



**CITY OF COSTA MESA
2020-2021 COMMUNITY DEVELOPMENT BLOCK GRANT
PUBLIC SERVICE GRANT APPLICATION**

Application is due 3:00 PM January 28, 2020

Late Applications will not be accepted

Submit 1 original application & supplemental documentation to:

Mike Linares

Housing & Community Development

77 Fair Drive, Costa Mesa CA 92628

AND

Email the completed unsigned application form in MS-Word format to: mike.linares@costamesaca.gov

To be considered for funding a complete application & documents listed below must be submitted by the due date/time. Hard copy & electronic copy must be submitted by the due date/time.

Check each item included in your application package & CD-ROM/USB drive. Ensure an authorized representative signs the application certification. Ensure all required text fields & applicable boxes are completed or checked (*click on applicable box to insert text or check mark; "Tab" from field to field; avoid using hard returns within text boxes*). Text fields are limited in space so ensure responses are concise.

**Do not submit testimonials, letters of support, or program literature
MODIFIED APPLICATIONS WILL NOT BE ACCEPTED**

Organization Name: City of Costa Mesa

Program Name: Social Services

CDBG Amount Requested: \$25,000

- Application
- Attachment A: Past & Projected Accomplishments
- Attachment B: Proposed Budget
- Attachment C: CDBG Funded Personnel
- Attachment D: Costa Mesa CDBG Outcomes Worksheet
- Signed Conflict of Interest Questionnaire

Submit the following materials as PDF files on a CD-ROM or USB Drive – Do not submit hard copies

- Proposed Program Application or Intake Sheet
- IRS Tax Exempt Documentation (remove all passwords)
- Current Board of Directors Roster
- Most Recent Financial Audit & 990 Tax Filing (remove all passwords)

1. APPLICANT GENERAL INFORMATION

A. Organization Legal Name: City of Costa Mesa

B. Address: P.O. Box 1200, Costa Mesa CA 92626-1200

C. Program Name: Costa Mesa Senior Center-Social Services

D. CDBG Amount Requested: \$25,000

E. Check the **ONE** category that best describes the proposed program

- | | |
|---|---|
| <input checked="" type="checkbox"/> Elderly/Frail Elderly Services | <input type="checkbox"/> Youth Services |
| <input type="checkbox"/> Physically/Developmentally Disabled Services | <input type="checkbox"/> Crime Awareness |
| <input type="checkbox"/> Persons with HIV/AIDS Services | <input type="checkbox"/> Homeless Services |
| <input type="checkbox"/> Fair Housing Services | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Severe Mental Illness Services | <input type="checkbox"/> Child Care Services |
| <input type="checkbox"/> Other Public Service (specify) _____ | <input type="checkbox"/> Health Services |

F. Is this application submitted by a coalition of organizations?

- Yes No (If "Yes," ensure Section 7 of the Application is completed)

G. Is this application submitted by a faith-based organization?

- Yes No

H. Location of where service will be provided (i.e., specify if program is citywide, a street address, a school site, etc.): Costa Mesa Senior Center, 695 W.19th Street, Costa Mesa, CA 92627/citywide

I. Person to contact regarding this application & program administration:

Name: Marianna Pena Email Address: marianna.pena@costamesaca.gov

Telephone: 714-327-7544 Fax:

J. Federal Tax ID Number: 95-6005030

K. DUNS Number: _____

K. Official Authorized to Sign Contracts & Expend Funds:

Name: Yvette Aguilar

Title: Acting Parks & Comm Director

2. APPLICATION SUMMARY (This summary will be used in reports to the City Council & the public)

Provide a brief summary of the proposed program, how will the program address a priority service need in Costa Mesa, and how CDBG grant funds will be used. If you are submitting a coalition application, discuss the role of coalition partners & how program & admin efforts will be coordinated. For more than 15 years, the Costa Mesa Senior Center has made it a priority to improve the quality of life of seniors in the community by providing support for physical, mental, emotional and social health. Social Services offers information, referral and linkage to resources in the community (housing, home care, transportation, assisted living, insurance, food/nutrition, limited legal counsel, individual, group and family counseling). The program also includes care management services to home bound seniors through the Meals on Wheels program (MOW). This has increased the number of clients the Community Outreach Worker (COW) serves. Currently the COW serves 45 MOW clients annually. In an effort to provide this continued service, the City is requesting funds which will be utilized to subsidize the salary of the COW. The COW also reaches out to senior residential facilities to bring awareness of the Senior Center activities/programs, and what social services offers to all seniors.

