County of Los Angeles – Department of Mental Health
Housing and Job Development Division (HJDD)
Federal Housing Subsidies Unit (FHSU)
Pre-Authorization Request for FHSU Housing Resource (CoC, HS8, TBSH, or HCVP)

In order to be considered for a DMH/HJDD/FHSU housing resource, the client must be matched to a housing resource through the Coordinated Entry System (CES). Before working on a housing application, please complete and **e-mail this form to FHSU@dmh.lacounty.gov**. FHSU will triage the referrals and determine the housing program your client will be assigned to: Continuum of Care (CoC), Homeless Section 8 (HS8), Tenant Based Supportive Housing Program (TBSH), or Housing Choice Voucher Program (HCVP).

Please DO NOT begin completing an application packet until you receive approval from FHSU.

Client Information (please print)

IBHIS Number:	Date:	Date of Birth:	Social Security Number:	Sex: ☐ Male ☐ Female
Client Last Name:		Client First Name:		Head of Household: ☐ No ☐ Yes

Enrolled in: ☐ FSP ☐ Homeless FSP ☐ Outpatient Care Services ☐ DMH Homeless Outreach Teams ☐ C3 ☐ VPAN ☐ CalWORKs ☐ Other MH Program (explain): _____	CES Survey Score	Family Size: # of Adults	Family Size: # of Minors	Total Monthly Household Income: $

If applicable, please complete the following:

If Client listed above is a Minor, Adult's Last Name:	Adult's First Name:	Head of Household: ☐ No ☐ Yes	Relationship to Minor:	Sex: ☐ Male ☐ Female

Does the head of household have legal custody of the minor(s)? ☐ No ☐ Yes

Agency/Clinic Information (please print)

Agency/Clinic:	Housing Liaison/Case Manager:	Service Area:

Email Address:	Phone Number:

History of Homelessness

Provide a **3-year timeline** of client's housing / homelessness history. Attach a separate sheet if necessary.

For FHSU staff use only. Please DO NOT complete below.

Approved for:

HACLA	LACDA	ICMS	CES Referral
☐ CoC	☐ CoC	☐ Yes	☐ CES for Adults
☐ TBSH	☐ HCVP	☐ No	☐ CES for Families
☐ HS8			☐ CES for Youth

Is client chronically homeless as defined by HUD? ☐ Yes ☐ No

If NO, does client meet criteria for program under DedicatedPLUS? ☐ Yes ☐ No ☐ N/A