

VENTURA SUPERIOR COURT HOMELESS COURT PROGRAM CASEWORKER INSTRUCTIONS FOR NEW REFERRALS

The Ventura Superior Court Homeless Program (Homeless Court) is a special Superior Court session for the homeless to resolve outstanding traffic and minor “quality of life” offenses received in Ventura County. Homeless Court offers individuals who are homeless, or at imminent risk of becoming homeless, and who have connected with a Homeless Court Referral Agency, the opportunity to receive treatment, case management services and perform community service in lieu of paying fines and fees owed to the Court. Due to the large number of case referrals to Homeless Court, and the limited calendar capacity, Referral Agency Caseworkers should review the *Status Eligibility* section carefully and refer only those individuals who meet the stated criteria. The Homeless Court Program depends on Caseworkers to screen for appropriate and eligible participants who are working diligently towards stability and self-sufficiency.

REFERRAL AGENCY PROTOCOL

Status Eligibility: To be eligible for Homeless Court, the fundamental requirement is that the Applicant be homeless, have a recent history of homelessness, or be at imminent risk of being homeless.

Agency Pre-screening: Each Homeless Court Applicant must be pre-screened by the Homeless Court Referral Agency Caseworker to determine if the individual meets the federal definition of a “homeless person.” The Applicant must get screened BEFORE completing his or her treatment and community service hours.

Federal Definition – “Homeless Person” Under federal law, a “homeless individual” or “homeless person” includes:

- An individual who lacks a fixed, regular, and adequate nighttime residence and
- An individual who has a primary nighttime residence that is - -
 - a supervised publicly or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters, and transitional housing);
 - an institution that provides a temporary residence for individuals intended to be institutionalized; or
 - a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings

Offense Eligibility: To identify which offenses are eligible for Homeless Court, please contact the Homeless Court Paralegals at the Public Defender’s Office. Paralegal walk-in hours are Monday to Friday from 8:30 - 11:00 AM and 1:30 - 4:00 PM at 800 South Victoria Ave., Room 207 in Ventura. The telephone number is (805) 654-2201.

After Screening: If the Applicant is both Status and Offense eligible, the Referral Agency Caseworker and Applicant will complete the attached *Application and Referral Form*.

APPLICATION AND REFERRAL FORM

Homeless Court Application and Referral Form: This form is to be completed by the Referral Agency Caseworker and the Applicant. The *Application and Referral Form* shall include a statement from the Applicant explaining how s/he meets the eligibility criteria of being homeless or at imminent risk of being homeless. The Referral Agency Caseworker must complete and sign the Caseworker Certification section of the form indicating that the Caseworker has pre-screened the Applicant and determined that s/he meets the Status Eligibility criteria.

Accommodations for Persons with Disabilities: Caseworkers should indicate on the *Application and Referral Form* any need for assistance or accommodation due to a disability, such as an ASL interpreter, so arrangements can be made to provide for the accommodation at the court session.

Interpreting Services: Caseworkers should indicate on the *Application and Referral Form* if the Applicant is Limited English Proficient and requires an interpreter so arrangements can be made for a certified court interpreter to be present at the court session.

Common CA DMV Point Violations - For convicted traffic infractions, drivers will have points placed on their driver license record depending on the severity of the infraction.

The Public Defender's Office, along with the Ventura Superior Courts are not responsible for any consequences implicating your license as a result of participating in homeless court.

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With my signature above, I affirm that I have read and understand the terms and conditions as stated above.

COMMUNITY SERVICE AND TREATMENT HOURS

Guidelines for Converting Monetary Fines: As a general rule, the court accepts ten hours of community service for each \$100 in fines and fees owed. This is only a guideline and can be modified as the Judicial Officer determines; taking into consideration such factors as the mental and physical capabilities of the Applicant and the nature of the work performed.

Supervision of Community Service: The overall direction, supervision and documentation of the Community Service and Treatment hours are the responsibility of the Referral Agency Caseworker.

Where to Perform Community Service: Community service hours may be performed at any of the approved agencies on the Homeless Court Referral Agency list. Applicants may also complete their hours at another suitable **non-profit** organization designated by the Referral Agency. It is expected that the Caseworker will assist the Applicant in selecting a community service and/or treatment program that is appropriate to the Applicant's needs. In the event that the Caseworker is not sure if a particular agency or non-profit is suitable for the Applicant, the Caseworker should contact the Homeless Court Paralegals before any work is started.

Community Service hours will NOT be accepted and therefore no credit given, if performed at the following places:

- Any organization, business entity or individual that is for-profit
- Any organization or agency that involves contact with children.
- Any hours performed at the Applicant's home.

WORK LOG AND CASE DISPOSITION FORM

Work Log Form: Once the Applicant is determined to be eligible for Homeless Court, the *Work Log Form* is given to the individual to record his or her community service and/or treatment hours.

