



Date received (for HCC office use):

HOUSING CHOICES COALITION
CLIENT INTEREST FORM

CLIENT INFORMATION (Person with Developmental Disability):

Client Name(s):
Address:
City/State/Zip:
Gender:
Birthdate:
Preferred Language:
Phone:
Second Phone:
Email:
Housing is needed for:
Housing is needed in:
Referred to HCC by:

SUPPORTING AGENCIES:

San Andreas Regional Center (SARC) Client?
UCI Number:
SARC Coordinator's Name:
Phone:
Email:
Conserved?
Conservator's Name:
Phone:
ILS/SLS Agency?
Name:
Phone:

PRIMARY CONTACT TO WORK WITH HCC ON THE CLIENT'S HOUSING NEEDS:

Is the client the primary contact who will work with HCC on the client's housing needs?
If the client is not the primary contact, describe the role of the primary contact who will work with HCC on the client's housing needs:
Contact Name (if not the client):
Address:
City/State/Zip:
Phone:
Second Phone:
Preferred Language:
E-mail:
Do you want to receive e-newsletters?

CLIENT'S CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION AND RECORDS

I, (print client's name), hereby authorize my primary caregiver, my conservator, and any employees of my Regional Center, my Independent Living Skills or Supported Living Skills Provider, my school, my day program, a housing agency or a residential care facility to disclose information to and exchange information or records with the employees of Housing Choices Coalition for the sole purpose of addressing my housing needs. This consent will expire one year from the date signed below unless I terminate it sooner by notifying Housing Choices Coalition in writing.
DATE: CLIENT SIGNATURE:

Note For SARC Coordinator: HCC Vendor No. HS0887 Housing Services Code 101 Subcode HC8

Mail to: 30 Las Colinas Ln., San Jose, CA 95119 or Fax to: 408-284-4225