**ENROLLMENT TAB**

**Program: PSH HMIS #:**

|  |  |  |
| --- | --- | --- |
| **Participant Name:**  | **Date Completed** | **Staff Initials**  |
| *ACCEPTED* HMIS Referral  |  |  |
| Region 16 CSBG |  |  |
| Service & Participant Agreement***-Provide copy to participant*** |  |  |
| Housing History Assessment (*not required for HP*) |  |  |
| Self Sufficiency Action Plan  |  |  |
| Budget Worksheet***-Provide copy to participant*** |  |  |
| Housing Search Case Plan ***-Provide copy to participant*** |  |  |
| Services Tracking Form |  |  |
| Confidentiality Agreement |  |  |
| HMIS Intake/Entry (must be HMIS print out) |  |  |
| Staff Certification of Eligibility-Must have Supervisor signature before any financial assistance is requested |  |  |

**Region 16 CSBG**

|  |  |
| --- | --- |
| **Agency:**  **County:**  |  **HMIS #:**  |
| Date of Assessment: | Date Entered: |
| Date of Enrollment: | Date Exited: |
| Last Name: | First Name: |
| SS#: |  | DOB: |
| Address:  |  City/ Zip: |
| \*Telephone: | \*Email: |  **\*Preferred Method of Contact:** □ Telephone □ Email  |
| **Gender**:□ Female□ Male □ Other  | **Household Size:** | **Military Status: Is Participant a U.S. Citizen? Disability:**  □ Yes □ No □ Veteran □ Yes □ Physical □ HIV/AIDS □ Active Military □ No □ Developmental □ SUD  □ Chronic Health □ Mental Health  |
| **Housing Status:**□ Own □ Rent □ Other Permanent Housing  **Building Type:**□ Mobile Home □ *Multi-Family*□ Single Family□ Low rise( < 3 Lvls)□ High rise( > 3 Lvls) □ HomelessDate Began: \_\_ \_\_\_\_ # of months homeless: \_\_\_\_\_\_\_\_ # of times homeless: \_\_\_\_\_\_\_\_ | **Family Type:**□ Single Parent/Female □ Single Parent/Male□ 2 Parent HH□ 2 Adults/No Children□ Non-related Adults w/  children□ Single Person□ Other | **Education:**□ 0-8 □ 9-12 (non-graduate) □ H.S. Grad  or GED □ 12+ Some  College □ 2-4 yrs  college □ Grad Post  Secondary | **Ethnicity:**□ Hispanic/Latino/Spanish Origins□ ***NOT*** Hispanic/Latino/Spanish Origins**Race:**□ African American□ American Indian/Alaska Native□ Asian□ Native Hawaiian / Other Pacific Islander□ Other□ Unknown/Not-Reported□ White  | **Health Insurance Type:**□ Medicaid □ Medicare □ VA Medical□ Employer Provided□ Private Pay□ Self- Insured□ SCHIP□ SHIA□ COBRA□ Indian Health Services□ None |
| **Work Status:**□ Employed- FT□ Employed- PT□ Migrant Seasonal Farm Worker□ Unemployed  (6mths or less)□ Unemployed  (more than 6mths)□ Unemployed (not in labor force)□ Retired□ Unknown□ Youth ages 14-24 who are neither working nor in school | **Income-*Fixed*:**□ SSI □ SSA □ SSDI□ Pension□ Alimony□ Widow/er Benefits□ Adoption Assist□ Black Lung PensionFrequency:\_\_\_ \_\_\_\_\_Total Mthly Amt: $ \_ \_\_\_\_\_\_  |   **Income-*Earned*:**□ Wages □ Ohio Electronic □ Self-Employment Child Care□ Active Military PayFrequency: \_\_ \_\_\_\_\_\_Total Mthly Amt:$\_\_ \_\_\_\_\_\_ | **Income *Other:***□ Cash Withdrawals from: IRA, Annuities, Other  Investments□ Lump Sum Payout: SSI, SSDI, Lottery Winnings,  Insurance Payout,  or Estate/Trust/Divorce  settlements□ Interest Income□ Other: \_ \_\_\_\_\_\_ Frequency:\_\_\_\_\_ \_Total Amt:$\_\_\_ \_  |
| **Income-*Supplemental*:**□ Unemployment □ Ohio Works First□ Utility Assistance □ TANF □ ADC□ Workers’ CompFrequency:\_\_\_\_\_ \_\_\_Total Mthly Amt:$\_\_\_\_ \_\_ |
