



# ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

## DO I QUALIFY FOR CAA ESPLANADE HOUSE SERVICES?

**Instructions:** Please **DO NOT** turn in an application unless it is complete with the **required documents** attached (please see the other side of this form for the checklist of mandatory documents). If you do not possess a social security card, birth certificate, or CDL/CA ID, a dated document receipt from the qualifying agency may be used in place of the actual document, until you receive the document. Upon receipt of the document, it must be turned in to Esplanade House for your application to be considered complete. You will **NOT** be placed on the waitlist until it is determined that you meet the criteria for entry into the Esplanade House Program **AND** all of the mandatory documents are attached to your application. **It is strongly advised that you also apply for low-income and other housing opportunities for which you may qualify.** Thank you for your understanding and consideration. *Revised 07/20/22*

### Your Family Must Meet ALL of the Following Criteria to be Placed on the Waitlist

- ☐ Head of Household must meet the definition and be *verified* as homeless;
- ☐ Family must have children who are in their care, or will be returned to their care within 30-60 days, upon finding safe and supportive housing;
- ☐ Children must be under the age of eighteen;
- ☐ Dependents who will be turning 18 years old while in the Program must comply with the Program as an adult, or must exit the Program;
- ☐ Income Limit: Annual income less than 50% of the Area Median Income (AMI) (*Very Low Income*);

# People	1	2	3	4	5	6	7	8
50% AMI	\$27,300	\$31,200	\$35,100	\$38,950	\$42,100	\$45,200	\$48,300	\$51,450

- ☐ Adult(s) head of household must be at least 18 years old;
- ☐ If an applicant is pregnant and her unborn baby is her only child in custody, she cannot be accepted into the Program until she has reached her third trimester; must provide verification of pregnancy;
- ☐ Adult head of household must have **full legal custody** of child(ren) in the household;
- ☐ Have 6 family members or fewer in total;
- ☐ Must be clean and sober a minimum of 30 days **prior to program entry, not required at the time of applying**
- ☐ Have a social security card
- ☐ U.S. Citizen or legal resident with eligibility to work and/or attend school

*If it is determined that you are eligible for CAA Esplanade House Program services AND all mandatory documents have been attached to the application, you will be placed on the Waitlist.*

**Please call CAA Esplanade House no less than once per month**

**to check-in and update the Program on any new contact or other qualifying information.**

After 90 days without checking-in, the application will be purged from the Esplanade House Waitlist.

*CAA Esplanade House Applications are screened to determine eligibility.*

*Applications may be accepted in person, through the mail, or by fax at (530) 895-1848.*

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

181 E. Shasta Avenue, Chico, CA 95973 • Phone: (530) 712-2600 • Fax: (530) 895-1848

EHouseApplications@BUTTECAA.com TTY/TDD 1-800-655-7100 (English) 1-800-855-7200 (Spanish)



ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

**MANDATORY DOCUMENTS TO SUBMIT WITH APPLICATION**

- ☐ Homeless Verification (A letter from a third party confirming you are homeless)
- ☐ Birth Certificates for all family members
- ☐ Social Security Cards for all family members
- ☐ State Issued Driver's License or Identification Card
- ☐ Proof of Income: Passport to Service (proof of Cash-Aid), SSI/SSA/SSDI award letter, tribal benefits, etc.  
*If employed, you must provide three consecutive paystubs.*
- ☐ 1 Reference Letter (personal friend or provider you have been working with, such as Social Worker, Counselor, Drug Court, etc.)
- ☐ Proof of Pregnancy (*if applicable*)
- ☐ Proof of School Status – Adults Only (*School Schedule, if applicable*)
- ☐ Work Schedule – Adults Only (*if applicable*)
- ☐ Citizenship status (*if applicable*)
- ☐ Letter of reunification – From CSD or guardian stating extended visitation (with the goal of custody) will occur with your child(ren) 100% of the time within 30 to 60 days of entering the program.
- ☐ TB Test Results – Adults Only (Complete TB Test **after** you are called for an Interview)
  - (If you need a test, please call Public Health at 530-879-3665; Medi-Cal Accepted.)

- ✓ **Please call ONCE PER MONTH to check on your application.**
- ✓ **Checking in more frequently than once per month WILL NOT result in speeding up the process of obtaining services.**
- ✓ **If you do not check in at least once every 90 days, you will be removed from wait list and you will have to reapply.**

To check on application, contact staff at (530) 712-2600 or EHouseGeneral@BUTTECAA.com.

Signature \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

A SEPARATE APPLICATION MUST BE COMPLETED FOR EACH ADULT HOUSEHOLD MEMBER, INCLUDING INDIVIDUALS 17 YEARS OLD OR OLDER.