3. COMMUNITY NEED

Provide data relevant to the need for the proposed program in Costa Mesa. Ensure information is specific to Costa Mesa. Specifically address how the proposed program will impact the community need or City objectives, and how a service gap will be eliminated or demonstrably reduced. Data indicates that approximately 10% or 10,500 Costa Mesa residents are adults age 65 or older. According to 2010 Census, approximately 8.2% of these seniors are living below poverty level. More than 50% of older adults seen by the COW are on a fixed income (\$750-\$850) per month. After paying rent, food, utilities, and medical co-pays, a typical senior has a difficult time making ends meet. They are juggling between the basic necessities and medical needs. For those struggling financially and emotionally, having Social Services at no cost alleviates stress, loneliness and isolation. The COW also assists with applying for Medi-Cal, Food Stamps (Cal Fresh), and emergency transportation vouchers. The senior center provides a safe and non-threatening haven in which to address senior concerns. Additionally the COW facilitates the Transitions Support Group twice a month, which focuses on life changes, namely losses related to the aging process, including vision, hearing, mobility and memory, changes in financial status and loss of loved ones. The COW also facilitates the Veterans Social Group which includes speakers who share their stories and experiences with senior veterans. The COW has arranged outings to different military facilities. The COW schedules educational seminars for seniors throughout the year related to anxiety/depression/dementia, positive thinking and safety awareness.

4. ORGANIZATION CAPACITY & EXPERIENCE

- A. State your organization's experience to carry out the proposed program. Include information regarding length of time providing service, professional qualification of staff (i.e., license, academic credentials, etc.) & other relevant information. For the past 16 years, the COW has maintained her Licensed Clinical Social Worker status and has more than 40 years of experience working in various settings including at the City and County level, and in the non-profit sector. On a bi-annual basis, she is required to complete 36 hours of CEU's to meet licensure requirements and stay abreast of research and current developments in her profession. Additionally the COW collaborates with neighboring community social workers and other professional disciplines to share and receive insight into current trends, senior resources and protocol for administering services. The COW is proficient in performing mental health assessments and psychiatric evaluations. Her care plan includes a needs assessment namely health (physical/mental/emotional), nutrition, housing, transportation, in-home care, safety, insurance, legal, functional capacity and socialization outlets
- B. Summarize your organization's experience administering CDBG public service grant funds. The City of Costa Mesa Senior Center has been a recipient of CDBG funding for the past 5 years and has successfully administered and appropriately distributed funds to meet grant stipulations. The funds are utilized strictly to subsidize the salary of the COW and funds are monitored closely to ensure that they are expended in a fiscally responsible and equally distributed manner each quarter. The process has become more efficient each year, as better practices for fund tracking have been established. Additionally with the assistance of the CDBG grant coordinator, staff work to ensure that they remain informed and compliant with changes.

- C. If you have received CDBG funding from the City of Costa Mesa in past years, complete the table below for most recent years.

YEAR FUNDS RECEIVED	CDBG GRANT AMOUNT	NAME OF FUNDED PROGRAM
2019	\$20,000	City of Costa Mesa Social Services Program
2018	\$25,000	City of Costa Mesa Social Services Program
2016	\$10,000	City of Costa Mesa Social Services Program

- D. If previously funded by Costa Mesa CDBG, has your agency ever failed to expend all grant funds that were awarded? Yes No

If "Yes," explain reasons: _____

- E. If previously funded by Costa Mesa CDBG, has your agency ever failed to meet established contractual accomplishment goals? Yes No

If "Yes," explain reasons: _____

- F. If you have not received CDBG funding from Costa Mesa in the past 3 years, list 3 references for 3 grant fund providers that have funded the proposed program: NA

GRANT PROVIDER	GRANT PROVIDER CONTACT NAME TELEPHONE # & EMAIL	GRANT AMOUNT	DATES COVERED BY GRANT FUNDS
		\$	
		\$	
		\$	

