimorecountymd.gov	1-	New York Time	English	U.S.
Maureen Murphy (Alternate Host)	mmurphy@baltimorecountymd.gov	1-	New York Time	English	U.S.
A Jackson	ajackson@hchmd.org	1-	New York Time	English	U.S.
Barbara Nock	btnock2@gmail.com	1-	New York Time	English	U.S.
Donna Mignon	dmignon@baltimorecountymd.gov	1-	New York Time	English	U.S.
Matthew Sichel	matthew.sichel@kci.com	1-	New York Time	English	U.S.
Michael J. Moran, Esq.	lawofficesofmikemoran@gmail.com	1-	New York Time	English	U.S.
Pastor Ken	pastorken@kandihome.com	1-	New York Time	English	U.S.
Pastor Ken White	contactus@boulevardchristian.org	1-	New York Time	English	U.S.
Patrick Dickerson	director@churchesforsoh.org	1-	New York Time	English	U.S.
Patrick W Dickerson	patrick.w.dickerson@gmail.com	1-	New York Time	English	U.S.
Paul Mayhew	pmayhew@baltimorecountymd.gov	1-	New York Time	English	U.S.
shelter at churches for streets of hope	shelter@churchesforstreetsofhope.org	1-	New York Time	English	U.S.
Spencer Gear	spencer.gear@maryland.gov	1-	New York Time	English	U.S.
Susan Steinberg	susanr.steinberg@maryland.gov	1-	New York Time	English	U.S.
Victoria Ferris	victoria.ferris@kci.com	1-	New York Time	English	U.S.

OK

Debra Wiley

From: Debra Wiley
Sent: Thursday, January 7, 2021 11:14 AM
To: 'btnock2@gmail.com'
Cc: Donna Mignon
Subject: RE: Case No: 2020-0005-X 920 Essex Avenue

Ms. Nock,

Unfortunately, your email address given to us did not include "2" after your name.

We will send you an invitation within the next few moments.

Thank you.

From: Donna Mignon <dmignon@baltimorecountymd.gov>
Sent: Thursday, January 7, 2021 11:10 AM
To: Debra Wiley <dwiley@baltimorecountymd.gov>
Subject: FW: Case No: 2020-0005-X 920 Essex Avenue

From: Barbara Nock <btnock2@gmail.com>
Sent: Thursday, January 7, 2021 11:06 AM
To: Donna Mignon <dmignon@baltimorecountymd.gov>
Cc: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Subject: Case No: 2020-0005-X 920 Essex Avenue

CAUTION: This message from btnock2@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

Good morning,

I am scheduled to testify at this hearing today at 1:30 pm and I have not received an invitation.

Would you please advise?

Many thanks,
Barbara Nock

Barbara Nock
President, Board of Directors
Churches for Streets of Hope
301-807-8604-cell

Debra Wiley

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 3:03 PM
To: Debra Wiley
Subject: [SUSPICIOUS MESSAGE] 2020-0005 X

Follow Up Flag: Flag for follow up
Flag Status: Flagged

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WARNING:

Your email security system has determined the message below from "Mike Moran, Esq." <lawofficesofmikemoran@gmail.com> (lawofficesofmikemoran@gmail.com) may be a potential threat. The sender may trick victims into passing bad checks on their behalf.

If you do not know the sender or cannot verify the integrity of the message, please do not respond or click on links in the message. Depending on the security settings, clickable URLs may have been modified to provide additional security.

If you have any questions or concerns, please contact the OIT Service Desk at 410-887-8200 .

Last e-mail invite (thanks for putting up with me)

shelter@churchesforstreetsofhope.org

--

Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

3407 Eastern Boulevard, Baltimore, MD 21220

The Law Offices of
MIKE MORAN
BALTIMORE, MD

Panelist List

Name	Email address	Phone number	Time Zone	Language	Locale
Henry Ayakwah (Alternate Host)	hayakwah@baltimorecountymd.gov	1-	New York Time	English	U.S.
Maureen Murphy (Alternate Host)	mmurphy@baltimorecountymd.gov	1-	New York Time	English	U.S.
A Jackson	ajackson@hchmd.org	1-	New York Time	English	U.S.
btnock	btnock@gmail.com	1-	New York Time	English	U.S.
Donna Mignon	dmignon@baltimorecountymd.gov	1-	New York Time	English	U.S.
Matthew Sichel	matthew.sichel@kci.com	1-	New York Time	English	U.S.
Michael J. Moran, Esq.	lawofficesofmikemoran@gmail.com	1-	New York Time	English	U.S.
Pastor Ken	pastorken@kandihome.com	1-	New York Time	English	U.S.
Pastor Ken White	contactus@boulevardchristian.org	1-	New York Time	English	U.S.
Patrick Dickerson	director@churchesforsoh.org	1-	New York Time	English	U.S.
Patrick W Dickerson	patrick.w.dickerson@gmail.com	1-	New York Time	English	U.S.
Paul Mayhew	pmayhew@baltimorecountymd.gov	1-	New York Time	English	U.S.
shelter at churches for streets of hope	shelter@churchesforstreetsofhope.org	1-	New York Time	English	U.S.
Spencer Gear	spencer.gear@maryland.gov	1-	New York Time	English	U.S.
Susan Steinberg	susanr.steinberg@maryland.gov	1-	New York Time	English	U.S.
Victoria Ferris	victoria.ferris@kci.com	1-	New York Time	English	U.S.

OK

Edit Panelist Invitation List

You can select contacts from an existing address book, import a Comma or Tab Delimited file (file contains non-ASCII characters, use a Unicode file delimited either by commas or tabs) or add new contacts. Note that the number of invitation emails cannot exceed 10000.

Select Contacts... | Import Contacts...

Panelists to Invite

Name	Email address	Phone number	Language	Time Zone	Locale
Henry Ayakwah (Alternate Host)	hayakwah@baltimorecountymd.gov	1-	English	New York Time	U.S.
Maureen Murphy (Alternate Host)	mmurphy@baltimorecountymd.gov	1-	English	New York Time	U.S.
A Jackson	ajackson@hchmd.org	1-	English	New York Time	U.S.
btnock	btnock@gmail.com	1-	English	New York Time	U.S.
Donna Mignon	dmignon@baltimorecountymd.gov	1-	English	New York Time	U.S.
Matthew Sichel	matthew.sichel@kci.com	1-	English	New York Time	U.S.
Michael J. Moran, Esq.	lawofficesofmikemoran@gmail.com	1-	English	New York Time	U.S.
Pastor Ken White	contactus@boulevardchristian.org	1-	English	New York Time	U.S.
Patrick Dickerson	director@churchesforsoh.org	1-	English	New York Time	U.S.
Patrick W Dickerson	patrick.w.dickerson@gmail.com	1-	English	New York Time	U.S.
Paul Mayhew	pmayhew@baltimorecountymd.gov	1-	English	New York Time	U.S.
Susan Steinberg	susanr.steinberg@maryland.gov	1-	English	New York Time	U.S.
Victoria Ferris	victoria.ferris@kci.com	1-	English	New York Time	U.S.
Pastor Ken	pastorken@kandihome.com	1-	English	New York Time	U.S.
Spencer Gear	spencer.gear@maryland.gov	1-	English	New York Time	U.S.

Invite | Select All | Clear All | Delete | Cancel

New Panelist

Full name: (required)

Email address: (required)

Phone number: Country/Region 1 Number (with area/city code)

Time Zone: New York (Eastern Standard Time, GMT-05:00)

Language: English

Locale: U.S.

☐ Add new panelist in my address book

☐ Invite as alternate host

Invited 1-6-21 DW

Add to Invitation List

Debra Wiley

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 12:05 PM
To: Debra Wiley
Subject: Re: FW: Subpoena Duces Tecum - Case No. 2020-0005-X

CAUTION: This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

Debra:
I sent you the corrected one but here it is again. Barbara steinberg is appearing for spencer gear but you can send him the link as well.
PastorKen@kandihome.com
Spencer.gear@maryland.gov
Mike

On Wed, Jan 6, 2021 at 11:32 AM Debra Wiley <dwiley@baltimorecountymd.gov> wrote:

Mike,

The email for the pastor is invalid.

Please resubmit correct one.

Thanks.

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 11:21 AM
To: Debra Wiley <dwiley@baltimorecountymd.gov>
Subject: Re: FW: Subpoena Duces Tecum - Case No. 2020-0005-X

CAUTION: This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

I have. They are expecting your invite.

On Wed, Jan 6, 2021 at 11:20 AM Debra Wiley <dwiley@baltimorecountymd.gov> wrote:

Mike,

Unless you have confirmed their attendance, we need sufficient notice (more than 1 day).

Please let me know ASAP.

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 10:18 AM
To: Debra Wiley <dwiley@baltimorecountymd.gov>
Subject: Re: FW: Subpoena Duces Tecum - Case No. 2020-0005-X

CAUTION: This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

Debra:

I will be sending you a list of the emails to which you can send the invite.

MM

On Wed, Jan 6, 2021 at 8:50 AM Debra Wiley <dwiley@baltimorecountymd.gov> wrote:

Good Morning,

I have not heard if the subpoena was served in order to send invitation.

Please advise.

From: Debra Wiley
Sent: Tuesday, December 29, 2020 2:17 PM
To: 'Mike Moran, Esq.' <lawofficesofmikemoran@gmail.com>
Subject: RE: Subpoena Duces Tecum - Case No. 2020-0005-X

I will wait to hear from you as to when he has been served then.

