

## Document Checklist For Service Records

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Check each item that is in the clients records. Blank spaces indicate that the document is not present or needs to be updated. Bold items are required in order to complete enrollment.

- Clients Registrations Forms** (needs to be signed)
- Clients Bill of Rights (needs to be signed)
- Informed Consent and Disclosure Form** (needs to be signed)

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- Driver's License or California Identification Card**
- Social Security Card**
- Tribal Enrollment Letter or Card

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- Residence Verification (i.e., utility bill, credit card bill, bank statement, notice of action)
- Income Verification** (Last 6 months –i.e., pay stubs, notice of action, food stamps cards with name of the client)
- Medi-Cal Card / Medi-Care Card
- Private Insurance Card
- Healthy Families Enrollment Card
- Birth Certificate**

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_

## One Stop Emergency Services

The following applicant must qualify as low-income pursuant to federal, state and county guidelines and must reside within Los Angeles County. To request services from the OSES program, all Client Registration forms MUST be completed and submitted to an OSES caseworker with required documentation such as; tribal identification, income and U.S. or tribe residency. Failure to provide and complete necessary documents will result in a delay or cancellation of processing your request for service.

### Part I – Client Information (please type or print)

INITIAL \_\_\_\_\_

UPDATE

TODAY'S DATE \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE NAME
MAIDEN NAME OR SUFFIX (JR., II, III, ETC.)	OTHER NAMES USED	SEX <input type="checkbox"/> M <input type="checkbox"/> F
DATE OF BIRTH (MM/DD/YYYY)	PLACE OF BIRTH (CITY/STATE)	SOCIAL SECURITY NO.
RESIDENTIAL ADDRESS	APT/SUITE	TELEPHONE
CITY	STATE	ZIP CODE
MAILING ADDRESS	APT/SUITE	OTHER TELEPHONE
CITY	STATE	ZIP CODE

TRIBAL AFFILIATION	TRIBAL ROLL NO.
RACE/ETHNICITY (IF NOT AMERICAN INDIAN)	
EDUCATION LEVEL <input type="checkbox"/> Grade School <input type="checkbox"/> Some High School <input type="checkbox"/> High School Grad./GED <input type="checkbox"/> Some College/Trade Tech <input type="checkbox"/> 2 Or <input type="checkbox"/> 4 Yr. College Grad.	FAMILY UNIT <input type="checkbox"/> Single Parent <input type="checkbox"/> Two-Parent Household <input type="checkbox"/> Single Person <input type="checkbox"/> Two Adults (No Children)

THIS APPLICATION WILL NOT BE ACCEPTED WITHOUT PROPER SIGNATURE AND DATE OF APPLICANT. I declare under penalty of perjury that I have examined all the information on this application, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USED ONLY		
Received Date: _____	Req. Rec'd Date: _____	File No.: _____
Received By: _____	OTC Approved Date: _____	Notes: _____
Processed Date: _____	OTC Rejected Date: _____	_____
Request Date: _____	Senatorial Date: _____	_____

**Part II – Client Fee Determination Statement** (please type or print)

RELATIONSHIP (DEPENDENT(S))	RELATIONSHIP TO CLIENT	SEX	DATE OF BIRTH	OCCUPATION/SOURCE OF INCOME	MONTHLY INCOME (Gross Mo. Income)	DISABLED Y/N
1. CLIENT						<input type="checkbox"/> YES <input type="checkbox"/> NO
2.						<input type="checkbox"/> YES <input type="checkbox"/> NO
3.						<input type="checkbox"/> YES <input type="checkbox"/> NO
4.						<input type="checkbox"/> YES <input type="checkbox"/> NO
5.						<input type="checkbox"/> YES <input type="checkbox"/> NO
6.						<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>TOTAL NO. IN HOUSE HOLD</b>				<b>TOTAL MONTHLY INCOME</b>		

<p>7c. DO YOU HAVE HEALTH INSURANCE <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Are you eligible for VA: <input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>7d. HOUSING <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Homeless</p> <p><input type="checkbox"/> Other (explain):</p>
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**Assets – Please list your personal assets: cash on hand, saving/checking accounts, stock bonds, and mutual funds.**

ACCOUNT TYPE (CHECKS, SAVINGS, STOCKS, ETC.)	ACCOUNT NAME IN	CURRENT BALANCE
	<input type="checkbox"/> SELF <input type="checkbox"/> RELATIVE <input type="checkbox"/> SIGNIFICANT OTHER	
	<input type="checkbox"/> SELF <input type="checkbox"/> RELATIVE <input type="checkbox"/> SIGNIFICANT OTHER	
	<input type="checkbox"/> SELF <input type="checkbox"/> RELATIVE <input type="checkbox"/> SIGNIFICANT OTHER	
	<input type="checkbox"/> SELF <input type="checkbox"/> RELATIVE <input type="checkbox"/> SIGNIFICANT OTHER	

I affirm that the statement made herein are true and correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_



**Part IV – Consent for Follow-up/Emergency Contact (please type or print)**

I understand that clients are followed-up by mail and/or telephone and consent to be contacted as part of this Follow-up process.