| **Non-Cash Benefits:**□ ACA Subsidy □ WIC □ Child Care Voucher □ Public Housing□ Housing Choice Voucher □.PSH □ HUD-VASH □ SNAP (NOT Income Countable)□ Other Amount: $\_\_\_\_\_ \_ | **Deductible Income:**□ Health Insurance Premiums □ Child Support Paid-Out □ Health Care Spending Account □ Medicaid Spend Down (deductibles) □ Medicare Part D (RX Premium) □ Attorney Fees for estate or trust settlements  Frequency:\_\_ \_ \_\_\_\_\_ Total Mthly Amt:$\_\_\_ \_\_\_\_\_  |
| **Excluded Income:****□** Child Support □ Stipends for Foster Care □ Income Earned by Dependent Minors □ Tax Refunds/Rebates □ Pandemic Unemployment □ Handicapped Income (work programs for blind or disabled)□ FEMA , Cash Payments □ Agency Orange Pension □ Ohio Waiver Program (Medicaid benefit for caregiver)□ Military allowances for subsistence □ Proceeds from reverse mortgages □ Education Assistance (grant stipends for tuition/books) □ Title III Disaster Relief emergency assistance □ Title V wages (senior employment programs) □ Transportation Allowances (WIOA)□ Veterans Affairs, Service Related Disability □ Volunteers in Service to America Stipend (VISTA)□ Work Allowances (work requirement to receive OWF assistance) □ Prevention Retention & Contingency (emergency services, rental assistance)  Frequency:\_\_\_\_\_ \_\_\_ Total Mthly Amt:$\_\_\_\_ \_\_ |  |  |  |
| **Total Household Income:** **Total GROSS Income : \_\_\_\_ \_\_\_\_ Federal Poverty Level (Circle One):**  **(-minus) Total Deductible Income : \_\_\_ \_\_ \_\_\_ 30% 35% 50%** **TOTAL HH GROSS INCOME: \_\_\_\_\_\_ \_\_**  |
| **Goal (FNPI)** | **Enrollment Date** | **Achievement Date** |
| Improved Mental Health |  |  |
| Decrease Isolation |  |  |
| Connect to resources |  |  |
| Obtain safe affordable housing |  |  |
| **Activity/Service (SRV)** | **Description** | **Quantity** | **Amount** | **Date** |
| Domestic Violence Service |  |  |  |  |
| Rental Assistance |  |  |  |  |
| Security Deposit |  |  |  |  |
| Eviction Counseling |  |  |  |  |
| Landlord Mediation |  |  |  |  |
| Perm. Housing Placement |  |  |  |  |
| Rental Counseling |  |  |  |  |
| **Additional Household Members** |
| Social Security # |  |  |  |  |  |
| Last Name |  |  |  |  |  |
| First Name |  |  |  |  |  |
| Date of Birth |  |  |  |  |  |
| Gender |  |  |  |  |  |
| Disabled (Y/N) |  |  |  |  |  |
|  If Y: List Disability type |  |  |  |  |  |
| Ethnicity  |  |  |  |  |  |
| Race |  |  |  |  |  |
| Education |  |  |  |  |  |
| Health Insurance |  |  |  |  |  |
| Veteran (Y/N) |  |  |  |  |  |
| Income Period |  |  |  |  |  |
| Income Amount |  |  |  |  |  |
| Income Source |  |  |  |  |  |

***I certify this statement is true & correct to the best of my knowledge; I authorize the release of any or all information necessary for verification purposes.***

**Participant Signature: Date:**

**Approved By:** **Date:**

**Services and Participation Agreement**

Region 16 homeless services offers assistance for households (individuals or families) experiencing homelessness or are at risk of becoming homeless. Participants agree to participate in housing search, maintain monthly appointments, provide required documentation, and work to reach their goals in order to reach housing stability. The purpose of this agreement is to state the terms and conditions under which services will be provided to program participants. This agreement will also detail the responsibilities of program participants, and what may result in termination of assistance.