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Tuesday, December 29, 2020 2:16 PM
To: Debra Wiley <dwiley@baltimorecountymd.gov>
Subject: Re: Subpoena Duces Tecum - Case No. 2020-0005-X

CAUTION: This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

Yes to both.

On Tue, Dec 29, 2020 at 2:15 PM Debra Wiley <dwiley@baltimorecountymd.gov> wrote:

> You're welcome.
>
> When would you like to have the invitation sent? Would it be better to send after he has been served so he doesn't delete it beforehand?
>
> **From:** Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
> **Sent:** Tuesday, December 29, 2020 2:13 PM
> **To:** Debra Wiley <dwiley@baltimorecountymd.gov>
> **Subject:** Re: Subpoena Duces Tecum - Case No. 2020-0005-X
>
> **CAUTION:** This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.
>
> GReat-thank you.

Virus-free. www.avast.com

On Tue, Dec 29, 2020 at 2:11 PM Debra Wiley <dwiley@baltimorecountymd.gov> wrote:

Mr. Moran,

To avoid any confusion, I have taken the liberty of removing the physical location since we're conducting via WebEx.

Please find attached the signed and revised Subpoena.

Let me know if this works for you.

Thanks.

-----Original Message-----
From: adminhearingscpr@baltimorecountymd.gov <adminhearingscpr@baltimorecountymd.gov>
Sent: Tuesday, December 29, 2020 2:13 PM
To: Debra Wiley <dwiley@baltimorecountymd.gov>
Subject: Message from "RNP002673F6C9D3"

This E-mail was sent from "RNP002673F6C9D3" (MP 3055).

Scan Date: 12.29.2020 14:13:10 (-0500)
Queries to: adminhearingscpr@baltimorecountymd.gov

[http://www.baltimorecountymd.gov/sebin/g/i/signature-covid-mask.gif]<https://www.baltimorecountymd.gov/news/coronavirus.html>

<http://www.baltimorecountymd.gov>

Connect with Baltimore County

[http://www.baltimorecountymd.gov/sebin/x/g/social-icon-facebook.png]<https://www.facebook.com/baltcogov> [http://www.baltimorecountymd.gov/sebin/p/o/social-icon-twitter.png]
<https://twitter.com/BaltCoGov> [http://www.baltimorecountymd.gov/sebin/z/n/social-icon-news.png]
<http://www.baltimorecountymd.gov/News/BaltimoreCountyNow> [http://www.baltimorecountymd.gov/sebin/b/d/social-icon-youtube.png]
<https://www.youtube.com/user/BaltimoreCounty> [http://www.baltimorecountymd.gov/sebin/l/y/social-icon-flickr.png]
<https://www.flickr.com/photos/baltimorecounty> [http://www.baltimorecountymd.gov/sebin/t/q/social-icon-linkedin.png] <https://www.linkedin.com/company/baltimore-county-government>

www.baltimorecountymd.gov<http://www.baltimorecountymd.gov>

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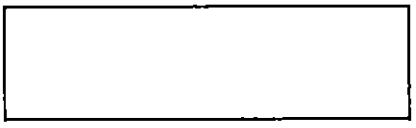
Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

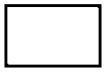
O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

3407 Eastern Boulevard, Baltimore, MD 21220



Notice: This email is from the Law Offices of Michael J. Moran, PC, and is intended solely for the use of the individual(s) to whom it is addressed. If you believe you received this email in error, please notify the sender immediately, delete the email from your computer and do not copy or disclose it to anyone else. If you are not an existing client of the Law Offices of Michael J. Moran, PC, do not construe anything in this email to make you a client unless it contains specific statement(s) to that effect and do not disclose anything in reply that you expect to be held in confidence. If you properly received this email as a client, co-counsel, or retained expert of this firm, you should maintain its contents in confidence in order to preserve the attorney-client or work product privilege that may be available to protect confidentiality.



Virus-free. www.avast.com

--

Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

3407 Eastern Boulevard, Baltimore, MD 21220



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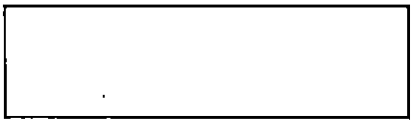
Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

3407 Eastern Boulevard, Baltimore, MD 21220



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--

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LawOfficesOfMikeMoran@gmail.com

3407 Eastern Boulevard, Baltimore, MD 21220

The Law Offices of
MIKE MORAN
BALTIMORE, MD

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Debra Wiley

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Wednesday, January 6, 2021 10:45 AM
To: Debra Wiley
Subject: Re: FW: Subpoena Duces Tecum - Case No. 2020-0005-X

CAUTION: This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

Debra-here is the list of e-mails for 2020-0005X

Matthew.sichel@kci.com
Victoria.Ferris@kci.com
AJackson@hchmd.org
patrick.w.dickerson@gmail.com
btnock@gmail.com
PastorKenandihome.com Email Invalid
susanr.steinberg@maryland.gov
lawofficesofmikemoran@gmail.com prev. invited

On Wed, Jan 6, 2021 at 10:17 AM Mike Moran, Esq. <lawofficesofmikemoran@gmail.com> wrote:
Debra:
I will be sending you a list of the emails to which you can send the invite.
MM

On Wed, Jan 6, 2021 at 8:50 AM Debra Wiley <dwiley@baltimorecountymd.gov> wrote:

Good Morning,

I have not heard if the subpoena was served in order to send invitation.

Please advise.

From: Debra Wiley
Sent: Tuesday, December 29, 2020 2:17 PM
To: 'Mike Moran, Esq.' <lawofficesofmikemoran@gmail.com>
Subject: RE: Subpoena Duces Tecum - Case No. 2020-0005-X

I will wait to hear from you as to when he has been served then.

Edit Panelist Invitation List

You can select contacts from an existing address book, import a Comma or Tab Delimited file (file contains non-ASCII characters, use a Unicode file delimited either by commas or tabs) or add new contacts. Note that the number of invitation emails cannot exceed 10000.

Select Contacts... Import Contacts...

Panelists to Invite

	Name	Email address	Phone number	Language	Time Zone	Locale
☐	Henry Ayakwah (Alternate Host)	hayakwah@baltimorecountymd.gov	1-	English	New York Time	U.S.
☐	Maureen Murphy (Alternate Host)	mmurphy@baltimorecountymd.gov	1-	English	New York Time	U.S.
☐	Donna Mignon	dmignon@baltimorecountymd.gov	1-	English	New York Time	U.S.
☐	Michael J. Moran, Esq.	lawofficesofmikemoran@gmail.com	1-	English	New York Time	U.S.
☐	Pastor Ken White	contactus@boulevardchristian.org	1-	English	New York Time	U.S.
☐	Patrick Dickerson	director@churchesforsoh.org	1-	English	New York Time	U.S.
☐	Paul Mayhew	pmayhew@baltimorecountymd.gov	1-	English	New York Time	U.S.
☑	Matthew Sichel	matthew.sichel@kci.com	1-	English	New York Time	U.S.
☑	Victoria Ferris	victoria.ferris@kci.com	1-	English	New York Time	U.S.
☑	A Jackson	ajackson@hchmd.org	1-	English	New York Time	U.S.
☑	Patrick W Dickerson	patrick.w.dickerson@gmail.com	1-	English	New York Time	U.S.
☑	btnock	btnock@gmail.com	1-	English	New York Time	U.S.
☑	Susan Steinberg	susanr.steinberg@maryland.gov	1-	English	New York Time	U.S.

Invite Select All Clear All Delete Cancel

New Panelist

Full name: (required)

Email address: (required)

Phone number: Country/Region 1 Number (with area/city code)

Time Zone: New York (Eastern Standard Time, GMT-05:00)

Language: English

Locale: U.S.

1-7-21
1:30 pm

Debra Wiley

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Tuesday, January 5, 2021 5:45 PM
To: Administrative Hearings
Subject: 2020-0005 X Thursday, 1:30 7 January 2021
Attachments: PETITIONR EXHIBITS.3 THROUGH 22.pdf

CAUTION: This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

Please find attached a partial filing of exhibits for the referenced case
MM

--

Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

3407 Eastern Boulevard, Baltimore, MD 21220

RECEIVED
JAN 06 2021
OFFICE OF
ADMINISTRATIVE HEARINGS

The Law Offices of
MIKE MORAN
BALTIMORE, MD

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Virus-free. www.avast.com

1/7/21
1:30 pm

Debra Wiley

From: Debra Wiley
Sent: Tuesday, December 29, 2020 2:17 PM
To: 'Mike Moran, Esq.'
Subject: RE: Subpoena Duces Tecum - Case No. 2020-0005-X

I will wait to hear from you as to when he has been served then.

From: Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
Sent: Tuesday, December 29, 2020 2:16 PM
To: Debra Wiley <dwiley@baltimorecountymd.gov>
Subject: Re: Subpoena Duces Tecum - Case No. 2020-0005-X

CAUTION: This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

Yes to both.

On Tue, Dec 29, 2020 at 2:15 PM Debra Wiley <dwiley@baltimorecountymd.gov> wrote:

> You're welcome.
>
> When would you like to have the invitation sent? Would it be better to send after he has been served so he doesn't delete it beforehand?
>
> **From:** Mike Moran, Esq. <lawofficesofmikemoran@gmail.com>
> **Sent:** Tuesday, December 29, 2020 2:13 PM
> **To:** Debra Wiley <dwiley@baltimorecountymd.gov>
> **Subject:** Re: Subpoena Duces Tecum - Case No. 2020-0005-X
>
> **CAUTION:** This message from lawofficesofmikemoran@gmail.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.
>
> GReat-thank you.
>
> Virus-free. www.avast.com



On Tue, Dec 29, 2020 at 2:11 PM Debra Wiley <dwiley@baltimorecountymd.gov> wrote:

Mr. Moran,

To avoid any confusion, I have taken the liberty of removing the physical location since we're conducting via WebEx.

