

# ER Voucher Intake Form Short

DATE \_\_\_\_\_ Referred by \_\_\_\_\_ Phone # \_\_\_\_\_

NAME \_\_\_\_\_ DOB \_\_\_\_\_ Marital Status \_\_\_\_\_

SS# \_\_\_\_\_ ID \_\_\_\_\_ Religious preferanc \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Income \_\_\_\_\_ Employer \_\_\_\_\_

Are you a registered offender? \_\_\_\_\_ Do you need to register? \_\_\_\_\_ date of offence \_\_\_\_\_

Are you on probation \_\_\_\_\_ Contact \_\_\_\_\_ Are you a victim of DV \_\_\_\_\_

Do you have children \_\_\_\_\_

How many children? \_\_\_\_\_ Names & Ages \_\_\_\_\_

CWS/CPS? \_\_\_\_\_

Workers name & Ph \_\_\_\_\_

## SITUATION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ACTION:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referrals Made	Fallow up
_____	_____
_____	_____

I agree the above is true and correct. I understand that my information will be used to evaluate my situation and is confidential. I agree to a drug test before receiving services from Set Free or partnering churches. I understand that a positive test will result in not being eligible for further assistance. I understand that the Case managers are mandated reporters and that if I threaten to harm myself or another a report will be made to the appropriate authorities. I understand that I must meet with my case manager at least once a week to review goals. Failure to do so will result in my case being terminated.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Case Manager's Signature \_\_\_\_\_ Date \_\_\_\_\_

# 2007-2008 Voucher Program

Voucher #	Name	Status / Outcome
<i>Date</i> #000651	<i>Voucher person name</i>	<i>daily note, outcome</i>
#000652		
#000653		
#000654		
#000655		
#000656		
#000657		
#000658		
#000659		
#000660		

## DIRECTIONS FOR VOUCHERING

1. Give ER intake form located in the voucher book under intake. Make sure it is all filled out if they to register as a sex offender, stop they are not eligible and can not even stay on property if they pay. Make sure they sign it.
2. Ask to see Id If no Id they can not stay in the motel however they can go to the DMV then come back.
3. Call the front office to see if there is a red flag on there name and if there is room availability.
4. Review there situation check to see if they have a plan. They can not just stay because they have no place to stay they need to have a plan either go in to a program, waiting for Pay check, waiting for housing to open up, Recent DV or er situation like fires , flood look to see if they will have potential to pay in the near future by reviewing their income.
5. Write down important tidbits that they say
6. Priority goes to parents with kids, domestic violence victims , elderly and disabled then single men and women.
7. Trust your gut feeling if you think they are on drugs drug test them.
8. If they are to receive a voucher review stipulation with them
  - \* No drugs, or drinking on property.
  - \* They must not leave there kids unattended.
  - \* No Unauthorized guests in room.
  - \* They must check out by 11 and get all there belongings out of room and turn in key at front desk.
  - \* Must come to see voucher person between 12-3pm M-F
  - \* Must drug test if asked to.
  - \* You will not be re-vouchered in if they have not removed there stuff by 11am
9. Fill out voucher make sure the number on the voucher matches the number in the book fill out there name , sign and date it , put the number of adults and kids in appropriate box.
10. Record it in the book. enter the date above the voucher number
11. In status box determine one goal they need to have completed when returning to the office the next day and follow up it.
12. Write the actions you took or the referrals given on the ER intake and in status box.

*Rules  
Voucher  
please  
sign.*

### Returning vouchers

1. Check to see if they have completed the goal or task given to them the previous day
2. assist with calling places if needed
3. write status in status box
4. drug test after 2nd voucher if positive confront give number to 211 and do not revoucher unless have Denises or pastors approval
5. write drug test results in status box.
6. Repeat steps 5-12

If there are any questions please call me at 212-3839 I will try and have my phone on and with me if I am not on property

# Emergency Voucher Program

Fabulous Seven Motel and Set Free Ministries  
1527 E. Main El Cajon. Ca. 92921

Dear \_\_\_\_\_

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

As of \_\_\_\_\_ 2007 there will no longer be any vouchers available. Your last night to receive a voucher will be \_\_\_\_\_ 2007. You may want to check with the front desk for a regular room rate if you wish to continue staying at the Fabulous Seven Motel. Your status to stay is \_\_\_\_\_.

Thank you for your cooperation in this matter.