Please complete the entire application. Completing this application does not guarantee that you will be accepted into the Esplanade House Program. If you do not have a current telephone number listed, we will be unable to contact you. It is

YOUR RESPONSIBILITY to alert us to any change in your contact information. Applicants are reviewed for program eligibility requirements including; homelessness, family composition, and level of income. Person (s) meeting our program eligibility requirements are not discriminated against based on race, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis. Requests for reasonable accommodations can be made at any time. Please note we adhere to the following guidelines: two people per room, regardless of gender or age. Phase I Max

Occupancy Guidelines: 1-2 persons – Studio, 3-4 persons – 2-room unit, 5-6 persons – 3 room unit. Phase II Max Occupancy Guidelines: 1-3 persons – 1 bedroom unit, 3-5 persons – 2 bedroom unit, 6-7 persons – 3 bedroom unit.

Thank you for your interest in the Esplanade House Transitional Shelter Program. We look forward to reviewing your application as soon as possible. Esplanade House has 24 Transitional Units, where families may stay and participate in the program for one year, with the possibility of a six-month extension. Depending on their needs and strengths, they may be invited to participate in the Phase II Program. Due to the length of the program, and the amount of homeless families in the area, the waitlist period can last six months or longer. Esplanade House is a program. Families are required to participate in all groups and workshops as scheduled in their Family Action Plan. Families are required to pay 30% of their income for Participation Fees and 20% towards savings for future housing while in Phase I. Staff conducts random drug testing on residents and their visitors as Esplanade House has a no drugs or alcohol policy. There is also zero tolerance for violence or threats of violence towards anyone. It is important that all applicants understand these aspects of the program before applying.

- Do you understand that absolutely NO DRUGS OR ALCOHOL are allowed at Esplanade House? Yes No
Do you understand that if you can't live within a structured setting, get along with others and obey the rules and regulations, that you will be terminated from the Program? Yes No
Do you have the desire, ambition and drive to want to change your life and better yourself? Yes No

ADMISSION STATUS

You will only be contacted if you move forward in the intake process. If you are selected for an interview, you will receive a telephone call when there is an appropriately-sized unit available. You may check the status of your application no more than once every other week and at least once every month.

If you do not check-in for 90 days or more, staff will assume you are no longer interested in the program and your application will be removed from the waitlist. It is YOUR RESPONSIBILITY to alert us to any change in your contact information.

My signature below certifies that all information on this application is true, and contains no willful falsifications or misrepresentations. All information provided is used by Community Action Agency of Butte County Inc., The Esplanade House to determine eligibility and is kept confidential. By signing below, I authorize Esplanade House to contact those listed on my application in order to obtain information deemed appropriate to consider my application for the Esplanade House Program.

I hereby acknowledge that the information below is true and correct. I am aware that falsification of this application and/or withholding information may be grounds for non-acceptance into the program and /or program termination. This information is confidential and shall be used for determining program eligibility as well as to identify applicant goals. If I do not make contact for 90 days or more, I will be taken off of the waitlist for services without notice.

Print Name

Signature

Date / /



Community Action Agency of Butte County, Inc.

*Helping People. Changing Lives.*

## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

### **Esplanade House**

### **Non-Discrimination Policy**

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Community Action Agency of Butte County Inc. and Esplanade House follow Federal Fair Housing and Equal Opportunity Laws. We do not discriminate against any person on the basis of race, color, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis.

Esplanade House Displays the Equal Opportunity logo and Fair Housing poster in an area that is accessible to the public. We also display these logos on housing information and marketing materials.

Applicants are reviewed for program eligibility requirements including; homelessness, family composition, and disability status. Persons meeting our program eligibility requirements are not discriminated against based on race, color, religion, age, familial status, disability, national origin, sex, or any other arbitrary basis. Applicants and referrals for our supportive housing program are acquired through targeted outreach with other social service agencies, community organizations, and religious organizations.



Community Action Agency of Butte County, Inc.

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**ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION  
REQUEST FOR REASONABLE ACCOMMODATION**

The Community Action Agency of Butte County, Inc. (CAABCI), inclusive of its Esplanade House Program, are committed to granting reasonable accommodations to its rules, policies, practices, or services when such accommodations may be necessary to afford people with disabilities the equal opportunity to use and enjoy their dwellings or common areas.

Date of Request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Applicant/Resident:      First                                  Middle                                  Last

Street Address    City                                  ST                                  Zip Code

Phone Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

***Name of the disabled household member*** who is requesting the accommodation:

First                                  Middle                                  Last

Describe the reasonable accommodation that you are requesting:

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Please explain the reason you are requesting this accommodation and how it will provide you with equal opportunity to participate in Esplanade House programs:

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We may need to ask you for further information to verify that your request is related to your disability and that a reasonable accommodation would provide you with equal opportunity to participate in Esplanade House programs. We may need to have your doctor or other qualified individual verify that your disability restricts you from participation in our Transitional Shelter or Housing Prevention and Rapid Re-Housing program.