- G. Compliance with OMB Circular A-133 (Single Audit):

- In any of the past 3 years, has your agency expended more than \$750,000 in federal funds during a fiscal year? Yes No
- During this year(s), did your agency prepare a Single Audit compliant with OMB Circular A-133? Yes No If "Yes" please provide a copy of most recent Single Audit. If "No" please explain why a Single Audit was not prepared. _____

5. PROGRAM INFORMATION

A. Complete the following budget summary for the proposed program.

- | | |
|---|--------------------|
| 1. 2020-2021 Costa Mesa CDBG Grant Funds Requested: | <u>\$25,000</u> |
| 2. Total 2020-2021 Program Budget:
(The total budget for same program that may be offered at multiple jurisdictions) | <u>\$344,000</u> |
| 3. Total 2020-2021 Agency Budget: | <u>\$1,188,600</u> |

B. Detail how requested CDBG funds will be utilized (e.g., staff salaries, benefits; program supplies; insurance; direct client assistance, etc.)? Ensure that **Attachment B “Proposed Program Budget”** is reflective of this outline. If awarded, all CDBG funds will be utilized to pay for the salary costs associated with implementing the Social Services Program. Currently, the COW works part-time, approximately 26 hours per week in which she completes assessments, facilitates the Transitions Support Group and Veterans Social Group, care management for the Meals On Wheels Program, and offers information and referral services to seniors of the Costa Mesa Senior Center. Total salary and benefits equals approximately \$45,000/year for the COW and the CDBG funds that are being requested will cover approximately 55% of that compensation.

C. What is the per unit cost to delivery of the proposed program? \$180.00/person

D. How does this cost per unit of service compare to other similar services? The Social Services program is provided at no charge to seniors. Uninsured seniors who may not have access to mental health services are able to utilize the social services program at the senior center as a supplement to their insurance, as a mental health resource. The current cost to see a mental health professional is \$175-200 per session. The ability to offer this service at no cost is vital to maintain their well being and improving their quality of life. Without this service, seniors may obtain the care, but not be able to afford the follow-up needed for the continuity of mental/emotional stability. In other City agencies, a full time person and team are dedicated to this program, which costs upwards of \$700 per person. The amount of services this costs per person is nominal, in comparison to the limited resources. Pairing the Social Services program with other community partners and agencies is what allows the program to be successful, despite some economical challenges

E. Does the proposed program serve Veterans? (Note: Up to 10 additional rating points may be awarded to this application based on the percentage of Veterans served.) Yes No
If “Yes,” what is the total percentage of Veteran clients served by the program? 10.00%

F. Provide the following information regarding full-time, part-time, contract & volunteer staff that will be utilized to provide the proposed service. (If CDBG funds are requested for any personnel costs, **Attachment C “CDBG Funded Personnel”** must be completed).

Full-Time Staff: 1
 Contract Staff: 0

Part-Time Staff: 1
 Volunteers: 0

G. What percentage of the organization’s total budget is spent on fundraising & overall administration?
34.00%

H. Provide the following information regarding the number of unduplicated clients that will be served by the proposed program:

1. Total number of unduplicated clients, **regardless of city of residence** that will be service by the program between 7/1/20 & 6/30/21? 300 Individuals
2. Total number of unduplicated **Costa Mesa clients** that will be served with requested CDBG funds between 7/1/20 & 6/30/21? 250 Individuals
3. What is the **total** proposed program budget for FY 2020-2021? \$65,000.00
4. What % of the total program budget will be used to serve unduplicated Costa Mesa residents?
83.00%

I. Budget Leveraging

1. Will CDBG or other grant funding be requested for this program from any other city or the County?
 Yes No ‡

If “Yes” how much & will these grant funds be used to assist Costa Mesa Residents?

NAME OF AGENCY	CDBG/GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

‡ Ensure that these amounts are also listed in “ATTACHMENT B PROPOSED 2020-2021 PROGRAM BUDGET.”

2. Will grant funding be requested for this program from any other funder to serve Costa Mesa residents? Yes No

If "Yes" how much & will these grant funds be used to assist Costa Mesa Residents?