|  |
| --- |
| ***Consent for Services*:** **I agree to participate in the Region 16 housing program and understand it is a program that consists of a combination of financial assistance and supportive services. I understand the ultimate goal of the program is for each participant to be able to maintain their own independent permanent housing in the future. I agree to actively participate in housing search, maintain monthly appointments, and will submit required program documentation. I understand that I may withdraw from the program at any time, and agree to meet with Case Manager to close my household’s case. I further understand, non-compliance with program requirements will result in termination from this program.****Participant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_** |

**Participation Terms**

I understand and agree to adhere to all the guidelines stated herein which have been fully discussed with me and agree to voluntarily sign this contract. I also agree to truthfully report any problems, changes, or concerns that occur during the length of involvement with the program. I further understand that my active participation in the program’s services allows the Case Manager to support my household’s ability to achieve housing stability.

***Participant Responsibilities/Obligations (Participant must initial each of the following):***

1. I understand this assistance is **Long-Term: S-RRH/TAY RRH/PSH *I******must develop an Individualized Service Plan (ISP)*** to transition off assistance. I will attempt to obtain/maintain a permanent housing subsidy (i.e. Housing Voucher), or increase my household income to maintain housing once assistance ends. \_\_\_\_\_\_\_\_ (Initials)

2. I understand that the total length of eligible service time varies and is determined on a case-by-case basis. Factors affecting the length of eligibility of services include needs of the household, housing stability, and available resources. RRH and ETH, have a maximum length of 12 months of services in a two-year period. The program I am enrolling in is **PSH.** \_\_\_\_\_\_\_\_ (Initials)

3. I understand the unit obtained through the program must be my **only residence**. I understand that my household may not receive other housing/utility subsidies for any housing unit under any duplicative Federal, State, or local subsidy program. I understand that I cannot sub-lease/let/transfer lease to another household. \_\_\_\_\_\_\_\_ (Initials)

4. I agree to participate in the program’s supportive services which includes housing search (locating, obtaining and maintaining permanent housing). I agree to allow staff to release information about myself/household to potential housing providers in an effort to assist my household in obtaining housing. My Case Manager will only release information for the purposes of assisting my household, with the exception of mandatory reporting. \_\_\_\_\_\_\_\_ (Initials)

5. I understand that I need to report changes of my household income (gain or loss) to the Case Manager **within 10 days**. I agree to keep my Case Manager informed & updated of my lease compliance, income status, goal progress, rental payment plans/abilities, and other areas as needed/required. \_\_\_\_\_\_\_\_ (Initials)

6. I understand I am required to meet with my Case Manager every 30 days and provide all required documentation. I understand that I must coordinate with my Case Manager to schedule my required monthly meetings, (with at least one meeting in my unit every 6 months), during agency business hours. I understand that I must notify staff if I have a conflict with a scheduled appointment. If I repeatedly miss and/or cancel appointments, I understand I will not be in compliance with program service requirements, which may result in termination of assistance. I understand that I will need to meet with staff to review my exit strategy. I have the right to appeal this exit if desired. \_\_\_\_\_\_\_\_ (Initials)

7. My HH’s housing financial assistance & projected subsequent assistance (if applicable) is as follows: \_\_\_\_\_\_ (Initials)

|  |  |  |
| --- | --- | --- |
| **Month 1** (indicate program will be covered by client)**Select Program Below:***(Circle One)* **RRH TAY-RRH**  **S-RRH PSH**  | **Program Assistance Amt:***(Circle One)***Deposit:** RRH PSH Client**Rent:**  RRH PSH Client **Client Portion:** (*circle one)*30% 50% None Ongoing | **Utilities:** PIPP (If applicable, client MUST apply for PIPP if required to have utilities in their name.)  |
| **Month 2** (pending)**Select Program: RRH** **TAY-RRH**  **S-RRH** | **Rent:** Client RRH CJH **Client Portion**: 30% 50%  | **Utilities:** PIPP amt (if enrolled) |
| **Month 3** (pending)**Select Program: RRH** **TAY-RRH**  **S-RRH** | **Rent:** Client RRH CJH  **Client Portion**: 30% 50%  | **Utilities:** PIPP amt (if enrolled) |