Please find attached the signed and revised Subpoena.

Let me know if this works for you.

Thanks.

-----Original Message-----
From: adminhearingscpr@baltimorecountymd.gov <adminhearingscpr@baltimorecountymd.gov>
Sent: Tuesday, December 29, 2020 2:13 PM
To: Debra Wiley <dwiley@baltimorecountymd.gov>
Subject: Message from "RNP002673F6C9D3"

This E-mail was sent from "RNP002673F6C9D3" (MP 3055).

Scan Date: 12.29.2020 14:13:10 (-0500)
Queries to: adminhearingscpr@baltimorecountymd.gov

[http://www.baltimorecountymd.gov/sebin/g/i/signature-covid-mask.gif]<https://www.baltimorecountymd.gov/news/coronavirus.html>

<http://www.baltimorecountymd.gov>

Connect with Baltimore County

[http://www.baltimorecountymd.gov/sebin/x/g/social-icon-facebook.png]<https://www.facebook.com/baltcogov> [http://www.baltimorecountymd.gov/sebin/p/o/social-icon-twitter.png]
<https://twitter.com/BaltCoGov> [http://www.baltimorecountymd.gov/sebin/z/n/social-icon-news.png]
<http://www.baltimorecountymd.gov/News/BaltimoreCountyNow> [http://www.baltimorecountymd.gov/sebin/b/d/social-icon-youtube.png]
<https://www.youtube.com/user/BaltimoreCounty> [http://www.baltimorecountymd.gov/sebin/l/y/social-icon-flickr.png]
<https://www.flickr.com/photos/baltimorecounty> [http://www.baltimorecountymd.gov/sebin/t/q/social-icon-linkedin.png] <https://www.linkedin.com/company/baltimore-county-government>

www.baltimorecountymd.gov<http://www.baltimorecountymd.gov>

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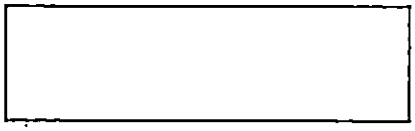
Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

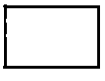
O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

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--

Mike Moran

Attorney at Law, The Law Offices of Michael J. Moran

O: 410-687-8494 | F: 410-391-4046

LawOfficesOfMikeMoran@gmail.com

3407 Eastern Boulevard, Baltimore, MD 21220



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BEFORE THE OFFICE OF ADMINISTRATIVE HEARINGS
FOR BALTIMORE COUNTY, MARYLAND

IN RE: *
920 Essex Avenue
North Side of Essex Avenue at the distance of
151.7 west of centerline of Lee Anne Road
15th Election District-7th Councilmanic District * Case No.: 2020-0005-X
Legal Owners: Boulevard Christian Church

* * * *

SUBPOENA DUCES TECUM

TO: Spencer Gear, Director of Licensing, Maryland Behavioral Health Administration,
201 W. Preston Street, Baltimore, Maryland 20201

You are hereby summoned and commanded to be and appear at a **Virtual WebEx Hearing** before the Administrative Law Judge for Baltimore County on Thursday, the 7 day of January, 2021, at 1:30 PM, regarding the above captioned matter, for the purposes of testifying at the request of Michael J. Moran, Esquire, 3407 Eastern Boulevard-Suite A, Middle River, MD 21220, 410.687.8494 and to bring with you the following materials: Exemption Letter for Streets of Hope, 920 Essex Avenue, Essex, MD 21221.

For your convenience, a WebEx invitation from the Office of Administrative Hearings will be forwarded to spencer.gear@maryland.gov in order to participate. Please accept this invitation asap."

Private Process Server:

Please process in accordance with Rule 4(C) of the Rules of Practice and Procedure before the Zoning Commissioner/Hearing Officer of Baltimore County.

RECEIVED
DEC 29 2020
OFFICE OF
ADMINISTRATIVE HEARINGS

Paul M Mayhew
ADMINISTRATIVE LAW JUDGE
FOR BALTIMORE COUNTY

Issued: _____

c: County Attorney, Baltimore County Office of Law, 400 Washington Avenue,
Second Floor, Towson, Maryland 21204
Counsel of Record

BEFORE THE OFFICE OF ADMINISTRATIVE HEARINGS
FOR BALTIMORE COUNTY, MARYLAND

IN RE: *
920 Essex Avenue
North Side of Essex Avenue at the distance of
151.7 west of centerline of Lee Anne Road
15th Election District-7th Councilmanic District * Case No.: 2020-0005-X
Legal Owners: Boulevard Christian Church

* * * *

SUBPOENA DUCES TECUM

TO: Spencer Gear, Director of Licensing, Maryland Behavioral Health Administration, 201 W. Preston Street, Baltimore, Maryland 20201.

You are hereby summoned and commanded to be and appear at a **Virtual WebEx Hearing** before the Administrative Law Judge for Baltimore County on Thursday, the 7 day of January, 2021, at 1:30 PM in Room 205 of the Jefferson Building, 105 W. Chesapeake Avenue, in Towson, Maryland, regarding the above captioned matter, for the purposes of testifying at the request of Michael J. Moran, Esquire, 3407 Eastern Boulevard-Suite A, Middle River, MD 21220, 410.687.8494 and to bring with you the following materials: Exemption Letter for Streets of Hope, 920 Essex Avenue, Essex, MD 21221.

Deb Revised + Issued WebEx invite info.

Private Process Server:

Please process in accordance with Rule 4(C) of the Rules of Practice and Procedure before the Zoning Commissioner/Hearing Officer of Baltimore County.

ADMINISTRATIVE LAW JUDGE
FOR BALTIMORE COUNTY

Issued: _____

(Revised March, 2020)

c: County Attorney, Baltimore County Office of Law, 400 Washington Avenue, Second Floor, Towson, Maryland 21204
Counsel of Record

(Revised March, 2020)

1-7-21
1:30 pm

Debra Wiley

From: Linda Okeefe <luckylinda1954@yahoo.com>
Sent: Sunday, January 3, 2021 11:38 PM
To: Administrative Hearings
Subject: Certification
Attachments: Essex Ave. Cert. .jpeg; Essex Ave. Photos.docx

CAUTION: This message from luckylinda1954@yahoo.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

Hi Donna,

I am attaching the Certification for Case # 2020-0005-X @ 920 Essex Ave. and photos for your records.
Happy New Year!

Linda

Linda O'Keefe
523 Penny Lane
Hunt Valley MD 21030
Phone # 410-666-5366
Cell# 443-604-6431
Fax# 410-666-0929
luckylinda1954@yahoo.com

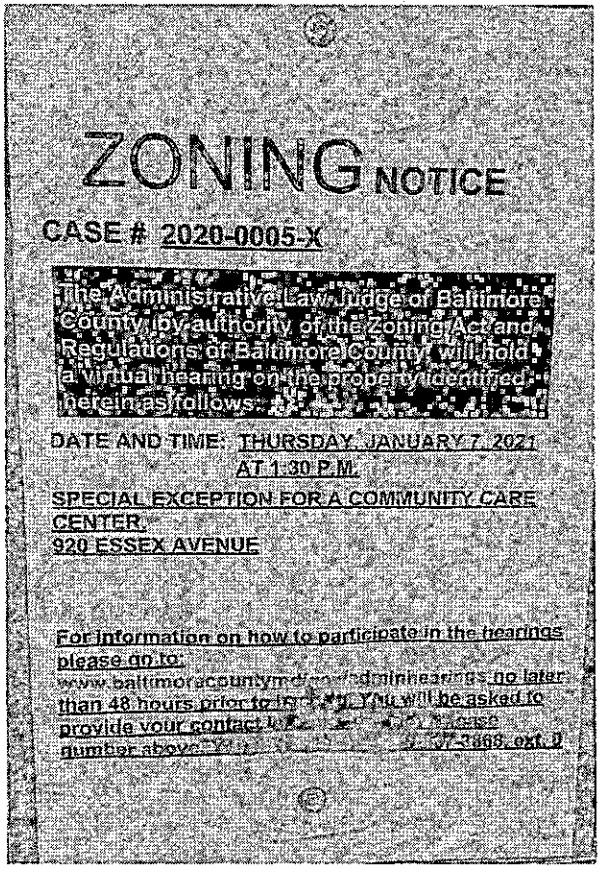
RECEIVED
DEC 04 2020
OFFICE OF
ADMINISTRATIVE HEARINGS

SECOND CERTIFICATE OF POSTING

ATTENTION: DONNA MIGNON
DATE: 1/3/2021
Case Number: 2020-0005-X
Petitioner / Developer: MICHAEL MORAN ~ CHURCHES FOR STREETS OF HOPE ~ BOULEVARD CHRISTIAN CHURCH
Date of Hearing: JANUARY 7, 2021

This is to certify under the penalties of perjury that the necessary sign(s) required by law were posted conspicuously on the property located at:
920 ESSEX AVENUE

The sign(s) were posted on: DECEMBER 18, 2020
The sign(s) were re-photographed on: JANUARY 3, 2021