NAME OF FUNDER	GRANT AMOUNT REQUESTED	AMOUNT THAT WILL SERVE CM RESIDENTS
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

- J. Is this a new program? Yes No If this is **not** a "New" program, how will this program be expanded from current program efforts? Currently when a senior is first seen by the COW, an action plan is developed which includes specific goals. Program success is evaluated through regular assessments that compare the care plan with the client's actual outcomes. It is anticipated that at least 75% of participants will be stabilized and experience improved skills in managing life situations in an effective and healthy manner. The focus will continue to be mainly on improving the senior's quality of life, by addressing 9 major areas of concern, namely housing, in-home care (functional capacity in activities of daily living), finances, insurance, legal issues, transportation, physical health, mental/emotional health, and socialization outlets.
- K. Will requested CDBG funds be used as "seed money" to create additional funding opportunities? Yes No
- L. Will requested CDBG funds be used to match funding requested for another funder? Yes No If "Yes," provide information regarding the other grant source & match requirements. _____

6. HUD REQUIREMENTS

Provide the following information regarding the number of individuals to be served by the proposed program & your agency from 7/1/2020 through 6/30/2021:

- A. Number of unduplicated Costa Mesa residents the program will serve with requested CDBG funds?
250 Individuals.

What % of these individuals will be of low/moderate income? 98%

*Note: HUD requires that each organization providing services to individuals with CDBG public service grant funds document the size, race/ethnicity & income of assisted households. Income documentation is not required for programs that exclusively serve a “**presumed beneficiary**” population; however, documentation of presumed beneficiary status is required. Presumed beneficiaries include: abused children, seniors (over 62 years of age), battered spouses, severely disabled adults, homeless persons, illiterate persons, persons with HIV/AIDS, migrant farm workers.*

- B. Does the proposed program application/intake form collect all HUD-required information?
Yes No If “Yes,” how is this information documented?

a. Self-Certification (HUD requires full income documentation for 10% to 20% of program beneficiaries)

b. Analysis of household income documents such as tax returns/pay checks

c. Program serves **presumed beneficiary** category List category Seniors

If “No,” how will this information be collected & reported to the City? _____

- C. Submit a copy of the current or proposed program application/intake form with your application submission package.

- D. If the proposed service assists the homeless, what percentage of clients are “chronic homeless?”
____% Not Applicable

*HUD defines **chronically homeless** as:*

(1) An individual who:

(i) Is homeless & lives in a place not meant for human habitation, a safe haven, or in an emergency shelter &

(ii) Has been homeless & living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least 1 year or on at least 4 separate occasions in the last 3 years, where each homeless occasion was at least 15 days &

(iii) Can be diagnosed with 1 or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability;

(2) An individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days & met all of the criteria in paragraph (1) before entering that facility; or

(3) A family with an adult head of household (or if there is no adult in the family, a minor head of household) who meets all of the criteria in paragraph (1), including a family whose composition has fluctuated while the head of household has been homeless.

- E. All CDBG-funded activities are required to provide **output** (i.e. number of individuals served) & **outcome** (i.e. anticipated benefit to program recipients) data. All CDBG-funded activities must meet one of HUD's "objectives" & "outcomes."

OBJECTIVE - Check the box (**only one**) that best applies to the proposed program:

- Suitable Living Environment – The activity is designed to benefit the community, families, or individuals by address issues in their living environment.
- Decent Affordable Housing – The activity is designed to cover a wide range of housing opportunities that meet individual family or community needs.
- Creating Economic Opportunities – The activity will generate economic development, commercial revitalization or job creation.

OUTCOMES - Check the box (**only one**) that best applies to the proposed program.

- Availability/Accessibility – The activity makes services, infrastructure, housing or shelter available/accessible to low- & moderate-income people, including individuals with disabilities.
- Affordability – The activity provides affordability in a variety of ways for low- & moderate-income people (includes creation or maintenance of affordable housing, basic infrastructure hook-ups or services).
- Sustainability (Promoting Livable or Viable Communities) – The activity aims to improve the community or neighborhoods, helps to make them livable or viable by providing benefits to low & moderate-income people, or by removing/eliminating slums/blighted areas.

7. COALITION APPLICATION INFORMATION

NOTE: A coalition is defined as two or more agencies (at least one of which is applying for CDBG public service grant funds) with the goal of addressing an identifiable community need, eliminating duplication of services & reducing grant administration. Evidence of a formal Memorandum of Understanding or agreement between coalition agencies must be provided.