If you need assistance with this form or have additional questions please contact your Esplanade House Case Manager.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Community Action Agency of Butte County, Inc.

Helping People. Changing Lives.

## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

### Release of Authorization

Esplanade House, a program of Community Action Agency of Butte County, Inc., has my permission to discuss my case with the following agencies for the purpose of placement into the Esplanade House Transitional Shelter Program and for any needed services. ***Please initial all that apply and print and sign the form.***

#### Fill in Contact Names Below

_____ Attorney's Name	_____	Phone	_____
_____ Better Babies	_____	Phone	_____
_____ Butte County Behavioral Health Counselor	_____	Phone	_____
_____ Butte County Children's Services Division	_____	Phone	_____
_____ Cal-Works/Eligibility Worker	_____	Phone	_____
_____ Catalyst	_____	Phone	_____
_____ Children ('s) School	_____	Phone	_____
_____ Counseling Solutions	_____	Phone	_____
_____ Doctor ('s)	_____	Phone	_____
_____ Drug Court/Prop 36	_____	Phone	_____
_____ Early Head Start/Head Start/Caregiver	_____	Phone	_____
_____ Employer	_____	Phone	_____
_____ Hospital ('s)	_____	Phone	_____
_____ Northern Valley Catholic Social Services	_____	Phone	_____
_____ Probation/Parole Officer	_____	Phone	_____
_____ Sabbath House	_____	Phone	_____
_____ Salvation Army	_____	Phone	_____
_____ Sarah Home/The Well	_____	Phone	_____
_____ Skyway House	_____	Phone	_____
_____ Torres Shelter	_____	Phone	_____
_____ Stepping Stones	_____	Phone	_____
_____ Tri-Counties Treatment	_____	Phone	_____
_____ VECTORS	_____	Phone	_____
_____ Other (Please Specify): _____	_____	Phone	_____
_____ Other (Please Specify): _____	_____	Phone	_____

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE





# Community Action Agency of Butte County, Inc.

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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

Application Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Total # of Adults: \_\_\_\_ Total # of Children: \_\_\_\_ Unit: \_\_\_\_\_

☐ Single-Parent ☐ Two-Parent Family Relationship to Children: ☐ Parent ☐ Grandparent ☐ Other (Specify): \_\_\_\_\_

### HEAD OF HOUSEHOLD ADULT 1 (Please also complete for children 17 years old or older)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Title: ☐ None ☐ Sr. ☐ Jr. ☐ I ☐ II ☐ III ☐ Do not Know  
Social Security #: \_\_\_\_\_ : ☐ Do not know SS#  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : ☐ Do not Know DOB  
Cell Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Landline Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Message Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
May we leave a message at the phone numbers listed above? ☐ Yes ☐ No

**STREET ADDRESS OR P.O. BOX** **CITY** **ST** **ZIP**

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Which cell phone service do you use? ☐ Metro ☐ Boost Mobile ☐ Verizon ☐ AT&T ☐ Other: \_\_\_\_\_

May we contact you using the email/text addresses written above? ☐ Yes ☐ No

#### GENDER:

☐ Female ☐ Male ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male  
☐ Do not identify as male, female or transgender ☐ Do not Know

#### RACE:

☐ White ☐ Black or African-American ☐ Asian ☐ American-Indian or Alaskan Native  
☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Do not Know

#### ETHNICITY:

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Do not Know

**VETERAN STATUS:** ☐ Yes ☐ No ☐ Do not Know

☐ Veteran (Non-Disabled) ☐ Veteran (Disabled) ☐ Currently on Active Duty/Pending Discharge

### HEAD OF HOUSEHOLD ADULT 2 (Please also complete for children 17 years old or older)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Title: ☐ None ☐ Sr. ☐ Jr. ☐ I ☐ II ☐ III ☐ Do not Know  
Social Security #: \_\_\_\_\_ : ☐ Do not know SS#  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : ☐ Do not Know DOB  
Cell Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Landline Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Message Ph #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
May we leave a message at the phone numbers listed above? ☐ Yes ☐ No

**STREET ADDRESS OR P.O. BOX** **CITY** **ST** **ZIP**

Email Address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Which cell phone service do you use? ☐ Metro ☐ Boost Mobile ☐ Verizon ☐ AT&T ☐ Other: \_\_\_\_\_

May we contact you using the email/text addresses written above? ☐ Yes ☐ No

#### GENDER:

☐ Female ☐ Male ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male  
☐ Do not identify as male, female or transgender ☐ Do not Know

#### RACE:

☐ White ☐ Black or African-American ☐ Asian ☐ American-Indian or Alaskan Native  
☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Do not Know

#### ETHNICITY:

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Do not Know

**VETERAN STATUS:** ☐ Yes ☐ No ☐ Do not Know

☐ Veteran (Non-Disabled) ☐ Veteran (Disabled) ☐ Currently on Active Duty/Pending Discharge





ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

**CHILD 1** (Please include unborn child and due date)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Title: ☐ None ☐ Sr. ☐ Jr. ☐ I ☐ II ☐ III ☐ Do not Know

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ : ☐ Do not know SS#

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_ ☐ Years \_\_\_\_ ☐ Months ☐ Do not Know

**Please select the appropriate response:**

☐ Child is currently in my custody ☐ Child is in placement elsewhere and I expect to reunify with my child

☐ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER:**

☐ Female ☐ Male ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male

☐ Do not identify as male, female or transgender ☐ Do not Know

**RACE:**

☐ White ☐ Black or African-American ☐ Asian ☐ American-Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Do not Know

**ETHNICITY:**

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Do not Know

**CHILD 2** (Please include unborn child and due date)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Title: ☐ None ☐ Sr. ☐ Jr. ☐ I ☐ II ☐ III ☐ Do not Know

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ : ☐ Do not know SS#

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_ ☐ Years \_\_\_\_ ☐ Months ☐ Do not Know

**Please select the appropriate response:**

☐ Child is currently in my custody ☐ Child is in placement elsewhere and I expect to reunify with my child

☐ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER:**

☐ Female ☐ Male ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male

☐ Do not identify as male, female or transgender ☐ Do not Know

**RACE:**

☐ White ☐ Black or African-American ☐ Asian ☐ American-Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Do not Know

**ETHNICITY:**

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Do not Know



ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

**CHILD 3** (Please include unborn child and due date)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Title: ☐ None ☐ Sr. ☐ Jr. ☐ I ☐ II ☐ III ☐ Do not Know

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ : ☐ Do not know SS#

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_ ☐ Years \_\_\_\_ ☐ Months ☐ Do not Know

**Please select the appropriate response:**

☐ Child is currently in my custody ☐ Child is in placement elsewhere and I expect to reunify with my child

☐ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER:**

☐ Female ☐ Male ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male

☐ Do not identify as male, female or transgender ☐ Do not Know

**RACE:**

☐ White ☐ Black or African-American ☐ Asian ☐ American-Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Do not Know

**ETHNICITY:**

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Do not Know

**CHILD 4** (Please include unborn child and due date)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Title: ☐ None ☐ Sr. ☐ Jr. ☐ I ☐ II ☐ III ☐ Do not Know

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ : ☐ Do not know SS#

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_ ☐ Years \_\_\_\_ ☐ Months ☐ Do not Know

**Please select the appropriate response:**

☐ Child is currently in my custody ☐ Child is in placement elsewhere and I expect to reunify with my child

☐ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER:**

☐ Female ☐ Male ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male

☐ Do not identify as male, female or transgender ☐ Do not Know

**RACE:**

☐ White ☐ Black or African-American ☐ Asian ☐ American-Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Do not Know

**ETHNICITY:**

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Do not Know



ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

**CHILD 5** (Please include unborn child and due date)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Title: ☐ None ☐ Sr. ☐ Jr. ☐ I ☐ II ☐ III ☐ Do not Know

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ : ☐ Do not know SS#

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_ ☐ Years \_\_\_\_ ☐ Months ☐ Do not Know

**Please select the appropriate response:**

☐ Child is currently in my custody ☐ Child is in placement elsewhere and I expect to reunify with my child

☐ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER:**

☐ Female ☐ Male ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male

☐ Do not identify as male, female or transgender ☐ Do not Know

**RACE:**

☐ White ☐ Black or African-American ☐ Asian ☐ American-Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Do not Know

**ETHNICITY:**

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Do not Know

**CHILD 6** (Please include unborn child and due date)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Title: ☐ None ☐ Sr. ☐ Jr. ☐ I ☐ II ☐ III ☐ Do not Know

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ : ☐ Do not know SS#

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ AGE: \_\_\_\_ ☐ Years \_\_\_\_ ☐ Months ☐ Do not Know

**Please select the appropriate response:**

☐ Child is currently in my custody ☐ Child is in placement elsewhere and I expect to reunify with my child

☐ Child is an adult OR lives elsewhere and **WILL NOT** live with me

**GENDER:**

☐ Female ☐ Male ☐ Transgender Male-to-Female ☐ Transgender Female-to-Male

☐ Do not identify as male, female or transgender ☐ Do not Know

**RACE:**

☐ White ☐ Black or African-American ☐ Asian ☐ American-Indian or Alaskan Native

☐ Native Hawaiian or Other Pacific Islander ☐ Other ☐ Do not Know

**ETHNICITY:**

☐ Non-Hispanic/Non-Latino ☐ Hispanic/Latino ☐ Do not Know

☒ For additional children or adult household members, please add additional pages. Esplanade House can only accommodate up to 6 family members in Phase I and up to 7 family members in Phase II.



**ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION**  
**DEMOGRAPHIC INFORMATION**

1. Have you ever used another name (an alias) to receive services? ☐ Yes ☐ No  
a. *If yes*, what name have you used, including first, middle and last names: \_\_\_\_\_
2. Who referred you to the Esplanade House?  
☐ An agency (Specify): \_\_\_\_\_ ☐ Other (Specify) \_\_\_\_\_
3. Have you previously applied to Esplanade House? ☐ Yes ☐ No If yes, when? \_\_\_\_/\_\_\_\_/\_\_\_\_
4. Do you know anyone who has been involved with Esplanade House? ☐ Yes ☐ No  
*If yes*, who? \_\_\_\_\_
5. Do you have a driver's license? ☐ Yes ☐ No CDL#: \_\_\_\_\_ State: \_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
6. Do you have a state issued I.D.? ☐ Yes ☐ No I.D. #: \_\_\_\_\_ State: \_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_
7. For how long have you lived in Butte County? \_\_\_\_\_
8. What is the date and address of your last place of residence?  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_
9. How many people are in your family? Please check the appropriate box.  
☐ 1-2 family members ☐ 3-4 family members ☐ 5-6 family members

**HOMELESSNESS**

10. Did you reside in an institutional care facility (jail, substance abuse, mental health treatment facility, or other facility) for less than 90 days before becoming homeless? ☐ Yes ☐ No
11. Where are you living now?  
☐ Place not meant for habitation ☐ Emergency Shelter, including a hotel/motel paid with voucher  
☐ Safe Haven ☐ Interim Housing ☐ Hospital or other residential non-psychiatric medical facility  
☐ Foster Care Home or Foster Care Group Home ☐ Jail, prison or juvenile detention center  
☐ Long-term care facility or nursing home  
☐ Psychiatric hospital or other psychiatric facility ☐ Substance abuse treatment or detox center  
☐ Hotel or motel paid for without emergency shelter voucher  
☐ Residential project or half-way house with no homeless criteria  
☐ Staying or living in a family member's room, apartment or house (not living in a bedroom-couch surfing)  
☐ Staying or living in a friend's room, apartment or house (not living in a bedroom-couch surfing)  
☐ Transitional housing for homeless persons ☐ Other (Please Specify): \_\_\_\_\_

**HEALTH & WELLNESS**

12. Do you use tobacco? ☐ Yes ☐ No *If yes*, how often? \_\_\_\_\_
13. Are you a victim of domestic violence? ☐ Yes ☐ No  
*If yes*, are you currently experiencing domestic or partner violence? ☐ Yes ☐ No  
*If yes*, would you like a referral for domestic violence services? ☐ Yes ☐ No
14. Do you have health insurance? ☐ Yes ☐ No *If yes*, which type of health insurance do you have?  
☐ MEDICAL ☐ MEDICARE ☐ SCHIP ☐ VA Medical Services ☐ Employer Provided  
☐ Obtained through COBRA ☐ Private Pay Health Insurance ☐ Indian Health Services Program  
☐ State Health Insurance for Adults ☐ State Children's Health Insurance  
☐ Other Health Insurance: \_\_\_\_\_



**ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION**

**FINANCES & DEBTS**

15. Do you have income from any of the sources listed below?

☐ Yes ☐ No

**Please indicate ☒ if you are receiving any of the following type of income and how much:**

<input type="checkbox"/> No Financial Resources	\$	per month
<input type="checkbox"/> Employment Income	\$	per month
<input type="checkbox"/> Unemployment Income (UI)	\$	per month
<input type="checkbox"/> Worker's Compensation	\$	per month
<input type="checkbox"/> Private Disability Insurance	\$	per month
<input type="checkbox"/> VA Service-Connected Disability Compensation	\$	per month
<input type="checkbox"/> VA Non-Service Connected Disability Pension		
<input type="checkbox"/> Veteran's Pension	\$	per month
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$	per month
<input type="checkbox"/> Supplemental Security Income (SSI)	\$	per month
<input type="checkbox"/> Social Security Retirement	\$	per month
<input type="checkbox"/> Employment Pension	\$	per month
<input type="checkbox"/> TANF (Temp Asst for Needy Fam)	\$	per month
<input type="checkbox"/> CalWORKs <input type="checkbox"/> CalLEARN	\$	per month
<input type="checkbox"/> Tribal Benefits	\$	per month
<input type="checkbox"/> General Assistance (GA)	\$	per month
<input type="checkbox"/> Spousal Support (Alimony)	\$	per month
<input type="checkbox"/> Child Support	\$	per month
<input type="checkbox"/> Other Cash Income (Describe):	\$	per month
<input type="checkbox"/> Lottery Winnings	\$	per month
<input type="checkbox"/> Family, Friends, etc.	\$	per month
<b>TOTAL EARNED/UNEARNED INCOME</b>	\$	per month

16. **Please indicate ☒ if you are receiving any of the following benefits and how much:**