<b>AUTHORIZE CONTACT INFORMATION</b> In the event that I am unable to be reached, I authorize OSES to contact the following person as part of the following-up process		
RELATIONSHIP TO CLIENT		
FIRST NAME	LAST NAME	MIDDLE NAME
FULL ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE	OFFICE/MOBILE PHONE	

<b>EMERGENCY CONTACT INFORMATION</b> In event of an emergency the following person shall be contact and notify.		
RELATIONSHIP TO CLIENT		
FIRST NAME	LAST NAME	MIDDLE NAME
FULL ADDRESS		
CITY	State	ZIP Code
HOME PHONE	OFFICE/MOBILE PHONE	

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_





**Part VI – Confidentiality Statement**

All information disclosed is confidential in accordance with Title 42, Code of Federal Regulation, Part 2 and may not be revealed to anyone outside of Pukuu's *One Stop Emergency Service* authorized staff without written permission, with the following exception: Client information is shared with funding and accrediting agencies for the propose of program audits and compliance. The following exceptions to confidentiality arise from California law:

1. A client communicates a serious threat of physical violence against a reasonably identifiable victim or victims.
2. A staff person has a reason to suspect that a client present a danger to self or others and disclose is necessary to prevent that danger.
3. The staff person knows or reasonably suspects that a child is being abused or neglected.
4. The staff person sees, is told of, notices injuries, which clearly indicate elder or dependent adult abuse.
5. Court orders the release of records or testimony needed as evidence in legal proceeding.

**I acknowledge that I have read, understand, and accept the foregoing provisions, and if signing as a parent or guardian, I also certify that I am lawfully entitled to act on behalf of the client. I have received a copy of the admission agreement.**

SIGNATURE OF CLIENT: \_\_\_\_\_ DATE \_\_\_\_\_

CLIENT NAME \_\_\_\_\_ DATE \_\_\_\_\_



## **Part V – Client Bill of Rights**

The client has the right to know what the One Stop Emergency Service (OSES) program rules and regulations are that apply to her/him. The Client has the right to receive services and to exercise the following rights without regard to gender, culture, ethnic group identification, education level, disability, age, creed, religion, or sexual orientation. This statement shall not preclude Pukúu, Cultural Community Services (Pukúu) from emphasizing services for the American Indian/Alaska Native community:

- The client has the right to receive considerate and respectful care and to accorded dignity in contact with staff, volunteers, board members, and other personnel.
- The client has the right to be free from verbal, emotional, physical abuse and/or inappropriate sexual behavior.
- The client has the right to expect that all communications and records pertaining to her/his care be treated as confidential except in cases of threat to self or others, child abuse, elders or dependent adult abuse or court order. The client's written permission shall be obtained before their records can be made available to anyone not directly concerned with their care. Pukúu shall assure confidentiality in accordance with Title 42, Code of Federal Regulation, Part 2. The client has the right to know the name of the provider who has primary responsibility for coordinating their care and the names and professional relationship of other providers who will see them.
- The client has the right to be accorded access to his or her file.
- The client has the right to participate in decision regarding their care unless the health or safety of self or others being compromised or the client is in an altered state.
- The client has the right to refuse treatment to the extent permitted by law, and to be informed of the health care consequences of the action.
- The client has the right to expect that Pukuu will make reasonable response to all requests for services that cannot be provided.

### **PARTICIPATION IN THE OSES PROGRAM**

- The client has the right to be accorded safe, healthful and comfortable accommodation to meet her/his needs.
- The client's rights will be extended to and apply to any person who is identified to have legal responsibility to make decision regarding the care of the client.
- The client has the right to file a complaint with the Program Director according to the grievance procedure.
- The client has the right to file a Program complaint report with the Los Angeles City/County American Indian Commission.

**CLIENTS HAVE THE RESPONSIBILITY TO:**

- Provide accurate and complete information concerning your history, financial status and/or any other information that is required by Pukúu One Stop Emergency Service to provide service.
- Inform Pukúu One Stop Emergency Service facilities if you are unable to keep any appointments 24 hours prior to the scheduled appoint.
- Request further information concerning anything you do not understand.
- Speak with the Program Director if you are having difficulty with any staff member.
- Treat the staff and other clients in a respectful and courteous manner.
- Follow the rules and guidelines for the program participation and use of the Pukúu One Stop Emergency Service facilities.

**PUKUU ONE STOP EMERGENCY SERVICE HAS THE RIGHT TO:**

- Refuse service to any client who is verbally or physically abusive or threatening to any staff member or other client (on the phone or in person).
- Refuse service to any client who is under the influence of alcohol, drugs or other substance.
- Suspend or terminate service of any client who does not comply with the guidelines or rules that are outlined for use of Pukúu One Stop Emergency Service.
- Notify client of exhausted service.
- Notify proper authorities under confidentiality.

**I have read the client's Bill of Rights and understand what my rights and responsibilities are as described above.**

SIGNATURE OF CLIENT: \_\_\_\_\_ DATE \_\_\_\_\_