Coalition points may also be awarded to those applications that can demonstrate they work in partnership with the City to implement homeless or neighborhood improvement initiatives.

CHECK BOX IF NOT APPLICABLE (NOTE: UP TO 10 RATING POINTS ARE AVAILABLE FOR COALITION APPLICATIONS)

A. List coalition members:

Lead Agency:
Member:
Member:
Member:
Member:

- B. Describe the target population to be served by the coalition.
- C. Describe the services each member of the coalition will provide to coalition clients & how services will be coordinated, tracked & reported. *(If seeking points as a City initiatives partner, list services to be provided & how services will be coordinated with City efforts.)*
- D. How is the effectiveness & success of coalition efforts measured? Provide data regarding coalition effectiveness/success.
- E. How many clients will be served by coalition efforts during the 2020-2021 Program Year with requested CDBG funds?

8. CERTIFICATION

I hereby certify that I am authorized to submit this application for CDBG public service grant funding provided by the City of Costa Mesa (“City”) by the Board of Directors of City of Costa Mesa (“Agency”). If grant funds are granted, funds will be used solely to benefit low- and moderate-income Costa Mesa residents. Agency understands that general liability, auto liability insurance, and workers compensation insurance are required and will be provided per terms of a grant agreement to be executed between the City and the Agency. Agency understands that grant funds are provided on a reimbursement basis and will provide appropriate documentation to substantiate expenditures submitted for reimbursement. Grant funds will be administered pursuant to an agreement and are consistent with applicable federal regulations. If the Agency fails to serve eligible Costa Mesa residents during the term of the contract, or fails to substantially attain projected accomplishments (defined as at least 75% of projected number of persons to be served), Agency may be required to repay all or a portion of funds already disbursed to the Agency by the City and/or forego receipt of additional grant funds. Agency also certifies that it is in compliance with all local zoning/land use regulations and possesses all required licenses and permits to operate/provide program.

Name: Marianna Pena

Title: Assistant Recreation Supervisor

Signature

Date

ATTACHMENT A

PAST & PROJECTED CDBG-FUNDED PROGRAM ACCOMPLISHMENTS

Program Name: Social Services

Do not use percentages
List actual number of unduplicated Costa Mesa residents served in past years or estimate number of unduplicated Costa Mesa residents to be served with requested CDBG funds

INCOME CATEGORY	2017-2018 ACTUAL NUMBER OF CM PERSONS SERVED	2018-2019 ACTUAL NUMBER OF CM PERSONS SERVED	2019-2020 PROJECTED NUMBER OF CM PERSONS TO BE SERVED	2020-2021 PROJECTED NUMBER OF CM PERSONS TO BE SERVED
MODERATE-INCOME 80% + MEDIAN INCOME		0	5	5
LOW-INCOME 50%-80% MEDIAN INCOME		37	15	15
VERY LOW-INCOME 30%-50% MEDIAN INCOME		44	35	30
EXTREMELY LOW- INCOME 0%-30% MEDIAN INCOME		167	195	200
TOTAL	0	248	250	250 §

§ Total "Projected to be Served" should equal number of unduplicated Costa Mesa Residents to be served with CDBG grant funds listed previously in your application.

**ATTACHMENT B
PROPOSED 2020-2021 PROGRAM BUDGET**

Program Name: Social Services

BUDGET CATEGORY	CDBG	OTHER	TOTAL
Agency Administration Staff Salaries & Benefits	\$0.00	\$115,000.00	\$115,000.00
Program Staff Salaries & Benefits	\$25,000.00	\$20,000.00	\$45,000.00
Program Supplies	\$0.00	\$2,000.00	\$2,000.00
Rent/Lease	\$0.00	\$0.00	\$0.00
Communications	\$0.00	\$1,000.00	\$1,000.00
Utilities	\$0.00	\$6,000.00	\$6,000.00
Insurance	\$0.00	\$0.00	\$0.00
Professional Services (Specify)	\$0.00	\$0.00	\$0.00
Other (Specify) Transportation Services	\$	\$200,000.00	\$200,000.00
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
Other (Specify)	\$	\$	\$
TOTAL	\$25,000.00	\$344,000.00	\$369,000.00