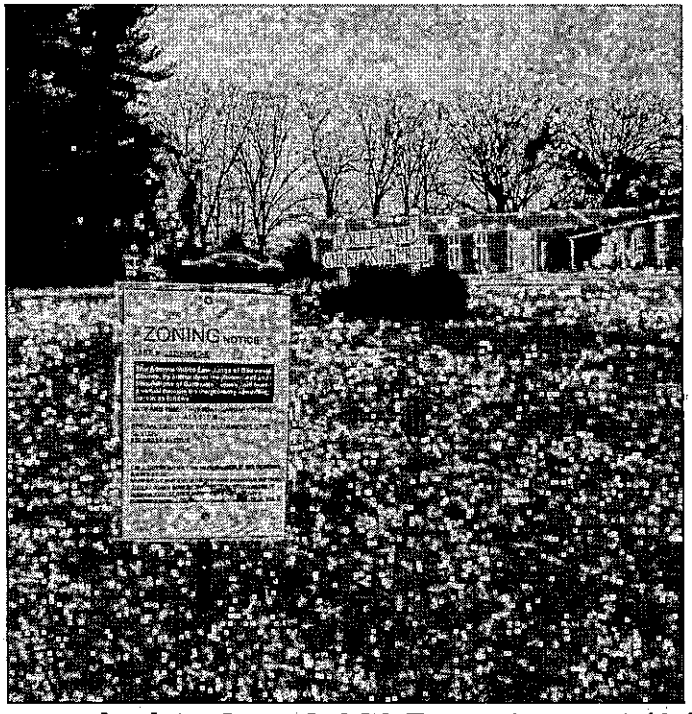
Linda O'Keefe
(Signature of Sign Poster)

Linda O'Keefe
(Printed Name of Sign Poster)

523 Penny Lane
(Street Address of Sign Poster)

Hunt Valley, Maryland 21030
(City, State, Zip of Sign Poster)

410 – 666 – 5366
(Telephone Number of Sign Poster)



Re-Photographed 1st Sign @ 920 Essex Ave. ~ 1/3/2021



Re-Photographed 2nd Sign @ 920 Essex Ave. ~ 1/3/2021

CASE # 2020-0005-X

Donna Mignon

From: Donna Mignon
Sent: Tuesday, December 22, 2020 2:06 PM
To: 'lawofficesofmikemoran@gmail.com'
Subject: Case No: 2020-0005-X 920 Essex Avenue

Good Afternoon,

As you are aware, a virtual webex hearing has been scheduled for January 7, 2021 at 1:30 p.m. You should have received an invitation in an email that invited you to this hearing.

Please note that all hearing exhibits—documents, site plans, photographs or evidence of any kind—must be submitted in PDF format at **least two business days** in advance of the hearing to the Office of Administrative Hearings at administrativehearings@baltimorecountymd.gov Exhibits must be separately numbered and submitted, an exhibit list with the Case Number, an exhibit number and a brief description for each exhibit.

If you have any questions or concerns, please feel free to contact our office.

Thank you so much.

Donna Mignon, Legal Assistant
Baltimore County Office of Administrative Hearings
105 West Chesapeake Avenue, Suite 103
Towson, Maryland 21204
410-887-3868

BALTIMORE COUNTY, MARYLAND
INTER-OFFICE MEMORANDUM

RECEIVED
DEC 21 2020
OFFICE OF
ADMINISTRATIVE HEARINGS

TO: Michael D. Mallinoff
Director, Department of Permits, Approvals and Inspections

DATE: 2/7/2020

FROM: C. Pete Gutwald
Director, Department of Planning

SUBJECT: **ZONING ADVISORY COMMITTEE COMMENTS**
Case Number: 20-005

INFORMATION:
Property Address: 920 Essex Avenue
Petitioner: Boulevard Christian Church
Zoning: DR 5.5
Requested Action: Special Exception

The Department of Planning has reviewed the petition for a special exception to permit a community care center within a portion of the existing church building. The area dedicated to the community care center will be 1,488 sq. ft. The existing church use will remain.

The site is located along Essex Avenue in a residential area behind Middlesex Shopping Center.

The proposed use of a community care center is permitted in the DR 5.5 Zone. The site already has enough parking to satisfy the parking requirements for the two uses of the building.

The Department of Planning has no objection to the special exception request.

For further information concerning the matters stated herein, please contact Joseph Fraker at 410-887-3480.

Division Chief:
Jenifer G. Nugent

CPG/JGN/kma/

c: Joseph Fraker
Michael J. Moran, Esquire
Office of the Administrative Hearings
People's Counsel for Baltimore County

s:\planning\dev rev\zac\za

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Real Property Data Search

Search Result for BALTIMORE COUNTY

View Map | View GroundRent Redemption | View GroundRent Registration

Special Tax Recapture: None

Account Identifier: **District -** 15 **Account Number -** 1502572600

Owner Information

Owner Name:	BOULEVARD CHRISTIAN CH	**Use:**	EXEMPT COMMERCIAL
		Principal Residence:	NO
Mailing Address:	920 ESSEX AV BALTIMORE MD 21221	**Deed Reference:**	/03528/ 00628

Location & Structure Information

Premises Address:	920 ESSEX AVE 0-0000	**Legal Description:**	PT LT 3B 2.373 AC 600 SE MARLYN AV ESSEX

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	
0097	0021	0058	30000.04	0000	B	H		2021	Plat Ref:	0009/ 0074

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1962	13,430 SF		2.3700 AC	01

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
		CHURCH	/	C3			

Value Information

	Base Value	Value	Phase-in Assessments	
		As of 01/01/2018	As of 07/01/2020	As of 07/01/2021
Land:	240,900	240,900		
Improvements	887,700	887,700		
Total:	1,128,600	1,128,600	1,128,600	
Preferential Land:	0			

Transfer Information

Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**
Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**
Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**

Exemption Information

Partial Exempt Assessments:	Class	07/01/2020	07/01/2021
County:	700	1,128,600.00	
State:	700	1,128,600.00	
Municipal:	700	0.00	0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application **Date:**

✓ ltr
✓ Order

✓

JOHN A. OLSZEWSKI, JR.
County Executive

MICHAEL D. MALLINOFF, *Director*
Department of Permits, Approvals & Inspections

December 15, 2020

NEW NOTICE OF ZONING HEARING

The Administrative Law Judge of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a virtual hearing on the property identified herein as follows:

CASE NUMBER: 2020-0005-X
920 Essex Avenue
North side of Essex Avenue at the distance of 151.7 west of centerline of Lee Anne Road
15th Election District – 7th Councilmanic District
Legal Owners: Boulevard Christian Church
Contract Purchaser/Lessee: Churches for Streets of Hope

Special Exception for a community care center.

Hearing: Thursday, January 7, 2021 at 1:30 p.m.

For information on how to participate in the hearings please go to www.baltimorecountymd/gov/adminhearings no later than 48 hours prior to the hearing. You will be asked to provide your contact information and the case number provided above. You may also call 410-887-3868, ext. 0.

Michael Mallinoff
Director

MM:kl

C: Michael Moran, 3407 Eastern Blvd., Middle River 21220
Churches for Streets of Hope, P.O. Box 34073, Essex 21221
Boulevard Christian Church, 920 North Essex Avenue, Essex 21221

NOTES: (1) **THE PETITIONER MUST HAVE THE ZONING NOTICE SIGN POSTED BY AN APPROVED POSTER ON THE PROPERTY BY FRIDAY, DECEMBER 18, 2020**

Debra Wiley

From: Debra Wiley
Sent: Tuesday, December 15, 2020 12:07 PM
To: Kristen L Lewis
Cc: Donna Mignon
Subject: Link - Case No. 2020-0005-X - 920 Essex Ave.

Event Information

Event:	Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.
Type:	Listed Event
Event address for attendees:	https://baltimorecountymd.webex.com/baltimorecountymd/onstage/g.php?MTID=e1
Event address for panelists:	https://baltimorecountymd.webex.com/baltimorecountymd/onstage/g.php?MTID=e6
Date and time:	Thursday, January 7, 2021 1:30 pm Eastern Standard Time (New York, GMT-05:00)
Duration:	1 hour
Description:	Zoning Hearing Case No. 2020-0005-X 920 Essex Ave. Boulevard Church / Churches for Streets of Hope
Event number:	180 403 1785
Event password:	1234
Host key:	426136
Alternate Host:	Henry Ayakwah,Maureen Murphy
Panelist Info:	
Panelist password:	
Panelist numeric password:	745215
Video Address:	1804031785@baltimorecountymd.webex.com You can also dial 173.243.2.68 and enter your meeting number.
Audio conference:	US Toll +1-415-655-0001 Show all global call-in numbers Access code: 180 403 1785
Maximum number of registrants:	10000

Panelist List

Name	Email address	Phone number	Time Zone	Language	Locale
Henry Ayakwah (Alternate Host)	hayakwah@baltimorecountymd.gov	1-	New York Time	English	U.S.
Maureen Murphy (Alternate Host)	mmurphy@baltimorecountymd.gov	1-	New York Time	English	U.S.
Donna Mignon	dmignon@baltimorecountymd.gov	1-	New York Time	English	U.S.
Michael J. Moran, Esq.	lawofficesofmikemoran@gmail.com	1-	New York Time	English	U.S.
Pastor Ken White	contactus@boulevardchristian.org	1-	New York Time	English	U.S.
Patrick Dickerson	director@churchesforsoh.org	1-	New York Time	English	U.S.
Paul Mayhew	pmayhew@baltimorecountymd.gov	1-	New York Time	English	U.S.