Denise Valence  
Case Manager  
ER Resource Coordinator





(13) Is it your personal choice to remain homeless?  Yes  No

(14) Do you plan to stay in El Cajon?  Yes  No

(15) What is one thing that stands between you and *NOT* being homeless?

\_\_\_\_\_

(16) Ethnicity:

White  Black  Asian/Pacific Islander  Native American/Alaskan  Hispanic  Other

If Other, Please specify: \_\_\_\_\_

(17) Primary Language:  English  Spanish  Other If Other, Please specify: \_\_\_\_\_

(18) Marital Status:  Never Married  Married  Separated  Divorced  Widowed

(19) Veteran Status:  Yes  Yes/Disabled  No

(20) Type of Discharge:  Honorable  Dishonorable  Other If Other, Please specify: \_\_\_\_\_

(21) Highest Grade Completed: \_\_\_\_\_

(22) Number of Dependents: \_\_\_\_\_

(23) Ages of Dependents: \_\_\_\_\_

(24) Where are your dependants now?: \_\_\_\_\_

If dependants are minor(s), are they in school?  Yes  No

If they are in school, please list school: \_\_\_\_\_

(25) How would you rate your emotional/Mental Health Issues?:  Good  Fair  Poor

(26) Disability:  Yes  No

(27) Type of Disability:  Mental  Physical (28) Health Status:  Good  Fair  Poor

(29) Dental Status:  Good  Fair  Poor (30) Are you on:  Parole  Probation

\*\*\* THANK YOU FOR COMPLETING THIS SURVEY\*\*\*

Prepared by: El Cajon Collaborative and the Institute for Public Strategies

45422



**MISC SERVICES**

ALCOHOLICS ANONYMOUS	619-265-8782
UNITED WAY INFO LINE	619-230-0997
SOUTHERN INDIAN COUNCIL	619-445-1188
COUNTY HOUSING AUTHORITY	858-694-4801
CONSUMER CREDIT COUNSELING	619-447-5700
ALLIANCE FOR AFRICAN ASIS-TANCE	619-441-8818
PUBLIC ASSISTANCE	858-514-6885
MAAC PROJECT ENERGY ASSIS-TANCE	619-588-4323
CHALLENGE CENTER (DISABLED SERVICES)	619-667-8644
COMMUNITY SERVICE CENTER FOR DISABLED	619-293-3500
UNION OF PAN ASIAN COMMU-NITY OF SD	619-232-6454
COUNTY SOCIAL WORKER LOCA-TOR	858-694-5191
BIG BROTHERS/ BIG SISTERS	858-485-6964
HOUSING AUTHORITY SECTION 8	858-694-4831
ACCESS & CRISIS LINE	800-479-3339
HOMESTART	619-579-3201
REGISTERED SEX OFFENDER LIST	900-463-0400
AIDS HOTLINE	800-342-2437
EAST COUNTY ROP	619-590-3900
WELCOME HOME -PRISON MINIS-TRY	800-500-6411
WIC	800-500-6411
Dwv	800-777-0133
DISABILITY	800-480-3287
IMMIGRATION & NATURALIZATION	800-870-3676
MARRIAGE LICENSES	619-237-0502
SOCIAL SECURITY	800-772-1213
MARRIAGE LICENSE	619-237-0502
BIRTH CERTIFICATE	619-237-0502
SOCIAL SECURITY	800-772-1213

**SUBSTANCE ABUSE**

KIVA (WOMEN)	619-466-9774
ALCOHOL & DRUG ABUSE HOTLINE	619-232-9343
VOA -DETOX	800-252-6465 OR 619-232-9343
CRASH	619-229-8201
SET FREE MINISTRY DISCIPLSHIP PROGRAM	619-442-0457

**MEDICAL**

MEDICAL	619-401-5808
BLACK INFANT HEALTH PROGRAM (PARENTING, LEGAL, JOBS, ETC.)	619-266-7466
NEIGHBORHOOD HEALTH CARE (FREE IMMUNIZATIONS)	619-390-9975
EAST COUNTY COMMUNITY HEALTH SERVICES	619-440-2751
MEDICAL ID# LOCA TOR	858-514-4722
HEALTHY FAMILIES	800-880-5305
MEDICAL DENTISTS & DOCTORS	619-230-0997
BABY SHOTS	619-692-6600
LA MESA COMMUNITY HEALTH SERVICES (LOW INCOME)	619-668-6280
EL CAJON PUBLIC HEALTH CENTER	619-441-6500
SD KIDS HEALTH ASSURANCE NETWORK	800-675-2229
EAST COUNTY MENTAL HEALTH	619-401-5440
EMERGENCY PSYCHIATRIC	692-8200