List Source of "Other" Program Funds to be use to Assist CM Residents

SOURCE OF OTHER PROGRAM FUNDS	AMOUNT OF OTHER PROGRAM FUNDS	FUNDS SECURED FOR FY 19-20 WITH A CONTRACT?
General funding	\$1,028,600.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
OCTA Measure M2 Grant Funding	\$85,000.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Hoag Hospital Grant- Transportation	\$75,000.00	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
	\$	Yes <input type="checkbox"/> No <input type="checkbox"/>
TOTAL	\$1,188,600.00	

ATTACHMENT C CDBG FUNDED PERSONNEL

CHECK BOX IF NOT APPLICABLE

LIST ONLY POSITIONS FOR WHICH YOU ARE REQUESTING CDBG FUNDING

AGENCY ADMINISTRATION

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
Community Outreach Worker	\$45,000.00	\$20,000.00	\$65,000.00	\$25,000.00	83.00%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

PROPOSED PROGRAM CONTRACT STAFF

POSITION TITLE	ANNUAL SALARY	ANNUAL BENEFITS	TOTAL COMPENSATION	CDBG FUNDS REQUESTED	% OF TIME POSITION IS DEDICATED TO COSTA MESA CDBG ACTIVITY
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%
	\$	\$	\$	\$	%

ATTACHMENT D

COSTA MESA CDBG OUTCOMES WORKSHEET

This sheet is designed to help applicants for Costa Mesa CDBG funding better plan their program and identify their desired program goals and outcomes. It will not factor into the application process, but rather, can be used to help applicants think about their program.

Program Goal	Program Activities	Program Output	Indicator	Program Outcome	Target Population(s)
<i>Goals:</i> This is an overarching objective of what you are trying to achieve with your program. It should be as specific and clear as possible.	<i>Activities:</i> This describes the who, what, when & where of your program. What tasks/activities will be done in pursuit of the desired goal.	<i>Outputs:</i> This describes the intermediate step of what effort(s) your team exerted in pursuit of the outcome. This is often easily quantifiable (# of classes held, # of meals served, # of participants engaged, etc.)	<i>Indicators:</i> This measures progress “measures” or “benchmarks.” It answers the question: Are we on track to reach the outcome?	<i>Outcomes:</i> This describes the end result and impact on the target population. It answers the question: What would we expect to see as a result of the efforts (change in knowledge, behavior or community)?	Please identify which of the following high-priority populations your outcomes serve <ul style="list-style-type: none"> _ Homeless Services/ Fair Housing _ Youth Services _ Disabled Services _ Elderly/ Frail, Senior Services
Goal 1: Educate 200+ seniors about preventative and health maintenance, and keep them up to date on healthcare reform and changes that may directly impact them	Collaborate efforts with local partners to bring educational seminars to address prevalent issues in senior communities, such as hoarding, improper medication intake and risks with certain legally state approved drugs namely medical cannabis	The OC Health Care Agency provides consultations to seniors to evaluate their medications - this has been helpful. It has prevented seniors from having severe side effects to meds. Also more than 15 presentations have been provided to seniors regarding this issue	Registration is taken for all presentations so that attendance is tracked. Additionally, the center has a membership software tracking system to obtain accurate attendance numbers and keep track of who has checked in/out of the center	It is expected that seniors will become educated and better aware of health maintenance and hopefully will translate into a positive lifestyle and limit emergency service needs, which will impact the community as a whole	Disabled/Elderly/Frail Senior Services
Goal 2: Link 35+ unduplicated clients to available community resources each quarter	The COW will provide seniors with information/linkage to available resources during transitions support group, 1:1 counseling & Veterans Support Group. Outreach efforts are also being completed during senior residential facilities visits, community events & printed material/online marketing	The COW documents and provides reporting on the number of unduplicated clients each quarter which can be directly translated into number of clients linked to community resources	Through assessments and data reporting the COW is able to obtain unduplicated client numbers to ensure that goals are being met	At the end of each visit/phone call, the COW provides the client a satisfaction survey. The client is able to note the help/service acquired and able to comment on how the COW impacted their life. To date, the surveys have returned 100% positive	Disabled/Elderly/Frail Senior Services
Goal 3: Be an advocate for seniors to improve their quality of life with families & community agencies & reach out to veterans in the community who may need different types of counseling from a typical senior	The COW will provide support & advocacy to frail & home bound seniors who are having difficulties with community agencies & intervene on their behalf. Additionally, the COW will facilitate the Transitions Support Group & the Veterans Social Group	This will be measured by the number of clients seen and their follow up calls or office visit to track their progress	The COW makes note of every individual seen	Through these efforts, it is expected that 90% of clients who request social services assistance will have awareness of ways to improve their quality of life	Disabled/Elderly/Frail Senior Services

