

Temporary Housing Intake Packet

Overview

Project PLASE provides temporary housing and wrap-around supportive services to homeless individuals in Baltimore City helping those in crisis through an acute time of need. The goal with each resident is to access appropriate long-term housing.

We offer 24-hour supported supervision and provide three meals daily, linens, bus tokens when available, medication monitoring, and in-house support groups.

Each resident is assigned an advocacy counselor for assistance and support. At a minimum, they meet once a week. Active case management is provided to assist the individual in meeting their needs and moving beyond their crisis situation. Referrals to community resources are made as appropriate including housing, medical care, mental health and substance abuse treatment, job readiness, education, and legal services.

Project PLASE currently operates two temporary housing facilities:

3601 Old Frederick Road, Baltimore, MD 21229

- 24 men in dormitory style living
- 12 women in dormitory style living
- Target Population: homeless individuals with either a history of mental illness, substance abuse, HIV/AIDS, or other needs

1814 Maryland Avenue, Baltimore, MD 21201

- 34 individuals in double room style living
- Target Population: homeless individuals and veterans with either a history of mental illness, substance abuse, HIV/AIDS, or other needs
- Handicap accessible

Intake and Contact Information

Applications can be completed Monday through Thursday at our 1814 Maryland Avenue location between the hours of 10 am and 2 pm. Our Intake Coordinator is available to meet with interested applicants to address any questions and concerns. They can also be filled out over the phone for convenience by calling (410) 837-1400 x221 or on our website at www.projectplase.org.

Service providers in the Baltimore area may make referrals for interested individuals. Complete the attached forms, if applicable, and fax to our Intake Coordinator at (410) 505-1255. It is expected that providers or applicants follow up on these submissions.

Phone: 410.837.1400 x221

intake@projectplase.org

Intake Checklist

The below documents, if applicable, may be needed as part of the intake process:

- Application packet
- Identifying documents
- Verification of mental health diagnosis
- Current medication prescribed
- Letter of certification of homelessness from provider
- Recent visit summaries
- Most recent TB test results
- Proof of insurance
- Proof of income
- Copy of most recent lab work verifying HIV status, cd4 and vl counts (must be signed off by MD, RN, or LCSW) *Labs must be dated in the last 6 months

*Please be informed, we fill all open beds from our wait list as they become available. Due to the nature of our program, it is impossible to predict when bed space will become available, but ask our Intake Coordinator for the approximate length in time based on eligibility criteria.

*In order to remain eligible and stay active on our waiting list, it is expected that applicants follow up with intake staff once a month. If no contact has been made over a three- month span, applications then become inactive.

To inquire about assistance and placement at other emergency or transitional facilities, try calling a Baltimore City Coordinated Access Navigator (information on the right).

EMERGENCY SHELTERS	
01	Baltimore Rescue Mission (410-342-2533) 4 N. Central Ave. Everyday: 2pm-6:30am, Intake 2pm-7:45pm
02	Baltimore Outreach Services (410-752-1285) 701 S. Charles St. Everyday: 24 hrs, Intake 9am-5pm
03	Helping Up Mission (410-675-7500) 1029 E. Baltimore St. Everyday: 2:30pm-8am
04	Karis Home (410-342-1323) 1228 E. Baltimore St. Everyday: 5pm-8am, Intake M-F: 8am-1pm
05	Loving Arms (410-367-5869) 3313 Oakfield Ave. Everyday: 24 hrs, Intake M-F: 9am-5pm
06	MCVET-Veterans (410-576-9626) 301 N. High St. Everyday: 9am-5pm, Intake Everyday 9am-4pm
07	Project PLASE – Maryland Ave 1814 Maryland Ave Everyday: 24 hrs, Intake call: 410-837-1400
08	Project PLASE – Old Frederick 3549-3601 Old Frederick Road Everyday: 24 hrs, Intake call: 410-837-1400
09	Salvation Army Booth House (410-685-8878) 1114 N. Calvert St. Everyday: 24 hrs, Intake: Call for appt
10	Sarah's Hope Shelter (410-396-2204) 1114 Mount St. Everyday: 24 hrs, Intake 9am-3pm
11	Weinberg Housing and Resource Center 620 Fallsway, (443-478-3777) Everyday: 24 hrs, Intake: 8am-4pm

