

Moving to Work Rapid Rehousing Voucher Program

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Program Overview

The Moving to Work Rapid Rehousing Voucher Program was designed to help provide rental assistance and services to individuals or families experiencing homelessness. The goal is to help people obtain housing quickly, become self-sufficient and sustain housing, eventually without the help of the program. The program, coupled with operative case management, has seen a positive response to addressing homelessness and the issues associated with it.

The program uses the Department of Housing and Urban Development's (HUD) "Housing First" approach and, because of this, there are no preconditions (i.e. income, sobriety, employment etc.) required to enter the program and the resources and services are designed to meet the needs of the individual. However, for the protection of others in the program and to maintain functional relationships with landlords, the client must pass a background check and have no violent or sexual criminal offenses or convictions for the manufacture of methamphetamines.

Rapid re-housing has proven to be a successful primary solution to ending homelessness. Once a person is housed, that person is in a better position to obtain employment, tackle substance abuse issues or address mental health concerns. The program provides a chance for victims of generational poverty to rise above the barriers that have restricted their growth by providing stable housing. In addition to providing stability, research shows that "Housing First" and "Housing Focused" programs with little or no barriers are far more successful at helping clients achieve independence and remain housed than programs with barriers (i.e. income, employment, or sobriety). Programs that do not have *active* case managers essentially perpetuate homelessness by leaving a client who obviously needs help alone to struggle on his/her own.

Rapid re-housing is a much less expensive alternative to transitional housing, shelters, or other housing intervention programs.

Rapid re-housing decreases unreimbursed expenses for hospitals, emergency rooms, psychiatric facilities, medical transport services, jails and prisons; a debt that is passed along to taxpayers. It is estimated that the cost to provide medical services to the average homeless person ranges between \$30,000 and \$50,000 per year and it costs \$19,977 per year to house, feed and clothe a prisoner in Georgia.

Memorandum of Understanding

Agreement between _____ and Home for Good

Home for Good, or Its assignee ("HFG") and _____

enter into this Agreement for the purpose of affirming each agency's commitment and obligation to the other in support of a Moving to Work Rapid Rehousing Voucher Program (MTWRRVP) in Columbus, Georgia. Each party agrees to use its best efforts to assist the other in operating a successful program for providing housing to victims of homelessness. This program is one of several initiatives undertaken by The Housing Authority of Columbus, GA (HACG) as part of its Moving to Work Demonstration Plan, and is intended to accelerate the local goal to end homelessness.

HFG and _____ agree that:

The admission of eligible families to the MTWRRVP will be managed through the combined efforts of HFG and _____ staff. _____ will make an initial evaluation of the applicant's compliance with its program's criteria and make referrals to the MTW contact person at HFG. HFG will review documentation and submit completed pre-applications to the HACG. HACG staff will conduct the eligibility interview and determine the applicant's program eligibility and monthly rent based on their income. HACG staff will also conduct annual recertification of each participant's income, to ensure that each participant is receiving the appropriate level of assistance.

HFG agrees to the following:

HFG agrees to receive and review referrals from designated case managers of applicants with a documented history of homelessness, determine their eligibility for the MTW program, and admit applicants to the MTWRRVP. HFG agrees to protect the confidentiality and privacy of all its program participants as required by law and regulation.

HFG agrees to review and make recommendations to HACG of the admission policies to the extent it deems appropriate and as permitted by HUD to accommodate the special circumstances of homeless applicants.

HFG agrees to provide monthly monitoring of case management entries in ClientTrack and to provide documentation asserting such to HACG.

_____ agrees to the following:

_____ will be responsible for providing referrals to HFG to ensure the full utilization of the MTWRRVP vouchers. Designated case managers may submit eligible persons and families for referral to the MTWRRVP who meet the Admission Criteria, including but not limited to history of homelessness, clinical assessment, and vulnerability as determined by their Coordinated Entry assessment.