 8. **I will pay my portion** **of the rent.** I understand that I must pay my portion of the rent and all utility bills. I understand once I sign a lease, as the tenant, I am required by law to pay my landlord rent on time, every month and in full, until the termination date of the lease. If I anticipate problems paying my portion of rent, I agree to contact my Case Manager as soon as possible in hopes to create feasible solutions to avoid late fees or other difficulties. I understand that Region 16 housing programs do not pay late fees and I will be responsible to pay or any assessed late fees. Potential ongoing rental assistance through the RRH program is reassessed monthly with the Case Manager and the Program Manager. Continued rental assistance is dependent upon the availability of funds, community resources, my household’s resources, and my participation in program services. \_\_\_\_\_\_\_\_ (Initials)

9. I will **follow all aspects of the lease** – I agree to follow Ohio Landlord-Tenant Laws and comply with the lease to the best of my ability. As such, I agree to the following:

* I will not commit any serious damage to the unit or permit any household member/guest to damage the unit (damage is understood to be any damage other than ordinary wear and tear).
* I will not have repeated violations of the lease.
* I understand that I must keep my unit clean and sanitary.
* I will be respectful of my neighbor’s right to a peaceful environment.
* I will avoid illegal activities and comply with lease/property rules surrounding the pet policy, lawn/grounds maintenance, overnight guests, etc.
* I understand that my HH’s compliance allows staff to advocate on my behalf while also maintaining a positive relationship with my current landlord, as well as future landlords.
* I will report to the landlord, or building staff, any problems with plumbing, lights, appliances, air conditioning, heating, etc. \_\_\_\_\_\_\_\_ (Initials)

10. I understand that I/my household must not commit fraud, bribery, or illegal/violent acts including drug related activities in the unit or on the property. I understand that if my unit is vacant due to my incarceration for a period greater than **PSH: 90** days, I will no longer be eligible for assistance. If my recertification falls during my incarceration, I will be immediately exited from the program. \_\_\_\_\_\_\_\_ (Initials)

11. I understand that continued participation in the housing assistance program must be re-determined every

 **PSH: 365** days. **My recertification date is** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that if I do not provide required documentation, and recertify by this date, my participation in the program is automatically terminated. \_\_\_\_\_\_\_\_ (Initials)

***Termination of Assistance***

If the participant violates program requirements and/or this agreement, the program may recommend ending the rental/utility assistance for the participant. If the participant is nonresponsive, program staff must make three attempts to contact them. The three attempts should not be using the same method. The termination process may include, but is not limited to:

1. Written/verbal notice to the participant detailing reasons for termination:
	1. Not following program requirements or agreement
	2. Participant request to withdraw from HCRP
	3. Notification of landlord of the reason for termination

If I do not agree with the reasons for my termination from the program, I may follow the grievance process as provided below:

***Grievance Process***

There are three (3) steps to the grievance process:

1. Discuss the grievance with the staff member involved. An open discussion will usually clear up any misunderstanding and/or resolve any grievance. If the grievance remains unresolved, move on to step 2.

Request a grievance packet, complete it, and forward completed form to: Homeless Director Stacey Johnson. If participant is unable to fill out the grievance form, they may request an in-person meeting with the appropriate Program Director (PD). PD will document and review the grievance, then respond in writing to the participant within five (5) working days of receipt of the complaint. If the participant remains dissatisfied with the resolution offered, s/he may take the next step. \*\* or in the case that the grievance is with the Peace House DV Director, the completed grievance form should be forwarded to the Homeless Director for review. If grievance is with Homeless Director, the grievance form should be forwarded to the Executive Director.

**3.** Participant may **r**equest that their complaint form be forwarded to the Executive Director for review. S/he will take one of the following two (2) steps:

* + - * Give the participant a written response which would indicate the final disposition or;
			* Call a conference for the parties involved in the incident(s). The final disposition will be issued within five (5) working days of the conference and will update the appropriate housing staff.

If the decision is not satisfactory, you may file a request for an administrative appeal. Submit your written appeal, along with the response of this agency, to: Patrick Hart at 77 S. High Street, P.O. Box 1001 Columbus, OH 43216..