Treatment, Counseling & Class Credit: Where the Applicant is seeking credit for treatment, counseling, substance-abuse classes and/or complying with mental health or substance abuse program requirements, the *Work Log* should be adapted for that purpose with appropriate notations from the supervising Caseworker. As a general rule, two hours of credit may be given for each day in a substance abuse treatment program.

Completing the Work Log: After the Applicant finishes his or her hours, s/he must complete and sign the *Work Log*. Additionally, the *Work Log* must be signed and verified by the Referral Agency Caseworker. If the Applicant performed his or her hours at a non-profit agency other than the Referral Agency, then it is also required that the *Work Log* be signed by the person supervising the Applicant's work and treatment hours.

*Applicant will not be calendared for Homeless Court until all requisite hours and forms are completed.
Please remind all Applicants that Homeless Court is a lengthy process.*

Applicant Confirms Receipt of Forms: It is the Applicant's responsibility to follow up with the Homeless Court Paralegals, to confirm receipt of the required forms and to find out the date, time and location that s/he is scheduled to appear at Homeless Court.

**VENTURA SUPERIOR COURT HOMELESS COURT PROGRAM
APPLICATION AND REFERRAL FORM**

Directions: This form is to be filled out and signed by both the Referral Agency Caseworker and the Homeless Court Applicant. The Applicant shall bring a completed copy of the form to the Public Defender's Office in person. The Public Defender's walk-in hours are as follows: **Monday – Friday from 8:30 - 11:00 AM & 1:30 - 4:00 PM** at 800 South Victoria Ave., Room 207 in Ventura.

APPLICANT INFORMATION

(To be completed by Applicant)

Name of Applicant: *(First, Middle, Last):* _____ **Date of Birth:** _____

Other Names Used: *(Former Names & A.K.A.s):* _____

Mailing Address: _____

Phone No.: _____ **E-Mail:** _____

Driver's License/CA ID#: _____ **Veteran:** ___ Yes ___ No **Gender:** ___ M ___ F

Number of Dependents: _____ *(Only count children under the age of 18).*

Have you participated in Homeless Court before? ___ Yes ___ No; **If yes, how many times?** _____

(Date(s) Month/Year): _____

Please list any physical or mental limitations that require an accommodation:

Do you need an ASL interpreter? ___ Yes ___ No; **Do you need a foreign language interpreter?** ___ Yes ___ No; **If yes, specify language:** _____

APPLICANT ELIGIBILITY CERTIFICATION & CASE INFORMATION

(To be completed by Applicant)

I have read the *Status Eligibility* requirements for Homeless Court (*hereinafter "HC"*) stated in the *HC Caseworker Instructions for New Referrals*.

I am eligible for HC because I am experiencing homelessness:

If yes, where are you currently living?

The streets, parks, car or campsite

Transitional housing for homeless people

A shelter or emergency shelter

A hotel/motel that I rent by the night or week

Sober living home

Correctional facility or half-way house

Permanent housing for homeless

Other place _____

I am eligible for HC because I have experienced homelessness within the last 6 months.

I am a past resident at a substance abuse treatment, shelter or transitional housing program

(Describe where you were living and date of residence AND where you are living now):

I have experienced homelessness within the past 6 months *(Describe your past and current living situation):*

I am eligible for HC because I am at imminent risk experiencing homelessness.

(Please describe where you are living now AND the reasons why you are at imminent risk of homelessness):

I have not previously participated in HC this calendar year.

- I am willing to participate in a program with an approved HC Referral Agency. I understand this may include completing an assessment as well as attending meetings, treatment, classes and performing community service.
- I am already participating in a program at an approved HC Referral Agency. I have completed _____ days in this program.

I authorize all of the agencies participating in the Ventura Superior Court HC Program including the Ventura County Public Defender's Office, the Ventura County District Attorney's Office, the Ventura Superior Court, and the HC Referral Agencies to access my criminal record information for purposes of processing my application and collecting statistical information.

I certify that all of the above statements regarding my eligibility for Homeless Court are true and correct to the best of my knowledge.

Date: _____ Signature of Applicant: _____

APPLICANT CASE INFORMATION

(To be completed by Applicant)

Please list any and all court cases and charges you have received in Ventura County including unresolved traffic and/or infraction and misdemeanor cases:

Case Numbers *(If known)*:

Description and Dates of Charge(s):

CASEWORKER INFORMATION & CERTIFICATION

(To be completed by Caseworker)

Name of Homeless Court Referral Agency: _____

Address: _____

Date of Referral: _____ Name of Caseworker: _____

Phone number: _____ E-Mail Address: _____

Website: _____ Where will Applicant be performing Community Service &

Treatment Hours: _____

I, _____, am the Caseworker identified above and hereby certify that I have read and understand the *Status Eligibility* requirements stated in the *HC Caseworker Instructions*. I am a representative from an approved Homeless Court Referral Agency. After screening the Applicant, I have determined that (Name): _____ meets the *Status Eligibility* requirements for Homeless Court because the Applicant is: Experiencing homelessness; Recently experienced homelessness or Is at Imminent risk of experiencing Homelessness. I believe this Applicant is ready to participate in the HC program and is willing to make an improvement in his/her life. **I understand that I am responsible for helping the Applicant select a suitable location for performing his/her community service/treatment hours and for the overall direction, documentation and supervision of the work. After the Applicant has successfully completed his/her hours, I understand that I am responsible for writing a support letter on the Applicant's behalf.**

I certify that all of the above statements are true and correct to the best of my knowledge.

