DCFS FYI SCREENING TOOL | RELEASE OF INFORMATION 2026 - 2027

CLIENT'S INFORMATION: (TO BE FILLED BY CLIENT ONLY)

*This information is used for the DCFS Section 8 Voucher application purposes only. Only SHD DCFS staff and agencies assisting with the housing process will have access to this information. Your responses will be kept private and secure. The information will not be used for a discriminatory purpose. You can change this information in the future by email: BURNSLA@DCFS.LACOUNTY.GOV.

Name: Date of Birth: Age:

Phone Number: Email: Ethnicity:

Sexual Orientation: Which of the following best represents how you think of yourself:

☐ Gay or Lesbian ☐ Straight, that is not gay or lesbian ☐ Bisexual

☐ I use a different term ☐ I don't know

Gender Identity: Which sex were you assigned at birth, on your original birth certificate? ☐ Male ☐ Female

How do you currently describe yourself (mark all that apply:) ☐ Male ☐ Female

☐ Transgender ☐ I use a different term

Last 4 Digits of Social Security #:

Current Address: City: State: Zip:

Current living situation:

Do you have a California ID/Driver's License? ☐ Yes ☐ No ☐ ID/Driver's License No.:

In which city/cities are you willing to live? List in order of preference: 1)

2) 3) 4) 5)

Do you have children? ☐ Yes ☐ No If yes, how many children do you have?

Are you currently employed? ☐ Yes ☐ No ☐ Full Time ☐ Part Time Time Employed:

If yes, name of employer: Monthly Income:

Other Sources of Income (i.e. General Relief, Social Security Income, SILP, Financial Aid/Stipends, etc.):

Do you have a savings account? Approximate Balance:

Do you have a checking account? Approximate Balance:

Please list any mental health or health issues past/present:

Please list and prescribed medications you are currently taking:

Have you ever been hospitalized? If yes, please explain:

Are you or have you ever been on Probation/Parole? ☐ Yes ☐ No ☐ Juvenile ☐ Adult

If you have been arrested or on probation/parole, please provide a detailed explanation:

FYI 2 DCFS APPLICATION | RELEASE OF INFORMATION AUTHORIZATION

(continued for additional space):

Emergency Contact Information:

Name:

Address:

Phone Number:

Referral/Agency Source

Name & relationship of person of referral source:

Agency:

Phone Number: Email:

ILP Coordinator Name/Office:

I, _____ hereby authorize the Los Angeles County Department of Children and Family Services (DCFS) to release my foster care status and share relevant personal information to the Los Angeles County Development Authority (LACDA), Department of Homeless Services & Housing (HSH), A Sense of Home (ASOH), and Intensive Case Management Services agencies (ICMS). This information is to be used solely for the purpose of securing emergency, transitional or permanent housing, statistical purposes, ensuring delivery of service, and program goal compliance.

Client Signature: **Date:**

SERVICE AGENCY OR YOUTH TO SEND COMPLETED FORM & SUBMIT QUESTIONS (email ONLY) TO:

BURNSLA@DCFS.LACOUNTY.GOV

FUP/FYI SECTION 8 VOUCHER ELIGIBILITY

(TO BE COMPLETED BY LA COUNTY DCFS SHD)

The above mentioned client meets foster care eligibility requirement for FUP/FYI Section 8 Vouchers:

Yes: ☐ **No:** ☐

DCFS SHD STAFF NAME & TITLE **SIGNATURE** **DATE**