OK

Debra Wiley

From: Kristen L Lewis
Sent: Tuesday, December 15, 2020 11:45 AM
To: Debra Wiley; Donna Mignon
Subject: Webex
Attachments: 20201215112717823.pdf

Good morning,

Attached is the information needed for a new webex event. Thank you,

Kristen Lewis
PAI – Zoning Review
410-887-3391

PETITION FOR ZONING HEARING(S)

To be filed with the Department of Permits, Approvals and Inspections

To the Office of Administrative Law of Baltimore County for the property located at:

Address 920 Essex Avenue, 21220 which is presently zoned DR 5.5

Deed References: 3528/628 10 Digit Tax Account #1502572600

Property Owner(s) Printed Name(s) Boulevard Christian Church

(SELECT THE HEARING(S) BY MARKING X AT THE APPROPRIATE SELECTION AND PRINT OR TYPE THE PETITION REQUEST)

The undersigned legal owner(s) of the property situate in Baltimore County and which is described in the description and plan attached hereto and made a part hereof, hereby petition for:

1.____ a Special Hearing under Section 500.7 of the Zoning Regulations of Baltimore County, to determine whether or not the Zoning Commissioner should approve

2.__x__ a Special Exception under the Zoning Regulations of Baltimore County to use the herein described property for community care center.

~~for the purpose of allowing guests in the community care center~~

3.____ a Variance from Section(s)

of the zoning regulations of Baltimore County, to the zoning law of Baltimore County, for the following reasons: (Indicate below your hardship or practical difficulty or indicate below "TO BE PRESENTED AT HEARING". If you need additional space, you may add an attachment to this petition)

Property is to be posted and advertised as prescribed by the zoning regulations.
I, or we, agree to pay expenses of above petition(s), advertising, posting, etc. and further agree to and are to be bounded by the zoning regulations and restrictions of Baltimore County adopted pursuant to the zoning law for Baltimore County.
Legal Owner(s) Affirmation: I / we do so solemnly declare and affirm, under the penalties of perjury, that I / We are the legal owner(s) of the property which is the subject of this / these Petition(s).

Contract Purchaser/Lessee:

Churches for Streets of Hope - Patrick Diocesan
Name- Type or Print

Signature

PO Box 34073 Essex MD
Mailing Address City State

21221 , 443-764-4244 , directorechurches forsoh.org
Zip Code Telephone # Email Address

Legal Owners (Petitioners):

BOULEVARD CHRISTIAN CHRISTIAN
Name #1 – Type or Print Name #2 – Type or Print

Ken White, PASTOR,
Signature #1 Signature # 2

920 NORTH ESSEX AVENUE, ESSEX, MD 21221
Mailing Address City State

21221 (410) 687-8014 , CONTACTUS@BOULEVARDCHRISTIAN.ORG
Zip Code Telephone # Email Address

Attorney for Petitioner:

Michael J. Moran, esq.
Name- Type or Print

Signature

3407 Eastern Blvd., Middle River, MD
Mailing Address City State

21220 , 410.687.8494 ,
Zip Code Telephone # Email Address

Representative to be contacted:

Michael J. Moran, Esq.
Name - Type or Print

Signature

3407 Eastern Blvd., Middle River, MD
Mailing Address City State

21220 , 410.687.8494
Zip Code Telephone # Email Address

CASE NUMBER 2020-0005-X Filing Date 1/7/20 Do Not Schedule Dates: _____ Reviewer JE

lawoffices of mikemoran @ gmail.com

REV. 10/4/11

Debra Wiley

Subject:	Web seminar scheduled: Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.
Location:	https://baltimorecountymd.webex.com/baltimorecountymd/onstage/g.php?MTID=ef50a5792a4622e25bf356d420a47af96
Start:	Thu 1/7/2021 1:30 PM
End:	Thu 1/7/2021 2:30 PM
Show Time As:	Tentative
Recurrence:	(none)
Meeting Status:	Not yet responded
Organizer:	webex

CAUTION: This message from messenger@webex.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

When it's time, start the Webex event here.

Host: Debra Wiley (dwiley@baltimorecountymd.gov)
Event number (access code): 180 403 1785

Thursday, January 7, 2021 1:30 pm, Eastern Standard Time (New York, GMT-05:00)

Event address for attendees:
https://baltimorecountymd.webex.com/baltimorecountymd/onstage/g.php?MTID=ef50a5792a4622e25bf356d420a4
Event address for panelists:
https://baltimorecountymd.webex.com/baltimorecountymd/onstage/g.php?MTID=e33b122bc659745522b21eae83d

Start event

Audio conference information
+1-415-655-0001 US Toll
Global call-in numbers

Join from a video system or application
Dial 1804031785@baltimorecountymd.webex.com
You can also dial 173.243.2.68 and enter your meeting number.

Panelist numeric password: 745215

If you are a host, click here to view host information:
https://baltimorecountymd.webex.com/baltimorecountymd/j.php?MTID=e25d2ef960da92689bd84f3adc2da2434

Need help? Go to http://help.webex.com

Debra Wiley

From: messenger@webex.com
Sent: Tuesday, December 15, 2020 12:06 PM
To: Debra Wiley
Subject: Email delivery status for Web seminar: Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.

CAUTION: This message from messenger@webex.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

cisco Webex

Webex sent the email message "Invitation for Alternate Host" for your event.

Number of email addresses the message was sent to successfully: 2

Number of email addresses the message could not be sent to: 0

Need help? Go to http://help.webex.com

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Debra Wiley

From: messenger@webex.com
Sent: Tuesday, December 15, 2020 12:06 PM
To: Debra Wiley
Subject: Email delivery status for Web seminar: Zoning Hearing - Case No. 2020-0005-X - 920 Essex Ave.

CAUTION: This message from messenger@webex.com originated from a non Baltimore County Government or non BCPL email system. Hover over any links before clicking and use caution opening attachments.

cisco Webex

Webex sent the email message "Panelist Invitation" for your event.

Number of email addresses the message was sent to successfully: 5

Number of email addresses the message could not be sent to: 0

Need help? Go to http://help.webex.com

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DR
5.5

5.89
AC

Debra Wiley

From: Paul Mayhew
Sent: Monday, June 29, 2020 9:25 AM
To: Debra Wiley
Subject: Today

Hi Deb
I'll be in late morning
Can you do me a favor and follow up with Kristen about expediting the hearing in that men's shelter case for Sarah Boz
Thanks

Sent using OWA for iPhone

See me on PJ afterwards
6/29

[redacted] 2020-000[redacted]X ~~3/17 @ 1:30 pm~~
1-7-21 @ 1:30 pm

Debra Wiley

From: Kristen L Lewis
Sent: Tuesday, June 23, 2020 2:23 PM
To: Debra Wiley
Subject: RE: March Hearings

Sp. to K 6/29 10 AM She has indicated that Mr. Moran has not yet let her Cole & feels he may not be working from office Requested info to Sarah Boz via email 6am day.

Hi Debbie,

I spoke with Pamela Wrench (2020-0036-A) back on 5/28 and she indicated that she wanted to withdraw her petition and would be sending me a letter in the mail, I have yet to receive the letter. 2020-0005-X was postponed from the original date in March and reset to April due to something with the attorney and additional paperwork being needed. I tried to contact Mr. Moran to set up a new date but had not heard back. I'm not sure though how people would know whose case was scheduled before there's though if they don't know how they were scheduled in the beginning, that would take some research lol, thankfully they are just inquiring about their own over here. I am calling those in the order that they were previously scheduled and if I am not able to reach them, I move on to the next case. Some people just aren't getting back to me at all or until days later where the date is no longer giving them time for 20 day posting. Hope that helps.

Kristen Lewis
PAI – Zoning Review
410-887-3391

From: Debra Wiley
Sent: Tuesday, June 23, 2020 1:54 PM
To: Kristen L Lewis <klewis@baltimorecountymd.gov>
Subject: March Hearings

Hi Kristen,

Just called and Jenae said you were at lunch. So I get to bother you via email … lol

There are 2 hearings that were cancelled in March and we have not seen them reset yet. I know you indicated some people did not want to do WebEx so was wondering if you could just tell me if they're to be scheduled shortly. As we're starting to get some complaints, we are trying to avoid anyone calling to complain about someone else's being held first. And I had a call from someone yesterday who indicated their hearing was originally for March and then got reset to April so not sure how you're working on that one.

Anyway, here they are:

2020-0005-X - 920 Essex Ave.
(orig. 3/17 & then 4/7)

Sarah Boz

2020-0036-A - 3925 Lumo Circle
(orig. 3/23)

Thanks again Kristen.