Date: _____ Caseworker Signature: _____

**VENTURA SUPERIOR COURT HOMELESS COURT PROGRAM
CASE DISPOSITION FORM**

REFERRAL AGENCY CASEWORKER COMPLETES

After the Homeless Court Applicant's community service and treatment hours are completed, the Caseworker will fill out this form and attach a letter of support. The Applicant shall submit these documents to the Homeless Court Paralegals at the Public Defender's Office at the Hall of Justice - 800 South Victoria Ave., Room 207 in Ventura. The Public Defender's walk-in hours are as follows: **Monday – Friday from 8:30 - 11:00 AM & 1:30 - 4:00 PM.**

Name of Applicant: _____ Date of Birth: _____

Case Number(s): _____

Name of Referral Agency: _____

First time in Homeless Court? yes no If "no," how many other times? _____

- Were prior Homeless Court sentences satisfactorily completed? yes no
- If "no," why not? _____

Special issues or concerns limiting type and amount of work: _____

Hours Completed: _____ Dates work performed: _____

Treatment Hours: _____

Job Training: _____

Where was community service work performed? _____

Description of work performed: _____

Name of person(s) supervising community service & treatment hours: _____

Name of Agency or Organization: _____

Is this a Non-Profit Organization? _____ Is this a Governmental Agency? _____

Address: _____ Phone: _____

E-Mail Address: _____

Attach Letter of Support: The letter of support should state how long the Applicant has been working with the Referral Agency and explain the progress s/he has made. You may also include a description of the Applicant's work attitude, efforts and any other positive notes. The letter should be on the Referral Agency's letterhead and signed and dated by the Referral Agency Caseworker.

The undersigned certifies that the above-named Applicant satisfactorily performed the community service work and treatment hours as described above.

Dated: _____

Signature of Referral Agency Caseworker

VENTURA SUPERIOR COURT HOMELESS COURT PROGRAM COMMUNITY SERVICE LOG

Name of Applicant: _____ Caseworker Name: _____

Referral Agency: _____ Phone No.: _____

If the Applicant's hours are not completed at the Referral Agency, fill out the contact information below:

Organization Name: _____ Address: _____

Supervisor: _____ Phone No.: _____ E-mail: _____

Date	Time In	Time Out	Hours Earned	Total Hours	Services Performed (Describe)	Applicant Initials	Work Supervisor Initials

The undersigned certifies that the above-named applicant satisfactorily performed the treatment hours described above.

 Applicant's Signature

 Date

 Treatment Supervisor's Signature

 Date

 Referral Agency's Signature

 Date

Total:

To be completed by Public Defender's Office:

Hours Verified By: _____ Date: _____

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VENTURA SUPERIOR COURT HOMELESS COURT PROGRAM
COMMUNITY SERVICE LOG

Name of Applicant: _____

Date	Time In	Time Out	Hours Earned	Total Hours	Community Service Performed <i>(Describe)</i>	Applicant Initials	Work Supervisor Initials

VENTURA SUPERIOR COURT HOMELESS COURT PROGRAM TREATMENT LOG

Name of Applicant: _____ Caseworker Name: _____

Referral Agency: _____ Phone No: _____

If the Applicant's hours are not completed at the Referral Agency, fill out the contact information below:

Organization Name: _____ Address: _____

Supervisor: _____ Phone No.: _____ E-mail: _____

Date	Time In	Time Out	Hours Earned	Total Hours	Treatment Received <i>(Describe)</i>	Applicant Initials	Treatment Supervisor Initials

The undersigned certifies that the above-named applicant satisfactorily performed the treatment hours described above.

Applicant's Signature

Date

Total:

Treatment Supervisor's Signature

Date

Referral Agency's Signature

Date

To be completed by Public Defender's Office:

Hours Verified By: _____

Date: _____

LETTER OF SUPPORT

Referral Agency: _____

Caseworker: _____

Phone No.: _____

I am writing this letter on behalf of _____ /DOB _____,

We have determined that he/she is indigent and does qualify for the Homeless program and

services. The Community Service hours performed at _____

is a nonprofit organization and he/she has completed a total of _____ hours of community service.

The responsibilities performed at this location were _____.

Please accept this documentation as all evidence of hours worked towards his/her goals.

If you have any questions, please feel free to contact me.

Sincerely,

Signature

Date