County of Los Angeles – Department of Mental Health
Countywide Housing, Employment & Education Resource Development
Federal Housing Subsidies Unit (FHSU)
Pre-Authorization Request for FHSU Housing Resource (CoC/S+C, HS8, or TBSH)

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)/Shelter Plus Care (S+C), Homeless Section 8 or Tenant Based Supportive Housing Program.

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

Client Information (please print)

IS/IBHIS Number:	Date:	Date of Birth:	Social Security Number:	Sex: ☐ Male ☐ Female

Client Last Name:	Client First Name:	Head of Household: ☐ No ☐ Yes	Veteran: ☐ No ☐ Yes	Housing Authority: ☐ HACLA ☐ HACoLA

Enrolled in:	Is Client prioritized through CES?	Priority Score (1-3)	SPDAT Score (0-17)	Family Size: # of Adults	Family Size: # of Minors	Total Monthly Household Income
☐ FSP ☐ RRR ☐ VALOR ☐ SB 82 Mobile Triage Team ☐ C3 ☐ HOME ☐ MIT ☐ Project 50 Replications ☐ Other MH Program (explain): _____	☐ No ☐ Yes					$

Income Source (check all that apply):

☐ Earned Income	☐ Veteran's Disability	☐ Worker's Compensation	☐ CalWORKs or TANF
☐ Unemployment Insurance	☐ Veteran's Pension	☐ General Assistance/ GR	☐ Pension from another job
☐ SSI	☐ Child Support		☐ Alimony (spousal support)
☐ SSDI	☐ Private Disability Insurance	☐ Supplemental Nutrition Assistance	☐ Other (explain):_____

Agency/Clinic Information (please print)

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

Email Address:	Phone Number:	Fax 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.

Client portion of the rent $_____ x 30% = $_____ Service cost: $_____

Subsidized portion of rent: $_____ - $_____ = $_____

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

☐ Meets service cost requirement. Accept an application for S+C.
☐ Does not meet service cost requirement. Do not accept an application for S+C.

_____ _____
Signature of FHSU Staff **Date**