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 **Participant Signature**  **Date
*(Provide copy to participant)***

**Housing History Assessment**

**Participant Name: Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 1. Describe a time when you were successful in housing and/or were able to fulfill a lease: |
|  |
|  |
|  |
| 2. What resources, or circumstances, were present in your life that made your successful housing described in question #1 possible? |
|  |
|  |
| 3. What services, or programs, do you think will help you establish & maintain successful housing now? (i.e. RRH, CJH, PIPP, SNAP, Medicaid, etc.) |
|  |
|  |
| 4. What are your expectations and/or goals from participating in the PSH Program?  |
|  |
|  |
|  |
|  |
| 5. Have you had any evictions? 🞏 Yes 🞏 No If yes, how many? \_\_\_\_\_\_\_\_\_\_\_ How long ago? \_\_\_\_\_\_\_\_\_\_\_ |
|  |
| *List Housing Challenges: (i.e. homelessness, past evictions, etc.)* **Homelessness,**  |
|  |
|  |
| *List Housing Strengths: (i.e. employment, ability to work, has vehicle, etc.)* |
|  |
|  |

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Self Sufficiency Action Plan**

**Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Current Status for Participant** | **Case Manager Responsibilities** | **Participant Responsibilities** | **Date Achieved** |
| **Income:** |  | Update file as needed |  |  |
| **Employment:** |  | Update file as needed |  |  |
| **Housing Situation:** |  | Provide Housing Resource | Participant is activelyseeking housing |  |
| **Food:** |  | Provide Community Resource | Utilize Food Pantries &SNAP assistance if available |  |
| **Childcare:** |  | Refer to JFS Childcare if applicable |  |  |
| **Children’s Education:** |  | Refer to Head Start if applicable |  |  |
| **Adult Education:** |  | Provide if requested |  |  |
| **Legal:** |  | Refer to SoutheasternLegal Aid (if applicable) |  |  |
| **Health Care:** |  | Refer to JFS for Medicaid if applicable | Maintain JFS apptsor apply if needed |  |
| **Life Skills:** | Refer to Housing History Assessment | Update as needed |  |  |
| **Mental Health:** |  | Refer to Local Mental Health Agency if applicable |  |  |
| **Substance Abuse:** |  | Refer to Local Recovery Agency if applicable |  |  |
| **Support Network:** |  | Update file as needed |  |  |
| **Transportation:** |  | Refer to transportation services if applicable |  |  |

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Budget Worksheet**

**PARTICIPANT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_**

***(Provide copy to participant)* Complete in:**

 **Tab 2 Tab 4**

|  |  |  |
| --- | --- | --- |
| **Monthly Expenses** | **Estimated Amt** | **Actual Amt** |
| Rent   |  |  |
| Utilities: Electric **PIPP: Will Apply Enrolled: Y N** |  |  |
|  Gas **PIPP: Will Apply**  **Enrolled:**  **Y** **N**  |  |  |
|  Water |  |  |
|   |  |  |
| Cell phone  |  |  |
| Food expenses covered by SNAP benefit  | **(**  **)** | **(**  **)** |
| Food expenses (ONLY include ***if*** HH need exceeds SNAP benefit) ***\*Calculates @ $50/person weekly (ex: 2 person HH; 50x2=100wkly. 100 x4= 400 monthly)*** |  |  |
| Baby Formula and/or Diapers |  |  |
| Transportation: (car payment, gasoline or transportation fare) |  |  |
| Child Care |  |  |
| Medical ( prescriptions, co-pays, medicine needs) |  |  |
| Insurance ( Automobile, Renters) |  |  |
| Household Supplies |  |  |
| Personal Needs (clothing, haircut, shoes, etc) |  |  |
| Tobacco Use |  |  |
| School Expenses (fees, lunches, books, tuition, etc) |  |  |
| Installment loans or other Debt Payments (Payday Loans, Fines, Court Costs, etc.) |  |  |
| Storage Unit (\**NOT counted when housed*) |  |  |
| Child Support Payments |  |  |
| Savings (please specify) |  |  |
| Other (please specify) |  |  |
|  |  |  |
| **A: *TOTAL MONTHLY COSTS*** Exclude Food expenses covered by SNAP benefit |  |  |
| **B: *TOTAL NET MONTLY INCOME***Include: Wages, child support, SSI, OWF (any eligible income): ***Do NOT include SNAP benefit.*** |  |  |
| **C: ADJUSTED MONTHLY INCOME**(Total NET Monthly Income – Total Monthly Costs) |  |  |
| **Monthly Rent Contribution?** 🞏 30% (less than 30% AMI) 🞏 50% (greater than 30% AMI) 🞏 NO\*  |
| Calculate monthly rent contribution below OR if \*NO, use the space below to explain extenuating circumstances (emergency/large expenses) that prevents the household from contributing to their rental obligation:  |