**HOUSING**

EAST COUNTY YMCA YOUTH AND FAMILY SERVICES	619-543-9850
URBAN MINISTRY	619-749-9184
AGEING AND INDEPENDENT SERVICES	800-510-2020
SENIOR CENTER SOUTH	619-232-2919
PEFT COMMUNITY SERVICE	619-682-5000

**SENIOR CARE**

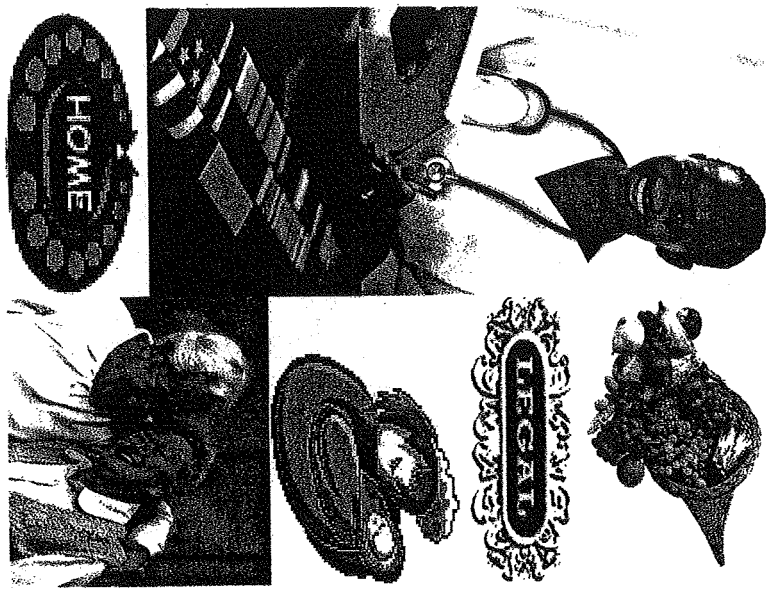
EX-OFFENDERS	619-294-3900
JAIL INFORMATION	619-615-2700

**INCARCERATION**

COUNTY TRANSPORTATION	858-874-4001
SAN DIEGO TRANSIT	619-233-3004
LAID LAW TRANSIT	619-440-1215
TRAVELERS AID	619-234-5191

**TRANSPORTATION**

# COMMUNITY RESOURCES OF SAN DIEGO COUNTY



- \* CHILDCARE
- \* MEDICAL
- \* LEGAL
- \* HOUSING
- \* SENIOR CARE
- \* SUBSTANCE ABUSE
- \* MISC
- \* TRANSPORTATION
- \* FOOD



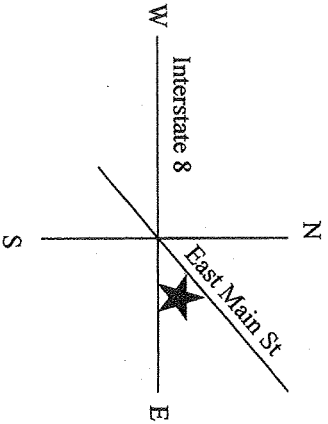


# Transportation

County Transit (858) 874-4001  
 San Diego Transit (619) 233-3004  
 Laid Law Transit (619) 440-1215  
 Travelers Aid Society (619) 234-5191

## Contact Information

Address: 1523 East Main Street  
 El Cajon, CA. 92021  
 Phone: (619) 743-9184  
 Fax: (619) 749-9324