<input type="checkbox"/> SNAP (CalFRESH)	\$	per month
<input type="checkbox"/> WIC	\$	per month
<input type="checkbox"/> TANF/CalWORKs <b>Childcare</b> Services	\$	per month
<input type="checkbox"/> TANF/CalWORKs <b>Transportation</b> Services <input type="checkbox"/> Monthly bus pass <input type="checkbox"/> Mileage Reimbursement \$_____ per month	\$	per month
<input type="checkbox"/> Other TANF/CalWORKs Benefit (Specify): _____	\$	per month
<input type="checkbox"/> Section 8, Public Housing, Rental Assistance	\$	per month
<input type="checkbox"/> Temporary Rental Assistance	\$	per month
<input type="checkbox"/> Other Non-Cash Benefit (Specify): _____	\$	per month

17. **What other financial debt do you owe and to whom?** (Please use another page, if needed)

DEBT DESCRIPTION	TO WHOM DEBT IS OWED	AMOUNT \$ OWED

18. Do you have any outstanding PG&E bills?

☐ Yes ☐ No



# Community Action Agency of Butte County, Inc.

*Helping People. Changing Lives.*

## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

**If yes**, what is the approximate amount of outstanding bill? \$ \_\_\_\_\_

19. Do you need credit counseling? ☐ Yes ☐ No What is your credit score? \_\_\_\_\_

**If yes**, what credit issues are you experiencing? \_\_\_\_\_

### CHILDREN

20. Do you currently have an open Children Services (CSD) case? ☐ Yes ☐ No ☐ Do not Know

21. If yes, who is your case worker? \_\_\_\_\_ Phone Number: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

22. Do you have legal custody of your children? ☐ Yes ☐ No

*Legal custody means you have been to court and have paperwork. As proof, you will need to bring your court paperwork to your interview with Esplanade House.*

23. Do you have child care in place? ☐ Yes ☐ No

**If no**, what is your plan for child care (*Please Explain*): \_\_\_\_\_

24. Do you have Valley Oak Child Care Services? ☐ Yes ☐ No

**If no**, have you ever had Valley Oak Childcare Services? ☐ Yes ☐ No

**If yes**, when? \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

25. Is/Are your child(ren) immunized? ☐ Yes ☐ No

26. Is/Are your child(ren) enrolled in school? ☐ Yes ☐ No

**If yes**, where are they enrolled? \_\_\_\_\_

27. If your child(ren) is/are not enrolled in school, when was the last date of enrollment?

☐ N/A ☐ Last Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

### CalWORKs/CalLEARN

28. Are you currently participating in the CalWORKs/CalLEARN Program? ☐ Yes ☐ No

**If yes**, who is your CalWORK/CalLEARN case manager? \_\_\_\_\_

Phone #: ( \_\_\_\_ ) \_\_\_\_ - \_\_\_\_

**If no**, have you ever participated in the CalWORKs/CalLEARN program? ☐ Yes ☐ No

**If yes**, when? \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

29. Have you used CalWORKs homeless funds? ☐ Yes ☐ No **If yes**, when? \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

### HOUSING

30. Do you have any previous evictions? ☐ Yes ☐ No (*please use back of sheet if necessary*)

**If yes**, date and address:

Date: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Address (City, ST, Zip): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Address (City, ST, Zip): \_\_\_\_\_

31. Have you applied with other low-income/subsidized housing agencies? ☐ Yes ☐ No

**If yes**, for which services have you applied?

☐ Housing Authority, County of Butte (Public Housing)

**If yes**, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Housing Authority, Butte (Section 8)

**If yes**, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Community Housing Improvement Program (CHIP)

**If yes**, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Other (Please list): \_\_\_\_\_

**If yes**, when? \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Other (Please list): \_\_\_\_\_

**If yes**, when? \_\_\_\_/\_\_\_\_/\_\_\_\_





# Community Action Agency of Butte County, Inc.

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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

### LEGAL

32. Have you ever been convicted of a crime? ☐ Yes ☐ No

*If yes*, please explain: i.e. jail time, rehabilitation program, etc.

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33. Are you currently on probation or parole? ☐ Yes ☐ No

*If yes*, for what charge? \_\_\_\_\_

*If yes*, who is your probation or parole officer? \_\_\_\_\_

Phone Number: ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_

### EDUCATION & EMPLOYMENT

34. Do you have a high school diploma? ☐ Yes ☐ No

35. Do you have a GED? ☐ Yes ☐ No

36. What is the highest grade-level completed in school? ☐ 9<sup>th</sup> ☐ 10<sup>th</sup> ☐ 11<sup>th</sup> ☐ Some 12<sup>th</sup>

☐ H.S. Diploma ☐ Some College ☐ Certificate (Specify): \_\_\_\_\_ ☐ A.A./A.S. (Specify): \_\_\_\_\_

☐ B.A./B.S. (Specify): \_\_\_\_\_ ☐ M.A./M.S. \_\_\_\_\_ ☐ Other (Specify): \_\_\_\_\_

37. Are you currently employed? ☐ Yes ☐ No

*If unemployed*, are you currently seeking employment? ☐ Yes ☐ No

*If yes*, who is your employer?

