

**HOUSING CHOICES COALITION  
CLIENT INTEREST FORM  
MONTEREY COUNTY**

Date received (for office use):

**CLIENT INFORMATION (PERSON WITH THE DEVELOPMENTAL DISABILITY):**

Applicant Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Preferred Language: \_\_\_\_\_

Gender:  M  F      Conserved:       San Andreas Regional Center (SARC) Client:  Yes  No

SARC Coordinator: \_\_\_\_\_

Developmental Disability Status Confirmed by:  SARC  Other: \_\_\_\_\_

ILS/SLS Service Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

I am also interested in living in the following counties:  Santa Clara County  Santa Cruz County

**CONTACT INFORMATION:**

Who should be the main contact for HCC in order to discuss the client's housing needs?

Client       Parent       Other family member/friend       ILS/SLS Staff       SARC Coordinator

Contact Name: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Second Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Do you want to be a part of our email list to receive current event updates?  Yes  No

Best days and times for a 30 minute phone intake: \_\_\_\_\_

**(PLEASE COMPLETE FORM ON BACK BEFORE SENDING IN)**

For Office Use:

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for your inquiry! You will be contacted within two weeks after your application is received for an initial phone intake, where a Housing Coordinator will assist you with your housing needs.*

*Please send form to: Housing Choices Coalition, 21 Brennan Street, #18, Watsonville, CA 950761, Fax: (831)722-3956  
If you have any questions, please contact: (831)722-3954 or monterey@housingchoices.com.*

**Housing Choices Coalition**  
**Consent For Release of Information or Records**

I, \_\_\_\_\_, D.O.B. \_\_\_\_\_,

SS# \_\_\_\_\_, hereby authorize:

Program: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

to disclose information and/or records obtained during the course of providing housing assistance for me, to:

Housing Choices Coalition  
21 Brennan Street, #18  
Watsonville, CA 95076  
831-722-3954

Such disclosure shall be limited to the following types of information:

\_\_\_\_\_

\_\_\_\_\_

The foregoing authorization shall remain in effect until \_\_\_\_\_,  
Month      day      year

unless revoked by me in writing first.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client/conservator