

# FYI HUD Program Screening

This screening is to be completed by the applicant in consultation with the assigned Children & Family Services HUD Youth Voucher Liaison. The purpose of this pre-screening is to assess the applicant's eligibility and readiness for a FYI-HUD voucher. The applicant must be between ages 18 and 24 and be a current/former Orange County foster youth or probation ward who will exit foster care within 90 days of moving into their residence. If determined to be eligible and ready for a FYI-HUD voucher, the applicant will be referred to the local Public Housing Authority to complete the application process. Please Note: As required by statute, a Foster Youth to Independence (FYI) voucher issued may only be used to provide housing assistance for the youth for a maximum of 36 months.

APPLICATION STATUS (SSA USE ONLY)			
<input type="checkbox"/> INITIAL Application	DATE: _____	<input type="checkbox"/> UPDATED Application	DATE: _____
<input type="checkbox"/> Application Processed <small>(SAHA; OCHA; CES (SUFK/Foundation))</small>	DATE: _____	<input type="checkbox"/> Dependency/Declared on:	_____

APPLICANT IDENTIFICATION			
<b>Applicant's Previous Social Worker or Previous Probation Officer Name:</b> _____			
Applicant Name <i>(Last, First Middle)</i> :	<b>Names Applicant may have used in the past:</b> _____	<input type="checkbox"/> Female <input type="checkbox"/> Male	
Address <i>(Street, City, State, Zip code)</i> : _____			
Type of Residence: <input type="checkbox"/> SILP <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Relative <input type="checkbox"/> Other: _____			
Date of Birth	Social Security Number	Do you have a valid Driver License or ID Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <small>(if yes, provide state in which issued and number)</small>	
		State: _____	Number: _____
Expiration Date: _____			
Home Phone <i>(Include Area Code)</i>	Cell Phone <i>(Include Area Code)</i>	Email Address	
Partner's Name <i>(Last, First, Middle)</i> <b>ONLY IF PARTNER WILL BE ON THE VOUCHER</b>			Date of Birth
Home Phone <i>(Include Area Code)</i>	Cell Phone <i>(Include Area Code)</i>	Email Address	

PERSONAL INFORMATION			
Have you ever been in Transitional Housing or SILP before? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, which program?</b>			
Do you have children? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, do they reside with you?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>List your child(ren)'s names and DOBs</b> <table style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%; border-bottom: 1px solid black;"><u>Name</u></td><td style="width: 30%; border-bottom: 1px solid black;"><u>DOB</u></td></tr></table>	<u>Name</u>	<u>DOB</u>
<u>Name</u>	<u>DOB</u>		
Are you receiving any public assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, indicate type of assistance</b> <i>(check all that apply)</i> <input type="checkbox"/> CalWORKs <input type="checkbox"/> CalFresh <input type="checkbox"/> Medi-Cal <input type="checkbox"/> SSI/SSP <input type="checkbox"/> Other:			
Do you have a checking account and/or savings account? <input type="checkbox"/> Checking (Balance \$ _____) <input type="checkbox"/> Savings (Balance \$ _____)			
Are you currently attending high school? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date of completion:</b>			
Are you currently attending college or a trade school? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Date started:</b> _____ <b>Expected date of completion:</b> _____			
Are you receiving any of the following? <i>(check all that apply)</i> <input type="checkbox"/> Financial Aid <input type="checkbox"/> Scholarship <input type="checkbox"/> Grant <input type="checkbox"/> Other:			

<b>Legal Right to Work in the United States?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Are you currently employed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide the <u>city</u> where you are employed)</i>
<b>List at least <u>TWO</u> Preferred Cities you Wish to Reside in:</b>	<b>List Cities you <u>DO NOT</u> Wish to Reside in:</b> [Redacted]

**CASE INFORMATION**

<b>Do you currently have an open Children and Family Services (CFS) or Probation case?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If yes, provide the County and expected date of emancipation:</b>	<b>If already emancipated, provide date of emancipation:</b>
<b>Senior Social Worker Name</b> <i>(if applicable- include former social worker's name)</i>		<b>Senior Social Worker Phone Number</b>
<b>Probation Officer Name</b> <i>(if applicable – include former probation officer's name)</i>		<b>Probation Officer Phone Number</b>

**PERSONAL HISTORY**

<b>List medical and/or mental health conditions, past or present</b>	<b>Prescribed medication(s):</b>
<b>Have you ever been hospitalized for treatment for mental health issues?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If applicable, are you still receiving mental health services?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, for what?	
<b>Do you have a history of substance abuse?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
<b>Are you currently using drugs?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe:	
<b>Do you drink alcohol?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how often?</b> <b>Do you smoke marijuana?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, how often?</b>	

**LEGAL HISTORY/GANG AFFILIATION**

<b>Have you ever been arrested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Have you ever been convicted of a crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Explain nature of arrest and conviction history:</b>  	
<b>Have you been arrested for Relationship/Domestic Violence?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Are there any legal factors, past or present that might impact your eligibility for HUD?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Have you ever received a HUD Voucher in the past?</b>	

**Family or Supportive Relationships**  
*(References provided may be contacted)*

<b>Name</b>	<b>Relationship</b> <i>(Mentor, YSS, FSP Case Manager, Advocate)</i>
<b>Address</b> <i>(Street, City, State, Zip Code)</i>	
<b>Email address</b>	<b>Phone number</b> <i>(include area code)</i> Home: _____ Cell: _____
<b>Name</b>	<b>Relationship</b> <i>(Mentor, YSS, FSP Case Manager, Advocate.)</i>
<b>Address</b> <i>(Street, City, State, Zip Code)</i>	

Email address	Phone number (include area code) Home: _____ Cell: _____
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**SUPPLEMENTAL QUESTIONS**  
(Attach additional pages as needed)

1. Please list 3 goals you plan to accomplish *within the first year* of participating in the Orange County HUD Program as you pursue self-sufficiency? (e.g., employment, mental health well-being, education, daily independent living skills, savings)

A.

B.

C.

2. What services would support you in making this a successful transition?

**APPLICANT SIGNATURE**

**Certification:** By entering or signing my name below, I certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete information may result in a delay in getting my application from OC-HUD. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of the County of Orange and will not be returned.

Applicant Signature	Date
CFS HUD Youth Voucher Liaison	Date

**E-MAIL, MAIL, OR FAX YOUR COMPLETED APPLICATION TO:**

**By Email or Mail:**

Neal Smith – CFS HUD Youth Voucher Liaison  
 Transitional Planning Services Program  
 800 North Eckhoff Street/Building 135B  
 Orange, CA 92868  
 (714) 673-1721 Neal Smith  
[HUDFYIHousingInbox@ssa.ocgov.com](mailto:HUDFYIHousingInbox@ssa.ocgov.com)