*If yes*, how long have you been employed? \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

*If yes*, how many hours did you work **last week**? \_\_\_\_\_ hours

*If yes*, what type of work is this? ☐ Full-Time ☐ Part-Time

*If yes*, what type of job is this? ☐ Permanent ☐ Temporary ☐ Seasonal

38. List your last 3 places of employment and your employment dates:

NAME OF EMPLOYER

Date From / To:

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

39. List 3 references who are **NOT** related to you who we can contact:

NAME

ADDRESS

RELATIONSHIP

TELEPHONE #

1) \_\_\_\_\_ ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_

2) \_\_\_\_\_ ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_

3) \_\_\_\_\_ ( \_ \_ \_ ) \_ \_ \_ - \_ \_ \_





Community Action Agency of Butte County, Inc.

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**ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION**

**DISCLOSURE AND AUTHORIZATION FORM**

TO OBTAIN CONSUMER REPORTS FOR HOUSING PURPOSES

**DISCLOSURE**

*Please Read Carefully Before Signing the Authorization!*

In considering you for residency, employment or volunteering and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention or discipline, the Community Action Agency of Butte County, Inc. ("Agency") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency; such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail: 3000 Auburn Drive, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net).

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, associates or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Agency can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address and telephone number of the consumer reporting agency, including a summary of your rights under the FCRA.

**AUTHORIZATION**

I have read and understand the above Disclosure, and authorize the Community Action Agency of Butte County, Inc. to obtain and rely upon consumer reports or investigative consumer reports in considering me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Agency to obtain any such reports and to share the information received with any person involved in their decision about me. I also consent to have any legally required notices sent electronically.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_



# Community Action Agency of Butte County, Inc.

*Helping People. Changing Lives.*

## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

### PERSONAL DATA

_____ Last Name	_____ First Name	_____ Middle Name
_____ Other Names Used (including maiden name)		_____ Years Used
_____ Date of Birth	_____ Driver's License #	_____ State
_____ Social Security Number	_____ Gender	
_____ Current Address (include street, city, state, zip code)		_____ Date Moved In
_____ Addresses for the Past Seven Years: (include street, city, state, zip code)		_____ Dates of Residence:
_____ _____ _____		_____ _____ _____
_____ Email address (used for official correspondence only)		

☐ You may request a free copy of any consumer report or investigative consumer report we obtain on you by checking the box. **Note:** Your email address required with this option.

I have the right to make a request to **IntelliCorp Records, Inc.**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

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

Print Name: \_\_\_\_\_

*Under California Civil Code §§ 1786.16(a)(2) and 1786.22, the following additional disclosure should be provided before procuring a consumer report:* We will be obtaining a consumer report from IntelliCorp Records, Inc. can be contacted by mail: 3000 Auburn Drive, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: [www.intellicorp.net](http://www.intellicorp.net). You have the right to request from that agency, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which the agency has previously furnished within the three-year period preceding your request. You may view the file maintained on you by the agency during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.



Community Action Agency of Butte County, Inc.

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**ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION**  
**Grievance Procedure for Program Participants**

If a participant or applicant feels they have been treated unfairly, terminated without good cause, refused a reasonable accommodation request, or in any way not received services they are entitled to as an Esplanade House Program Participant, they have the right to file a grievance.

The following is the grievance procedure:

1. Put your grievance in writing. Include pertinent information and date. Contact your Case Manager and provide them with the written grievance. They will meet with you to review the facts. If you need assistance writing your grievance please contact an Esplanade House Case Manager.
2. If your grievance is regarding a disability, contact the Section 504 Coordinator, Tom Dearmore (530) 712-2680.
3. If resolution does not take place within 5 business days, provide the Program Manager; Brian Boyer (530) 712-2840 with a copy of your written grievance.
4. If resolution is not reached within 5 business days, contact Executive Director; Tim Hawkins at (530) 712-2888.

If resolution is still not reached and you feel you have a legitimate grievance you may contact:

Legal Services-Northern Ca

541 Normal Ave, Chico, CA 95928

Phone: (530) 345-9491

For TDD Users, please call CA Relay Service TD Access Number: (866) 660-4288

Complaints of discrimination may be filed with the U.S. Department of Housing and Urban Development's Office of Fair Housing and Equal Opportunity at:

San Francisco Regional Office of FHEO

U.S. Department of Housing and Urban Development

One Sansome Street, Suite 1200, San Francisco, CA 94104

Toll Free: (800) 347-3739

TTY: (415) 436-6594

E-mail: [ComplaintsOffice09@hud.gov](mailto:ComplaintsOffice09@hud.gov)

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Witness

\_\_\_\_\_  
Date



## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

### Butte Countywide HMIS Client Informed Consent

#### PERMISSION TO SHARE PROTECTED IDENTIFYING INFORMATION (PII) TO SECURE NECESSARY SERVICES

*Please read the following notice and authorization (or ask to have it read to you) before signing.*

CAABCI – Esplanade House is a Partner Agency in the Butte Countywide Homeless Management Information System (HMIS). HMIS is a shared housing and homeless services database. HMIS operates over the Internet, and uses many security protections to keep your information private and secure.