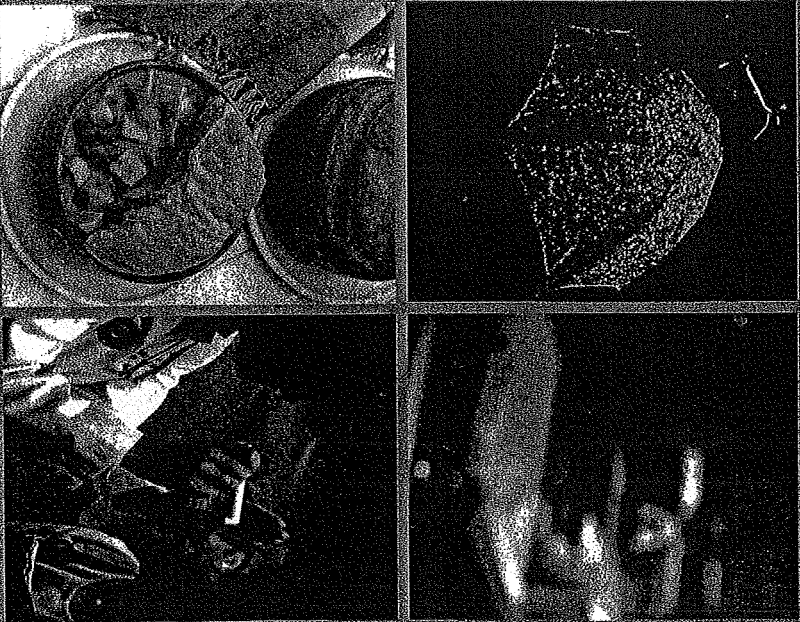


[www.UrbanMinistrySD.org](http://www.UrbanMinistrySD.org)

*Be anxious for nothing, but in everything by prayer and supplication, with thanksgiving, let your requests be made known to God; and the peace of God, which surpasses all understanding, will guard your hearts and minds through Christ Jesus.*

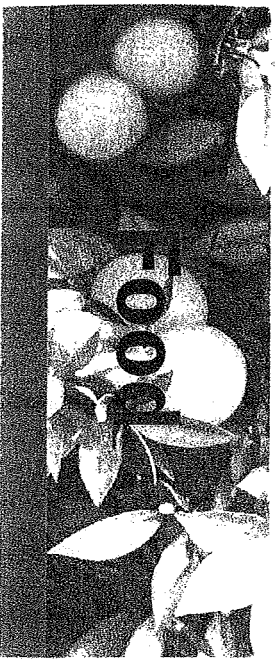
—Philippians 4:6

# Community Services of East County



- Shelter
- Food
- Transportation
- Social Services





# Shelters



East County Info Line 211  
 Salvation Army (619) 239-7692  
 Victory Chapel Church (619) 449-6678  
 Holy Trinity Catholic Church (619) 444-9425  
 Lakeside Christian Help Ctr. (619) 561-3488  
 Crisis House (619) 444-1194  
 CA Poison Control line (800) 876-4766  
 Santee Food Bank (619) 449-4788

Shadows mt. 672-6336

San Diego Info line 211  
 Salvation Army/Family Svc (619) 549-0997  
 Salvation Army Men's Shelter (619) 440-4683  
 East County Emergency Shelter (619) 447-2428  
 House of Rachel (619) 231-2828  
 Rachael's Women's Ctr (619) 696-0873  
 Episcopal Community Svcs (619) 239-6061  
 Catholic Charities (619) 231-2828  
 St. Vincent de Paul's (619) 233-8500  
 San Diego Rescue Mission (619) 234-2109  
 Vietnam Veterans (619) 294-4426  
 Runaway Hotline (800) 621-4000

South Bay Services 420-3620

Alcoholics Anonymous (619) 265-8762  
 Battered Women's Hotline (858) 272-1767  
 Child Protective Svc (858) 560-2191  
 Jail Information (619) 615-2700  
 Social Security (800) 772-1213  
 Welfare (619) 579-4355  
 Unemployment (800) 300-5616  
 Veteran's Svcs (619) 531-4545  
 Medical (858) 514-6885  
 Bankruptcy Court (619) 557-5620  
 Birth Certificates (619) 237-0502  
 Disability (800) 480-3287  
 Driver's License (800) 777-0133  
 Immigration & Naturalization (800) 870-3676  
 Marriage Licenses (619) 237-0502  
 SD Housing Authority (858) 694-4801  
 Suicide (800) 784-2433  
 Domestic Violence (800) 799-7233  
 Child Abuse (800) 344-6000  
 Crime Victims (619) 688-9200  
 Pregnancy (Bethany Christian Svcs) (800) 238-4269  
 Rescue Svcs for Women (888) 628-3353  
 (considering abandoning a new born)