Debra Wiley, Legal Administrative Secretary
Baltimore County Office of Administrative Hearings

3-17-20 (PP)
4-7-20
(PP) @ 2:30 pm

CASE NO. ~~2019~~-2020-0005-X

CHECKLIST

Comment Received	Department	Support/Oppose/ Conditions/ Comments/ No Comment
_____	DEVELOPMENT PLANS REVIEW (if not received, date e-mail sent _____)	_____
1-14	DEPS (if not received, date e-mail sent _____)	NC
_____	FIRE DEPARTMENT	_____
2-10	PLANNING (if not received, date e-mail sent _____)	No obj.
_____	STATE HIGHWAY ADMINISTRATION	_____
_____	TRAFFIC ENGINEERING	_____
_____	COMMUNITY ASSOCIATION	_____
_____	ADJACENT PROPERTY OWNERS	_____

ZONING VIOLATION (Case No. _____)

PRIOR ZONING (Case No. _____)

NEWSPAPER ADVERTISEMENT Date: _____

SIGN POSTING (1st) Date: ~~2-23-20~~ by ~~O'Keefe~~

SIGN POSTING (2nd) Date: ~~3-15-20~~ by ~~"~~

PEOPLE'S COUNSEL APPEARANCE Yes ☐ No ☐

PEOPLE'S COUNSEL COMMENT LETTER Yes ☐ No ☐

Comments, if any: _____

2020-0005-X
3-17-20

Real Property Data Search

Search Result for BALTIMORE COUNTY

View Map | View GroundRent Redemption | View GroundRent Registration

Special Tax Recapture: None

Account Identifier: **District -** 15 **Account Number -** 1502572600

Owner Information

Owner Name:	BOULEVARD CHRISTIAN CH	**Use:**	EXEMPT COMMERCIAL
		Principal Residence:	NO
Mailing Address:	920 ESSEX AV BALTIMORE MD 21221	**Deed Reference:**	/03528/ 00628

Location & Structure Information

Premises Address:	920 ESSEX AVE 0-0000	**Legal Description:**	PT LT 3B 2.373 AC 600 SE MARLYN AV ESSEX

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	
0097	0021	0058	30000.04	0000	B	H		2018	**Plat Ref:**	0009/ 0074

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1962	13,430 SF		2.3700 AC	01

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
		CHURCH	/	C3			

Value Information

	Base Value	Value As of 01/01/2018	Phase-in Assessments As of 07/01/2019	As of 07/01/2020
Land:	240,900	240,900		
Improvements	858,100	887,700		
Total:	1,099,000	1,128,600	1,118,733	1,128,600
Preferential Land:	0			0

Transfer Information

Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**
Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**
Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**

Exemption Information

Partial Exempt Assessments:	Class	07/01/2019	07/01/2020
County:	700	1,118,733.00	1,128,600.00
State:	700	1,118,733.00	1,128,600.00
Municipal:	700	0.00|0.00	0.00|0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

Homeowners' Tax Credit Application Status: No Application **Date:**

ZAC AGENDA

Case Number: 2020-0005-X **Reviewer:** Jun Fernando
Existng Use: INSTITUTIONAL **Proposed Use:** INSTITUTIONAL
Type: SPECIAL EXCEPTION
Legal Owner: Boulevard Christian Church
Contract Purchaser: Churches for Streets of Hope Patrick Dickerson

Critical Area: No **Flood Plain:** No **Historic:** No **Election Dist:** 15 **Council Dist:** 7

Property Address: 920 ESSEX AVE
Location: North side of Essex Ave at the distance of 151.7 West of the center line of Lee Anne Road.

Existing Zoning: DR 5.5 **Area:** 5.89 AC
Proposed Zoning:
SPECIAL EXCEPTION:
Community care center.
Attorney: Michael J. Moran
Prior Zoning Cases: R-1956-3719-A
Concurrent Cases: None
Violation Cases: None
Closing Date:

Miscellaneous Notes:

Case Number: 2020-0006-A **Reviewer:** Christina Frink
Existng Use: RESIDENTIAL **Proposed Use:** RESIDENTIAL
Type: ADMINISTRATIVE VARIANCE
Legal Owner: Duane Orth & Jacqueline Orth
Contract Purchaser: No Contract Purchaser was set.

Critical Area: No **Flood Plain:** No **Historic:** No **Election Dist:** 8 **Council Dist:** 3

Property Address: 2026 POT SPRING RD
Location: W.side of Pot Spring Road 280 feet S. of Cinder Road.

Existing Zoning: DR 2 **Area:** 14,986 SQ FT
Proposed Zoning:
ADMINISTRATIVE VARIANCE:
BCZR 301.1A To approve a screened porch in rear with a setback of 27 feet in lieu of the required 30 feet setback.
Attorney: Not Available
Prior Zoning Cases: None
Concurrent Cases: None
Violation Cases: None
Closing Date: 02/03/2020

Miscellaneous Notes:

PETITION FOR ZONING HEARING(S)

To be filed with the Department of Permits, Approvals and Inspections

To the Office of Administrative Law of Baltimore County for the property located at:

Address 920 Essex Avenue, 21220 which is presently zoned ~~DR 5.5~~

Deed References: 3528/628 10 Digit Tax Account #1502572600

Property Owner(s) Printed Name(s) ~~Boulevard Christian Church~~

(SELECT THE HEARING(S) BY MARKING X AT THE APPROPRIATE SELECTION AND PRINT OR TYPE THE PETITION REQUEST)

The undersigned legal owner(s) of the property situate in Baltimore County and which is described in the description and plan attached hereto and made a part hereof, hereby petition for:

1. ____ a Special Hearing under Section 500.7 of the Zoning Regulations of Baltimore County, to determine whether or not the Zoning Commissioner should approve

2. x a Special Exception under the Zoning Regulations of Baltimore County to use the herein described property for community care center.

~~for the purpose of allowing guests in the community care center~~

3. ____ a Variance from Section(s)

of the zoning regulations of Baltimore County, to the zoning law of Baltimore County, for the following reasons: (Indicate below your hardship or practical difficulty or Indicate below "TO BE PRESENTED AT HEARING". If you need additional space, you may add an attachment to this petition)

Property is to be posted and advertised as prescribed by the zoning regulations.
I, or we, agree to pay expenses of above petition(s), advertising, posting, etc. and further agree to and are to be bounded by the zoning regulations and restrictions of Baltimore County adopted pursuant to the zoning law for Baltimore County.
Legal Owner(s) Affirmation: I / we do so solemnly declare and affirm, under the penalties of perjury, that I / We are the legal owner(s) of the property which is the subject of this / these Petition(s).

Contract Purchaser/Lessee:

Churches for Streets of Hope - Patrick Dickerson
Name- Type or Print

Signature

PO Box 34073 Essex MD
Mailing Address City State

21221 , 443-764-4244 , director@churchesforsoh.org
Zip Code Telephone # Email Address

Legal Owners (Petitioners):

BOULEVARD CHRISTIAN CHRISTIAN
Name #1 – Type or Print Name #2 – Type or Print

Ken White PASTOR ,
Signature #1 Signature # 2

920 North Essex Avenue Essex, MD 21221
Mailing Address City State

21221 (410) 687-8014 , CONTACTUS@BOULEVARDCHRISTIAN.ORG
Zip Code Telephone # Email Address

Attorney for Petitioner:

Michael J. Moran, esq.
Name- Type or Print

Signature

3407 Eastern Blvd., Middle River, MD
Mailing Address City State

21220 , 410.687.8494 ,
Zip Code Telephone # Email Address

Representative to be contacted:

Michael J. Moran, Esq.
Name – Type or Print

Signature

3407 Eastern Blvd., Middle River, MD
Mailing Address City State

21220 , 410.687.8494
Zip Code Telephone # Email Address

CASE NUMBER 2020-0105-X Filing Date 1/7/20 Do Not Schedule Dates: ____ Reviewer JP

lawoffices of mikemoran@gmail.com

REV. 10/4/11

Real Property Data Search

Search Result for BALTIMORE COUNTY

View Map | View GroundRent Redemption | View GroundRent Registration

Special Tax Recapture: None

Account Identifier: **District - 15 Account Number -** 1502572600

Owner Information

Owner Name:	BOULEVARD CHRISTIAN CH	**Use:**	EXEMPT COMMERCIAL
		Principal Residence:	NO
Mailing Address:	920 ESSEX AV BALTIMORE MD 21221	**Deed Reference:**	/03528/ 00628

Location & Structure Information

Premises Address:	920 ESSEX AVE 0-0000	**Legal Description:**	PT LT 3B 2.373 AC 600 SE MARLYN AV ESSEX

Map:	Grid:	Parcel:	Neighborhood:	Subdivision:	Section:	Block:	Lot:	Assessment Year:	Plat No:	
0097	0021	0058	30000.04	0000	B	H		2018	**Plat Ref:**	0009/ 0074

Town: None

Primary Structure Built	Above Grade Living Area	Finished Basement Area	Property Land Area	County Use
1962	13,430 SF		2.3700 AC	01

Stories	Basement	Type	Exterior	Quality	Full/Half Bath	Garage	Last Notice of Major Improvements
		CHURCH	/	C3			

Value Information

	Base Value	Value	Phase-in Assessments	
		As of 01/01/2018	As of 07/01/2019	As of 07/01/2020
Land:	240,900	240,900		
Improvements	858,100	887,700		
Total:	1,099,000	1,128,600	1,118,733	1,128,600
Preferential Land:	0			0

Transfer Information

Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**
Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**
Seller:	**Date:**	**Price:**
Type:	**Deed1:**	**Deed2:**

Exemption Information

Partial Exempt Assessments:	Class	07/01/2019	07/01/2020
County:	700	1,118,733.00	1,128,600.00
State:	700	1,118,733.00	1,128,600.00
Municipal:	700	0.00|0.00	0.00|0.00

Special Tax Recapture: None

Homestead Application Information

Homestead Application Status: No Application

Homeowners' Tax Credit Application Information

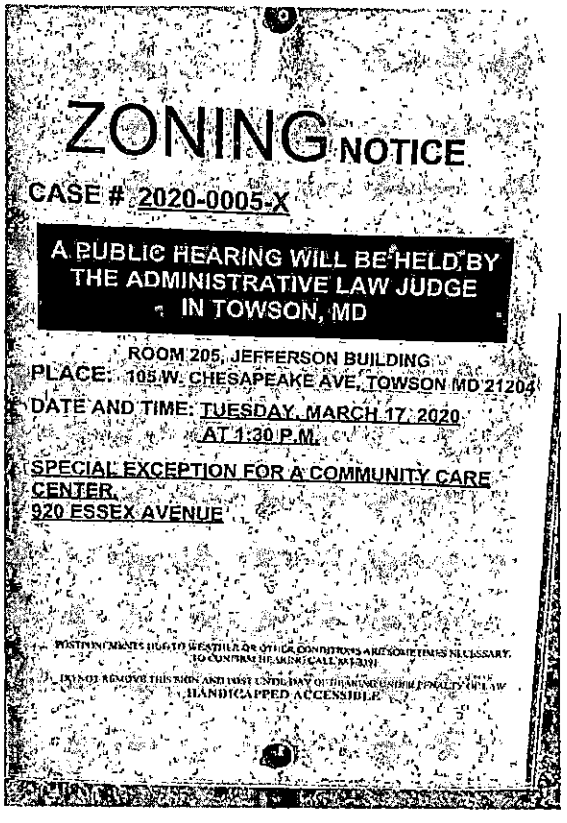
Homeowners' Tax Credit Application Status: No Application **Date:**