**Costa Mesa Senior Center
Social Services Program**



SOCIAL SERVICES INTAKE/ ASSESSMENT FORM NEW CLIENT RETURN CLIENT **DATE:** _____

TYPE OF VISIT: OFFICE TELEPHONE **REFERRED BY:** SELF FAMILY FRIEND NEIGHBOR AGENCY:

TELEPHONE: _____ **EMAIL:** _____

CLIENT INFORMATION

FIRST NAME: _____ **LAST NAME:** _____ **DOB:** _____ **SEX:** _____

HOME PHONE: _____ **CELLPHONE:** _____

ADDRESS: _____ **CITY:** _____ **STATE:** _____ **ZIP:** _____

MARITAL STATUS:
 Single Married Divorced
 Widowed Significant Other

ETHNICITY:
 White African Amer.Black Asian Amer. Indian/Alaska Native
 Amer. Indian/Alaska Native & White Amer. Indian/Alaska Native & Black
 Asian & White Black/ African Amer. & White
 Native Hawaiian/Pacific Islander Other Muliti-Racial

VETERAN: Yes No

HISPANIC/LATINO: Yes No

INCOME INFORMATION

LEVEL:
 \$0-24,950 (Extremely Low) \$24,950-41,550 (Very Low)
 \$41,550-66,500 (Low) \$66,500+ (Above Moderate)

TYPE OF INCOME: S.S SSI SSDI Disability Pension Savings Employment No Income Other

HOUSING STATUS

Asst. Living Lives Alone Rents a Room Renter Homeowner Homeless Other:

HEAD OF HOUSEHOLD: Yes No

INSURANCE

Medicare Medical MediMedi Veterans Private No Insurance

EMERGENCY CONTACT INFORMATION

NAME: _____ **TELEPHONE:** _____ **RELATIONSHIP:** _____

NAME: _____ **TELEPHONE:** _____ **RELATIONSHIP:** _____

PRESENTING CONCERN

Social Worker

Date

Health Status

Current Health Problems (physical & emotional) Observed and Reported: _____

Major Illness: _____ Accidents: _____

Hospitalizations: Past: _____ Recent: _____

Past Health Problems: _____ Vision: _____ Hearing: _____

Food/Drug Allergies: _____

Physician: _____ Telephone #: _____

Physician: _____ Telephone #: _____

ENT _____ Dental _____ Cardio _____ Gastro _____ Rsp/Uri _____

Medication	Dosage	Medication	Dosage
1)		4)	
2)		5)	
3)		6)	

Ambulation				Daily Living Tasks		
Independent	Wheelchair	Walker	Cane	Self	Assisted	Unable
				Grooming		
				Toileting		
				Bathing		
				Dressing		
				Feeding		
				Cooking		
				Cleaning		
				Handle \$		
Supportive Services						
	Hr/Wk	Provider				
IHSS						
Visiting Nurse						
Home Health Aid						
Meals on Wheels						
Sub. Housing						

Family History

Family of Origin: _____ Marriage: _____ Children: _____

Education: _____ Work History: _____

Hobbies: _____ Alcohol/Drug History: _____ Religious Affiliation: _____

Mental Status

Mental Status: _____ Appearance: _____ Behavior: _____

Cognitive Functioning: _____

Oriented:	Person:	Place:	Time:	
Emotional Affect:	Anxious:	Frustrated:	Angry:	
Combative:	Depressed:	Confused:	Withdrawn:	Suspicious
Social Support:	Family:	Friends:	Neighbors:	

TREATMENT PLAN:

INTERVENTION:

Individual: _____ Group: _____

Social Worker: _____ Date _____