**CHILD CARE/CHILDREN'S SERVICES**

CHILD ABUSE RESCUE SERVICES (NEEDING TO ABANDON A BABY OR CHILD) 800-345-6800 888-628-3553

HEADSTART 619-444-0509

CHILD PROTECTIVE SERVICES 858-560-2191

PROTECTIVE SERVICES 619-288-2369

YMCA CHILD CARE RESOURCE 619-521-4055

CHILD CARE 619-574-1454

YMCA PARENT REHERAL LINE 800-481-2151

TRUSTAFNE CHECK ON PROVIDERS 800-822-8490

**MILITARY SERVICES**

WYTHEBET AND MIL SUPPORT CENTER 619-560-7404

MILITARY LOCATORS 901-874-3388 703-784-3942

NAVY MARINE COAST GRD 800-842-8740

AIR FORCE 210-652-6377

ARMY 703-325-3732

NAVY FAMILY ADVOCACY 619-556-8809

**WOMEN SERVICES**

EMERGENCY SHELTER 619-262-0896

EMANCIPATION (LEGAL AIDE SOCIETY) 619-262-0896

CRISIS CENTER 858-292-5747

HEALING DOMESTIC VIOLENCE 619-262-0896

ONANCA SHARP HOSPITAL 858-241-4190

GATHERINGS 619-579-8764

GOVERNOR CENTER 619-625-3333

RESOURCES FOR WOMEN 619-625-3333

PROVATION 619-625-3333

WOMEN 619-258-6883

CRISIS 619-258-6883

PARENT & CHILD MEDICATION 619-268-6847

DOOR OF HOPE 619-298-2400

PREGNANT TEEN SHELTER OR TEEN RUNAWAY 858-262-1100

HARMONIUM 858-566-5740

**DOMESTIC VIOLENCE TREATMENT**

DOMESTIC VIOLENCE TREATMENT 888-505-7233

DOMESTIC VIOLENCE TREATMENT 619-683-2500

NEGLECT INFORMATION LINE 619-683-2500

DOMESTIC VIOLENCE TREATMENT 619-683-2500

DOMESTIC VIOLENCE TREATMENT 619-683-2500

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**FAMILY COURT ASSISTANCE**

DIAGNOSIS SUPPORT CENTER 619-236-7600

FAMILY COURT WALK-IN CLINIC 619-441-4622

VOLUNTARY GUARDIANSHIP (BY COURT) 858-994-6302

LEGAL AIDE SOCIETY 619-262-0896

CHILD ABDUCTION (CA) 619-531-4345

FAMILY COURT SERVICES 619-441-4387

SANDIEGO VOLUNTEER LAW YERS 619-235-5656

PREFRAT INVESTIGATION 619-521-3234

FAMILY LAW SELFHELP CENTER 619-236-7781

VOLUNTEER GUARDIANSHIP (PROBATE) 619-441-4622

SD COALITION FOR HOMELESS 619-281-1815

TEMPORARY RESTRAINING ORDER 619-515-8202

ADULT PROBATION 858-694-8801

HOUSING COORDINATOR 619-783-7800

MENTAL 619-688-9290

GRAND JURORS 619-688-9290

BANKRUPTCY COURT 619-529-5620

FOSTER CARE 619-529-5620

VOLUNTEER CHILDREN (CASA) 858-569-2019

**COMMUNITY RESOURCES/FOOD**

CHILDREN'S DISABILITY 619-445-7476 OR 619-465-1561

GOING/FAST GOING 1561

BEAN HAVEN SUPPORT GROUP FOR MEN'S MENTAL HEALTH 619-441-4387

CHILDREN WITH DISABILITIES INTERHOUSE 619-441-4387

WOMEN'S RESOURCES CENTER 619-574-6306

RACONNITE CENTER 619-574-6306

TO GO WOMEN'S RESOURCES WWW.WRGO.ORG 858-574-6883

CAF WORKS 858-574-6883

FOOD STAMPS 858-574-6883

SALVATION ARMY 619-239-7692

VICTORY CHAPEL 619-449-6688

LAKE SIDE CHRISTIAN 619-561-3488

CANTERBURY PARK 619-440-7788

**SEXUAL ABUSE TREATMENT**

CHADWICK CENTER 619-461-2913

VIOLENTS OF CRIME 800-842-9457

GHADWICK CENTER 619-461-2913

SHEEPS 619-402-1811

FAMILY STRESS CENTER SAFE PATHS 619-691-1531

AMAG (ADULTS MOLESTED AS CHILDREN) 619-561-2894

**HOMELESS SERVICES**

SAN DIEGO COLLEGE 241

THE COUNSEL CENTER 619-242-2428

ST VINCENT DE PAULS 619-235-8500

SAN DIEGO RESCUE MISSION 619-234-3109

WOMEN'S RESOURCES 619-292-4492

RUNAWAY HOTLINE 800-621-7000

SALVATION ARMY FAMILY SCS 619-440-4683

SALVATION ARMY MEN'S SCS 619-239-7692

CATHOLIC CHARITIES 619-231-2828