CERTIFICATE OF POSTING

ATTENTION: KRISTEN LEWIS
DATE: 2/23/2020
Case Number: 2020-0005-X
Petitioner / Developer: MICHAEL MORAN ~ CHURCHES FOR STREETS OF HOPE ~ BOULEVARD CHRISTIAN CHURCH
Date of Hearing: MARCH 17, 2020

This is to certify under the penalties of perjury that the necessary sign(s) required by law were posted conspicuously on the property located at:
920 ESSEX AVENUE

The sign(s) were posted on: FEBRUARY 23, 2020



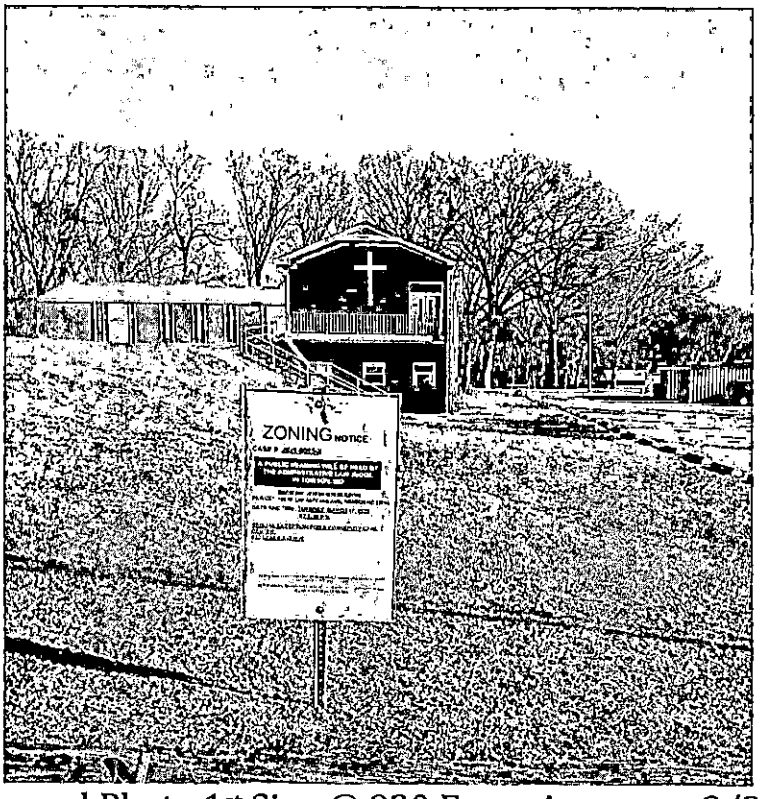
Linda O'Keefe
(Signature of Sign Poster)

Linda O'Keefe
(Printed Name of Sign Poster)

523 Penny Lane
(Street Address of Sign Poster)

Hunt Valley, Maryland 21030
(City, State, Zip of Sign Poster)

410 – 666 – 5366
(Telephone Number of Sign Poster)



Background Photo 1st Sign @ 920 Essex Avenue ~ 2/23/2020



Background Photo 2nd Sign @ 920 Essex Avenue ~ 2/23/2020

CASE # 2020-0005-X

RE:	PETITION FOR SPECIAL EXCEPTION 920 Essex Avenue; N/S of Essex Avenue, 151.7' W of c/line of Lee Anne Road 15th Election & 7th Councilmanic Districts Legal Owner(s): Boulevard Christian Church Contract Purchaser(s): Churches for Streets of Hope – Patrick Dickerson Petitioner(s)	*	BEFORE THE OFFICE OF ADMINSTRATIVE HEARINGS FOR BALTIMORE COUNTY 2020-005-X

* * * * * * * * * * * * *

ENTRY OF APPEARANCE

Pursuant to Baltimore County Charter § 524.1, please enter the appearance of People's Counsel for Baltimore County as an interested party in the above-captioned matter. Notice should be sent of any hearing dates or other proceedings in this matter and the passage of any preliminary or final Order. All parties should copy People's Counsel on all correspondence sent and all documentation filed in the case.

Peter Max Zimmerman

PETER MAX ZIMMERMAN
People's Counsel for Baltimore County

Carole S Demilio

CAROLE S. DEMILIO
Deputy People's Counsel
Jefferson Building, Room 204
105 West Chesapeake Avenue
Towson, MD 21204
(410) 887-2188

RECEIVED
JAN 15 2020

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that on this 15th day of January, 2020, a copy of the foregoing Entry of Appearance was mailed to Michael Moran, Esquire, 3407 Eastern Boulevard, Middle River, Maryland 21220, Attorney for Petitioner(s).

Peter Max Zimmerman

PETER MAX ZIMMERMAN
People's Counsel for Baltimore County

TO: THE DAILY RECORD
Wednesday, February 26, 2020 – Issue

Please forward billing to:
Patrick Dickerson 443-764-4249
Churches for Streets of Hope
P.O. 34073
Essex, MD 21221

NOTICE OF ZONING HEARING

The Administrative Law Judge of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing in Towson, Maryland on the property identified herein as follows:

CASE NUMBER: 2020-0005-X
920 Essex Avenue
North side of Essex Avenue at the distance of 151.7 west of centerline of Lee Anne Road
15th Election District – 7th Councilmanic District
Legal Owners: Boulevard Christian Church
Contract Purchaser/Lessee: Churches for Streets of Hope

Special Exception for a community care center.

Hearing: Tuesday, March 17, 2020 at 1:30 p.m. in Room 205, Jefferson Building, 105 West Chesapeake Avenue, Towson 21204

Michael Mallinoff
Director of Permits, Approvals and Inspections for Baltimore County

NOTES: (1) HEARINGS ARE HANDICAPPED ACCESSIBLE; FOR SPECIAL ACCOMODATIONS, PLEASE CONTACT THE ADMINISTRATIVE HEARINGS OFFICE AT 410-887-3868.
(2) FOR INFORMATION CONCERNING THE FILE AND/OR HEARING, CONTACT THE ZONING REVIEW OFFICE AT 410-887-3391.

JOHN A. OLSZEWSKI, JR.
County Executive

MICHAEL D. MALLINOFF, *Director*
Department of Permits, Approvals & Inspections

February 11, 2020

NOTICE OF ZONING HEARING

The Administrative Law Judge of Baltimore County, by authority of the Zoning Act and Regulations of Baltimore County, will hold a public hearing in Towson, Maryland on the property identified herein as follows:

CASE NUMBER: 2020-0005-X
920 Essex Avenue
North side of Essex Avenue at the distance of 151.7 west of centerline of Lee Anne Road
15th Election District – 7th Councilmanic District
Legal Owners: Boulevard Christian Church
Contract Purchaser/Lessee: Churches for Streets of Hope

Special Exception for a community care center.

Hearing: Tuesday, March 17, 2020 at 1:30 p.m. in Room 205, Jefferson Building, 105 West Chesapeake Avenue, Towson 21204

Michael Mallinoff
Director

MM:kl

C: Michael Moran, 3407 Eastern Blvd., Middle River 21220
Churches for Streets of Hope, P.O. Box 34073, Essex 21221
Boulevard Christian Church, 920 North Essex Avenue, Essex 21221

NOTES: (1) **THE PETITIONER MUST HAVE THE ZONING NOTICE SIGN POSTED BY AN APPROVED POSTER ON THE PROPERTY BY WED., FEBRUARY 26, 2020**
(2) HEARINGS ARE HANDICAPPED ACCESSIBLE; FOR SPECIAL ACCOMMODATIONS PLEASE CALL THE ADMINISTRATIVE HEARINGS OFFICE AT 410-887-3868.
(3) FOR INFORMATION CONCERNING THE FILE AND/OR HEARING, CONTACT THE ZONING REVIEW OFFICE AT 410-887-3391.

DEPARTMENT OF PERMITS, APPROVALS AND INSPECTIONS
ZONING REVIEW OFFICE

ADVERTISING REQUIREMENTS AND PROCEDURES FOR ZONING HEARINGS

The Baltimore County Zoning Regulations (BCZR) require that notice be given to the general public/neighboring property owners relative to property which is the subject of an upcoming zoning hearing. For those petitions which require a public hearing, this notice is accomplished by posting a sign on the property (responsibility of the legal owner/petitioner) and placement of a notice in a newspaper of general circulation in the County, both at least twenty (20) days before the hearing.

Zoning Review will ensure that the legal requirements for advertising are satisfied. However, the legal owner/petitioner is responsible for the costs associated with these requirements. The newspaper will bill the person listed below for the advertising. This advertising is due upon receipt and should be remitted directly to the newspaper.

OPINIONS MAY NOT BE ISSUED UNTIL ALL ADVERTISING COSTS ARE PAID.