_____ will provide on-site and off-site supportive services in accordance with MTWRRVP Criteria, attached to this Agreement as Exhibit A. In addition,

_____ will provide the MTWRRVP participants with the following comprehensive supportive services, or the means to obtain these services, as needed: Medical Management Services, Psychosocial Rehabilitation Services, Substance Abuse Outpatient Services, Individual Counseling, Crisis Intervention, Client Benefits and Payee Representative Program, Community Support Services, Financial education (i.e. budgeting, savings), and employment training (i.e. resume building, interviewing skills, help with applications).

_____ will provide the services described above and more fully described below on behalf of the participants: Community Support Services will provide environmental support and targeted case management needed to assist the participants in accessing their necessary treatment and/or other community services. These services are intended to supplement and support the clinical needs, skills training, resource needs, community networking, and transportation services that will be provided to the participants.

Rehabilitation Services will be provided for training and skills building in education, vocational, and socialization areas.

Medicaid/Medicare and Food Stamp Eligibility applications and re-certification appointments will be handled at _____ for participants who need these services.

Information regarding the home visits, telephone conversations, program enrollments and any other interactions with the client will be recorded in ClientTrack (local version) within 3 days of the occurrence.

_____ staff will ensure that each client will participate at a level that is appropriate for that client, including work readiness training, work experience, attending school, attending substance abuse service programs, and or participating in one of the community support programs. The records of each participant will be updated on an ongoing basis and adjustments to the services and activities will be made accordingly.

Each participant will have the opportunity to be involved in the development of his or her individual treatment plan. The planning will include the participant, and where appropriate, family members, supportive services staff, case managers, residential services staffs and other service providers who may be involved with the participants care.

Agreed to this _____ day of _____, 20 _____

Printed Name

Signature

Title

Home for Good

Printed Name

Signature

Title

Exhibit A

Moving-to-Work (MTW RRV) Case Management Expectations

Listed below are general expectations of Case Managers with MTW RRV families on their caseload. These expectations are nationally accepted standards of care and are in line with those of the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) and the Department of Housing and Urban Development (HUD). It is believed that the MTW RRV families will be able to reduce their Case Management need in 12/24 to 36 months.

Weekly visits after the client's information has been submitted to the Housing Authority of Columbus, Georgia (HACG). These are activities done <i>with</i> the client. (Time frame: as needed)		
Attend Initial HACG meeting	Discuss housing needs and options (i.e. electric and gas vs total electric)	Search for housing
View properties with the client	Submit the Rental Tenant Agreement (RTA) to the landlord	Pick up the RTA
Call HACG to set up an appointment to turn in the RTA	Attend appointment to turn in RTA and sign additional paperwork	Obtain the security deposit

Weekly visits after property is approved. (Time frame: Month One of occupancy)		
Secure utility deposits and set up service	Go with tenant to sign the lease	Discuss "good tenant" expectations
Help the client secure food	Help the client secure household items	Make sure the client is comfortable in his/her new responsibilities
Set up monthly budget/bill payment arrangements and expectations with client	Encourage the importance of establishing and/or increasing income (job search, skills training, etc.)	Set up a schedule of monthly or semi-monthly meetings with the client. Make sure to give a specific date and time of meetings. Do not expect the client to wait all day for your visit.

Monthly/Semi-monthly home visits with the family (Time frame: 12/24-36 months)		
Ensure family is still living in the unit	Check utilities (water, gas, power) to make sure they are on and working	Check family welfare (visible inspection as available)
Rate housekeeping to determine if the unit is clean and safe. "Clean" is subjective so HACG will define "clean" in a meeting with the client and the Case Manager. "Safe" is defined as "free from danger" (windows and doors unblocked, wiring covered, doors on hinges, etc.)	Review self-sufficiency activities/goals for the family	Discuss the importance of self-sufficiency and stress that rental assistance programs are constantly changing and continued involvement in the MTW RRV program is contingent upon the client's participation and efforts in becoming self-sufficient.
Stress the importance of an increase in the household income. The program is constantly changing and the client needs to be prepared to assume all costs associated with living independently.	Add case notes of the visit to the local ClientTrack and upload any supporting documentation to be viewed by HACG.	Record date and time of case management services in local ClientTrack.