Temporary Housing Program Application

Date: _____ / _____ / _____ Application Received by: _____

Name: _____ Race: _____

Date of Birth: _____ / _____ / _____ Social Security Number _____ - _____ - _____

Select all that apply (current and/or history of):

Mental Illness Yes No
 Alcohol Abuse Yes No
 Substance Abuse Yes No
 HIV/AIDS Yes No

If yes, what is the date of your last HIV related medical appointment _____ / _____ / _____

Physical Disability Yes No

Do you require special accommodations? If yes, explain: _____

Veteran Yes No

Income Source: _____ Monthly Income: _____

Insurance: _____

Where did you stay last night? _____

Were you previously a resident at Project PLASE? Yes No

Contact Phone Number: _____ - _____ - _____ Additional Phone Number: _____ - _____ - _____

Medical

Facility Name: _____ Doctor Name: _____

Phone: _____ - _____ - _____ Address: _____

Medical Conditions: _____

Office Notes:

Mental Health

Have you ever received or are you currently receiving mental health treatment? Yes No

If yes, diagnosis: _____

Facility Name: _____ Doctor Name: _____

Phone: _____ - _____ - _____ Address: _____

Substance Abuse

Have you ever abused alcohol, prescription drugs, or illegal drugs? Yes No

If yes, what substance(s) did you use? _____

Are you currently using? Yes No

What date did you last use? _____ / _____ / _____

Are you currently involved in an outpatient drug treatment program? Yes No

If yes, where? _____

Have you ever been in treatment before? Yes No

If yes, when and where? _____

Military Experience

Did you actively serve? Yes No

If so, what branch? _____

Discharge Status: Honorable Dishonorable

Do you have a DD 214? Yes No

Years of Service: _____ to _____

Office Notes:

Self-Declaration of Housing Status

Name: _____ Date: ____/____/____

This is to certify that the above named individual or household is currently homeless or at-risk of homelessness, based on the following indicated information.

Check only one:

- I am currently homeless and living on the streets/place unfit for human habitation, an emergency shelter, or a safe haven
- I am about to be evicted and must leave my current housing within the next _____ days
- I am fleeing domestic violence

I certify that the information above and any other information I have provided is true, accurate and complete.

Signature: _____ Date: _____

Witness: _____ Date: _____

Consent for Release of Information

To: _____

Name: _____ Date of Birth: ____/____/____ Social Security Number ____ - ____ - ____

I hereby authorize _____ to release and/or receive the following information to and/or from Project PLASE, Inc. in writing or verbally as may be requested:

- Financial/Employment/Payroll Information
- Benefit/Grant Records
- Medical Information/Records
- Mental health assessments and diagnoses, including mental health history and current medication listing
- Program participation information, including participation in shelter, transitional housing, mental health treatment, substance abuse treatment and recovery facilities

Information may be released to and/or received from:

Project PLASE, Inc.
 1814 Maryland Avenue
 Baltimore, MD 21201
 Phone Number: 410-837-1400 x 221
 Fax Number: 410-505-1255

I understand that this information will be used to determine my eligibility for benefits and services, as well as to provide ongoing supportive services.

I understand that my records are protected under the Federal confidentiality regulations and cannot be disclosed without my written consent. I also understand that unless this consent is revoked by me in writing, it is valid for twelve (12) months from the date of my signature.

THIS DOCUMENT IS A RELEASE. READ IT CAREFULLY BEFORE SIGNING.

Signature

Date

Witness

Date

Ryan White Referral Form

Date: _____ / _____ / _____

I am referring:

Client Name: _____

Date of Birth: _____ / _____ / _____

Social Security Number _____ - _____ - _____

For temporary housing at Project PLASE, Inc.

I assist in coordinating care for this client and I certify that this client is homeless and obtaining housing is essential to their ability to gain and/or maintain access to **HIV-related** medical care or treatment.

Signature of Referral Source

Printed Name and Credentials

Referral Agency