For Newspaper Advertising:

Case Number: 2020-0005-X

Property Address: 920 Essex Ave Essex, MD 21221

Property Description: Boulevard Christian Church

Legal Owners (Petitioners): Boulevard Christian Church

Contract Purchaser/Lessee: Churches for Streets of Hope, Inc.

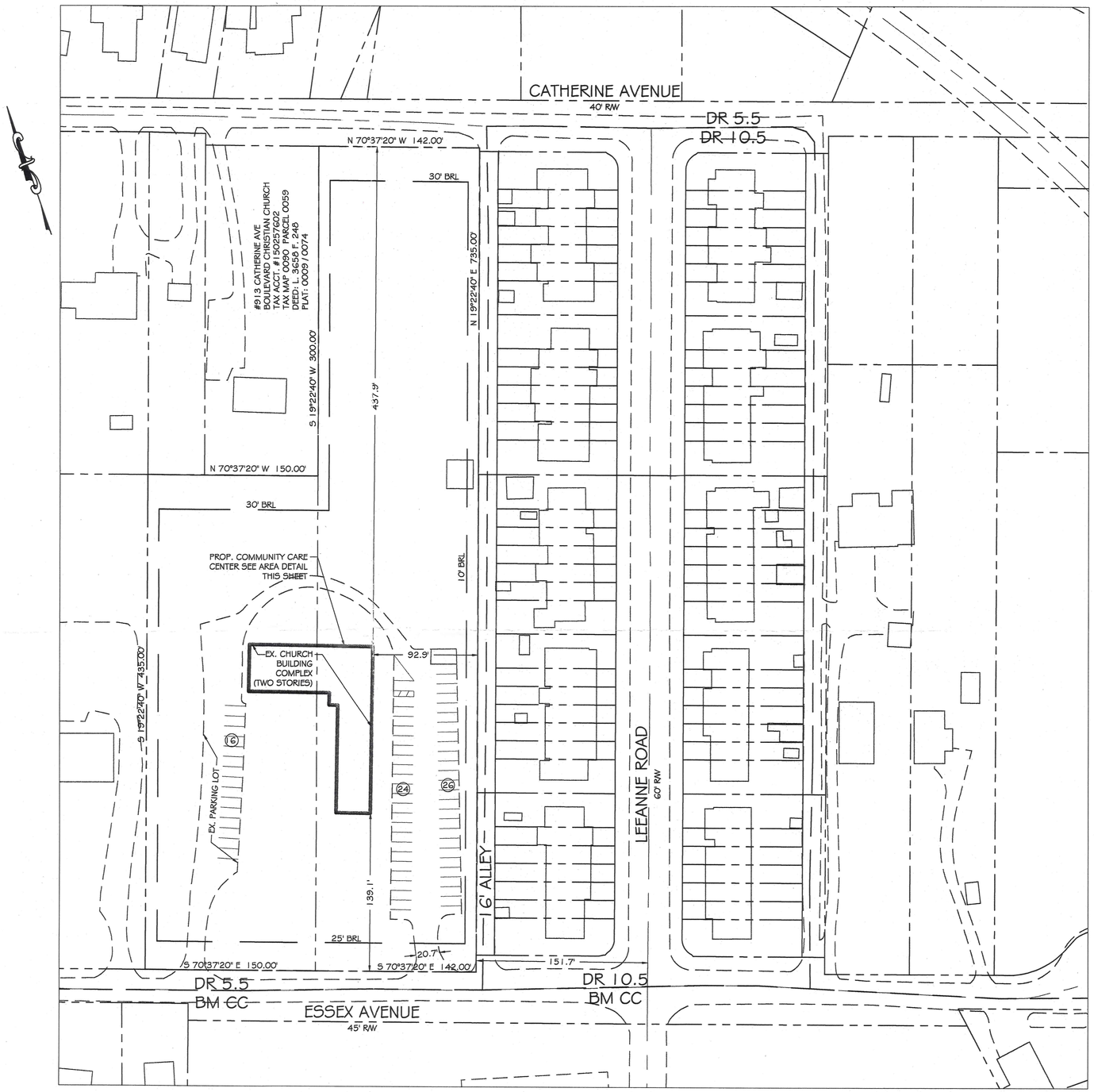
PLEASE FORWARD ADVERTISING BILL TO:

Name: Patrick Dickerson, Churches for Streets of Hope

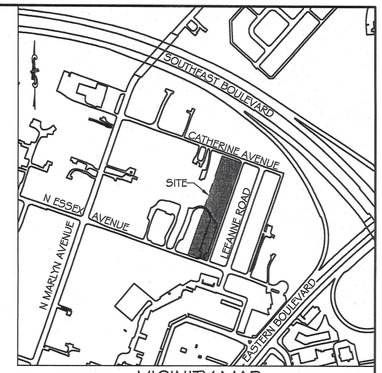
Company/Firm (if applicable): Churches for Streets of Hope

Address: 920 Essex Ave
Essex, MD 21221

Telephone Number: 443-764-4249



SITE PLAN
SCALE: 1" = 50'



VICINITY MAP
SCALE: 1" = 500'

SITE DATA

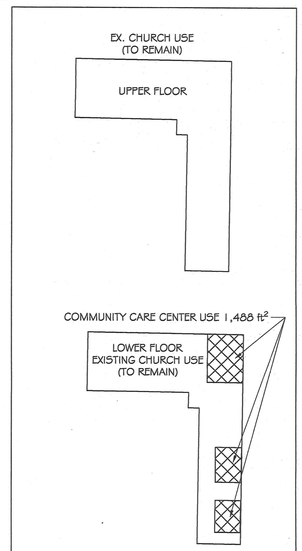
1. SITE ADDRESS: 913 & 920 ESSEX AVE.
2. OWNER: BOULEVARD CHRISTIAN CHURCH
3. TAX ACCT NO.: 1502572600, 1502572602
4. DEED REF.: L. 3528 F. 628 & L. 3658 F. 248
5. PLAT REF.: 0009 / 0074, LOTS 3A & 3B
6. SITE AREA: 169,620 SF / 5.89 AC ±
7. ZONING: DR 5.5
8. EXISTING USE: CHURCH
   PROPOSED USES: COMMUNITY CARE CENTER AND CHURCH
9. SETBACKS:

	FRONT	SIDE	REAR
REQUIRED	25'	10'	30'
PROVIDED	139.1'	92.9'	437.9'

10. PARKING TABULATION:
    REQUIRED: COMMUNITY CARE CENTER USE:
    1 SPACE PER 2 BEDS
    16 PROP. BEDS = 8 SPACES REQ.
    CHURCH USE:
    1 SPACE PER 4 SEATS
    120 PROP. SEATS = 30 SPACES REQ.
    PROVIDED: 66 SPACES INCL. 2 HANDICAP
11. ZONING HISTORY:
    CASE R-1956-3719-A: GRANTED 2/24/1956
    PETITION FOR RECLASSIFICATION FROM R-6 (RESIDENCE) TO R.G. (GROUP HOUSE) ZONE AND VARIANCES TO ZONING REGULATIONS:
    STREET CORNER LOT - PERMIT WIDTH OF 38.5' INSTEAD OF 43', LOT DEPTH OF 100' INSTEAD OF 115', SIDE YARD WIDTH OF 20' INSTEAD OF 25', AND LOT AREA OF 3834 SF INSTEAD OF 4945 SF.
    INTERIOR LOT - PERMIT LOT DEPTH OF 100' INSTEAD OF 115' AND LOT AREA OF 1944 SF INSTEAD OF 2070 SF.
    INTERIOR LOT END - PERMIT LOT DEPTH OF 100' INSTEAD OF 115' AND LOT AREA OF 3618 SF INSTEAD OF 3795 SF.
12. THIS PROPERTY IS NOT IN THE CBCA, IS NOT IN THE 100-YR. FLOOD PLAIN AND NOT ON THE HISTORIC REGISTER.

LEGEND

- PROPERTY LINE
- 10' BRL — BUILDING RESTRICTION LINE
- DR 5.5 / BM CC — ZONING DIVIDE
- EXIST. EDGE OF PAVING
- EXIST. BUILDING
- PROP. COMMUNITY CARE CENTER



SPECIAL EXCEPTION USE AREAS
SCALE: 1" = 50'

50' 0 50' 100'
SCALE: 1"= 50'

PROFESSIONAL CERTIFICATION: I HEREBY CERTIFY THAT THESE DOCUMENTS WERE PREPARED OR APPROVED BY ME, AND THAT I AM A DULY LICENSED PROFESSIONAL ENGINEER UNDER THE LAWS OF THE STATE OF MARYLAND, LICENSE NO. 17253 EXP. DATE: 2/15/2021

STATE OF MARYLAND — MATTHEW BREM — 17253 — PROFESSIONAL ENGINEER

KCI TECHNOLOGIES
ENGINEERS
PLANNERS
SCIENTISTS
CONSTRUCTION MANAGERS
936 RIDGEBROOK ROAD
SPARKS, MARYLAND 21152
TELEPHONE: (410) 316-7800
FAX: (410) 316-7818

REVISIONS			
NO.	DATE	DESCRIPTION	BY

DATE: 12/13/2019
SCALE: 1" = 50'
DESIGNED BY: VRF
DRAWN BY: VRF

PLAN TO ACCOMPANY PETITION FOR ZONING HEARING
920 ESSEX AVENUE
ESSEX, MD 21221

15TH ELECTION DISTRICT — 7TH COUNCILMANIC DISTRICT

DRAWING NO. C-01
SHEET 1 OF 1
KCI JOB NUMBER 271904620