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_**

**Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
|  **Housing Search Case Plan** **Participant Name: Date:** |
|  |
|  **Phase** | **Goal Date** | **Participant Responsibility** | **Case Manager Responsibility** |
|  1 | Housing Search PhaseGoal Date: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_(RRH/TAY RRH: 14 days)Date Achieved: \_\_\_\_\_ /\_\_\_\_\_ /\_\_\_\_\_ | Use housing search tools to establish at least one solid housing lead by the end of this week. Solid lead includes:1. Price Range within Budget/Rent Reasonable guidelines: $ \_\_\_ \_\_ - $ \_ \_ \_\_\_ 2. Area you prefer to live in (County or Town/City): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_3. Appropriate # of bedrooms: \_\_\_\_\_\_\_\_\_ 4. Immediate availability5. Is selected & approved by you! | 1. Provide housing list and any potential housing leads for participant to follow up.2. Provide program information to potential landlords on participant’s behalf, and assist in finding appropriate housing, if needed.3. Connect to public transit, if available.4. Assist in negotiating housing approval. |
|  2a | Housing Approval PhaseGoal Date:\_\_\_\_\_ /\_\_\_ \_\_ /\_\_\_\_\_(RRH/ TAY RRH 14 days)Date Achieved: \_\_\_\_\_ /\_\_\_ \_\_ /\_\_\_\_\_ | 1. Contact Case Manager to schedule an inspection of potential unit. Verify that utilities WILL be on for inspection of unit. If needed, contact utility companies to turn on utilities at address, ***if*** landlord has agreed to inspection of unit. ***Unit* *must* *be* *inspected* *before* *signing a lease!!***2. Provide all required documents for financial assistance to Case Manager (copy of signed lease, signed Rental Assistance Agreement, completed Lease Review worksheet) | 1. Schedule and conduct habitability/ lead-based inspection of the unit.2. Inform participant and landlord of inspection results. If inspection passes, help facilitate move-in. If inspection fails, work with landlord to complete needed repairs or, work with participant to locate new housing if repairs are excessive.3. Discuss all required documents for financial request with landlord. (Signed rental assistance agreement, copy of signed lease, completed W9,etc). |
|  2b | **Barrier Resolution Phase** *(skip* *if* *housing* *is* *obtained within* *14 days)***New Goal Date:** \_\_ \_ /\_\_\_\_\_ /\_\_ \_\_Date Achieved: \_\_\_\_ /\_\_\_\_\_\_/\_\_\_\_\_ | If housing approval is not established within 14 days, it may be necessary to schedule 1 or 2 solutions-focused meetings with Case Manager to resolve barriers related to your housing search. List scheduled the meeting dates & time below:1. date/time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ @\_\_\_\_\_\_\_\_\_\_\_2. date/time\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_ | 1. Schedule solution focused meetings to review housing search plan with participant.2. Discuss barriers to participant obtaining housing approval and support them in finding resolutions to those barriers.3. Contact several landlords on participant’s behalf and attempt to get preliminary approval from at least one landlord. |
|  3 | Housing Move-In PhaseGoal Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_(RRH/TAY RRH 21 days)Date Achieved: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  | 1. When unit passes inspection, meet with landlord to sign lease. Provide copy of the SIGNED lease to Case Manager. Work with landlord to obtain keys and make arrangements to move into housing.2. Call utility companies once address and move-in date is known and make arrangements to turn on services for move-in date. Contact Case Manager for assistance if needed. | 1. Obtain all completed documents required for Purchase Order/Check Request. (W9, copy of Signed Lease, My Lease worksheet from participant)2. Schedule first home visit appointment with participant.3. Help participant transfer utilities through assistance/referrals if needed. |
| *(****Provide copy to******participant)*** **Participant Signature: Date:**  **Case Manager Signature: Date:**  |