#### HOW YOU WILL BENEFIT FROM PROVIDING YOUR CONSENT TO SHARE YOUR PERSONAL INFORMATION:

The information collected in the HMIS is for the purpose of finding out what kind of services you and your family are in need of. The personal information contained in the HMIS database may be shared with Partner Agencies to find and set up the most effective services and resources within the community for you and your family. As you receive services, information will be collected about you, the services provided to you, and the outcomes these services help you to achieve. The information shared may consist of the following Protected Identifying Information (PII):

<ul style="list-style-type: none"><li>• Name</li><li>• Date of Birth</li><li>• Social Security Number</li><li>• Gender</li><li>• Ethnicity &amp; Race</li><li>• Residence Prior to project entry</li><li>• Current &amp; historical housed and unhoused status</li><li>• Family composition</li><li>• Alcohol &amp; Drug history*</li><li>• Information about services provided by HMIS participating agencies (including: date, duration, type of service and other similar service information)</li></ul>	<ul style="list-style-type: none"><li>• Legal history</li><li>• Domestic Violence**</li><li>• Income &amp; Non-Cash benefit information</li><li>• VI-SPDAT</li><li>• Photo</li><li>• Veteran Status</li><li>• Employment Status</li><li>• Disabling condition (physical and/or mental health)</li></ul>
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\*Alcohol and Drug history information will not prevent you receiving homeless services and/or housing assistance. \*\*Domestic Violence information is provided by you during your assessment to be on the list for available housing. Your information will not be shared with any agencies outside of the Butte Countywide HMIS, unless we are required to do so by law. **Right to Decline or Revoke:** I understand that I have the right to not share my information or to stop sharing my information at any time by writing to: Housing and Homeless Branch, 202 Mira Loma Drive, Oroville, CA 95965 or e-mailing ButteCoC@buttecounty.net. May also call 530-552-6200 and select option to speak with Housing Navigator or you can inform the agency you are working with and they will email the Housing and Homeless Branch of Butte County Department of Employment and Social Services. **Expiration/Renewal:** I understand this Consent is good for 3 years from the date of my signature below OR until I cancel my consent. I understand that if I cancel my Consent, all information about me already in the database will remain, but will become invisible to all of the participating agencies. **Other Rights:** I understand that sharing my information is voluntary and I can refuse to sign this consent form. I understand if I refuse to sign this Consent, I will still receive services, but they may be limited or delayed. I understand I have the right to see the client confidentiality policies used by the HMIS Partner Agencies.

Ver 1.0

Doc Date: 4/19/2021



Community Action Agency of Butte County, Inc.

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## ESPLANADE HOUSE SUPPORTIVE HOUSING PROGRAM APPLICATION

### Butte Countywide HMIS Client Informed Consent

**Right to a Copy of My Information:** I understand that I may have a copy of the information collected in HMIS by Partner Agencies.

**Right to a Copy of this Consent:** I have right to receive a copy this Consent form.

**Authorized Participating Agencies:** The current list of Butte Countywide HMIS Participating Agencies is available on the Butte Countywide CoC Website [www.buttehomelesscoc.com](http://www.buttehomelesscoc.com)

List all Dependent children under 18 in household, if any (first and last names):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**Please initial ONE of the following levels of consent:**

\_\_\_\_\_ I give consent for my/our basic and relevant information to be entered into HMIS and shared with Partner Agencies in the Butte Countywide HMIS. I understand that I may have a copy of the information shared between Partner Agencies.

**OR**

\_\_\_\_\_ I give consent for my/our basic and relevant information to be entered into HMIS, but **not** shared with Partner Agencies in the Butte Countywide HMIS. The information gathered and prepared by this Agency can be included in the HMIS database.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

☐ Verbal Consent obtained by phone (Agency Staff Initials): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Agency Personnel Name (print)

\_\_\_\_\_  
Agency Personnel Signature

\_\_\_\_\_  
Date

**Note:** A separate HIPAA-compliant authorization is required for disclosure of any patient health information, including mental health and drug and alcohol information protected by any State or Federal privacy law including, but not limited to, Health Insurance Portability and Accountability Act ("HIPAA"), 45 C.F.R. parts 160 and 164, California Confidentiality of Medical Information Act ("CMIA"), Civil Codes sections 56-56.16, Welfare and Institutions Code section 5328, or 42 C.F.R. part 2.1 et se