**Services Tracking Form**

|  |
| --- |
| Participant Name: Date: |
|  |  |  |  |  |
|  | Service | Provided/Referred To(Circle One) | Agency or Service(Provided/Referred To) |
|  |  Furniture Assistance | Provided Referred |  |
|  |  Utility Assistance | Provided Referred | Community Action PIPP/HEAP |
|  |  Food Pantry | Provided Referred | Community Resource Guide |
|  |  Clothing/Furniture Voucher | Provided Referred |  |
|  |  Job Training/ Placement Referral | Provided Referred |  |
|  |  Schooling/ Training | Provided Referred |  |
|  |  Mental Health Counseling | Provided Referred |  |
|  |  PRC Assistance | Provided Referred |  |
|  |  EF&S Application/ Assistance | Provided Referred |  |
|  |  Metropolitan Housing | Provided Referred |  |
|  |  Landlord Advocacy | Provided Referred | PSH |
|  |  Budget Counseling | Provided Referred | PSH |
|  |  Eviction Prevention Information | Provided Referred | PSH |
|  |  Lease Review | Provided Referred | PSH |
|  |  Head Start/Help Me Grow | Provided Referred |  |
|  |  Jobs & Family Services | Provided Referred |  |
|  |  Salvation Army | Provided Referred |  |
|  |  Youth Build | Provided Referred |  |
|  |  Social Security | Provided Referred |  |
|  |  Substance Abuse Counseling | Provided Referred |  |
|  |  Child Care Assistance (Title 20) | Provided Referred |  |
|  |  After-School/ Summer Camp Program  | Provided Referred |  |
|  |  Other | Provided Referred |  |

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Case Manager Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Confidentiality Agreement**

***Confidentiality is protecting another person’s right to privacy***Information participants reveal to their Case Manager will not be discussed with anyone else. This means that the Case Manager will not reveal a participant’s personal information to anyone, without participant’s written permission, unless required by law. Furthermore, it is agreed that participants will not discuss their HH’s participation, the specific amount of financial assistance received through the program, or time enrolled in with persons not affiliated with the program, or its partners.

***A Release of Information***

This form is used to obtain this permission between the Case Manager and participant. This Confidentiality Agreement form serves as the permission between the Case Manager and participant to allow Case Managers to meet, get acquainted, and discuss social and personal interests provided with other community and social service providers and program evaluators.

***Exceptions to the Right of Confidentiality***Case Managers are asked to report information to the Coordinator and/or Supervisor that is required by Federal or State law. This includes information that indicates a participant is endangered, exploited, or is related to suspected fraudulent activity or other violations of the law.

***Confidentiality Pledge***As your Case Manager, I agree to protect your right to privacy and confidentiality. I will not disclose any information about you unless I am required to do so by law, or authorized to do so through your signed release.

**Participant Signature Date**

**Case Manager Signature Date**

**STAFF CERTIFICATION OF ELIGIBILITY - PSH ASSISTANCE**

**Purpose:** This form serves as documentation that: (1) the program participant named below meets all eligibility criteria for Region 16 housing assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor her/his supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his/her supervisor, or anyone related to them.

**Instructions:** This form must be completed for each program participant upon the determination of her/his – eligibility for Region 16 homeless housing assistance. This form must be signed and dated by homeless housing staff person and homeless housing supervisor who determine a household’s eligibility. This form must be kept in the program participant’s case file. This form will remain valid, unless a different homeless housing staff person re‐determines the household’s eligibility, in which, case a new form will be required.

|  |
| --- |
| **Participant Name:**  |
| **Enrollment Date**: |
| **\*List additional members of household**: |
|  |
|  |
|  |
|  |
|  |

*\*All members in household that will benefit from housing assistance must be listed.*

**Required certifications:** Each person signing below certifies to the following: (1) To the best of my knowledge, the program participant named above meets all requirements to receive assistance under Region 16 housing assistance. (2) To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (3) I am not related to the program participant through family, business or other personal ties. (4) To the best of my knowledge, neither I, nor anyone related to me, has received or will receive any financial benefit for this eligibility determination. (5) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. (6) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

**Case Manager Signature: Date:**

**Supervisor Signature: Date:**