MTW RRV Goals and Objectives		
Childcare- To improve the child's intellectual and physical development, stability, and social skills	Education- To increase formal knowledge, employability, self-confidence, and independence and to make sure all school aged children are enrolled in and attending classes	Elderly and/or Disabled- To increase household income OR prepare a disabled minor for a life of independence
Employment- To increase earned income \geq 1.5% annually and remain employed for 12 consecutive months	General- To improve life coping skills and general health and fitness knowledge	Job Training- To increase earning potential, job choices and employability
Self-sufficiency- To improve economic and housing independence	Soft skills- To improve employment marketability	Transportation- To improve mobility, independence, and self-reliance

The Role of the Case Manager

The Housing Authority of Columbus, GA (HACG) believes that the Moving to Work Rapid Re-housing Program can be successful only with the help of effective case management of the program participants. It is expected that the case management be designed around the specific needs of the clients and that active case management be for a minimum of 24 months for chronically homeless participants or those in Intensive Case Management and a minimum of 12 months for literally homeless participants.

The Case Manager is charged with serving as an advocate for the client, helping him/her navigate the housing process and master the skills needed to successfully maintain a home. The Case Manager must help the client with even the most mundane of tasks, never assuming that something is “common knowledge.” If the client could function without case management, then he/she would not be homeless.

As the Case Manager, you are expected to:

- Have weekly meetings with the client during the application process and the housing search
- Help the client complete forms and applications required by the HACG
- Attend all meetings the client has with the HACG
- Actively help the client with his/her housing search
- Conduct a preliminary inspection of any property the client suggests
- Attend the lease signing with the client and ensure there is an understanding of terms
- Act as a liaison for the client with the landlord
- Have monthly/semi-monthly meeting with the client once he/she is housed to make sure he/she is making progress
- Document your interactions with the client in the local version of ClientTrack
- Help the client develop marketable/soft skills for employment opportunities

Program Qualifications

Clients are considered eligible for the MTWRRV program if:

- They are literally and/or chronically homeless (preference is afforded to the chronically homeless)
- They do not have convictions for sexual assault
- They do not have convictions for violent crimes
- They do not have convictions for the manufacture of methamphetamine

Basic Program Information

Clients entering the Moving to Work program are required to have a minimum of 12 months of active case management for homeless clients and a minimum of 24 months active case management for Chronically homeless clients. The 12 months begin at the move-in date and do not include services provided prior to that date. The actual length of the case management portion of the program can exceed the 12 months required and the frequency of the visits/meetings are determined by the agency providing case management, if:

1. There is a minimum of 12 visits per year
2. 80% of the visits are in the client's home

To continue enrollment, a client must:

1. Comply with case management requirement for the minimum period established
2. Keep at least 80% of scheduled appointments with case manager
3. Keep all appointments with the medical/mental health doctor, as applicable
4. Keep the rental unit clean and in good condition
5. Report changes in income or family composition to the case manager and the Housing Authority within 10 business days
6. Actively seek and gain monthly income within the first 12-month period

Clients may be discharged from the program for:

1. Failure to meet with the case manager on a regular basis
2. Failure to keep medical or mental health appointments
3. Damage to the rental unit
4. Failing to report changes in income or family composition
5. Failing to generate income through employment or Social Security payments within the first 12 months
6. Committing a violent crime
7. Selling or Manufacturing drugs
8. Going to jail for more than 30 days
9. Violating the terms of the lease
10. Subletting the rental unit

To discharge a client from the Moving to Work program, the case manager must contact the Housing Authority and:

1. Provide documentation that a client has been non-compliant with the agency's requirements for case management
2. Provide evidence of damage to the rental unit
3. Provide proof that the client has been incarcerated more than 30 days
4. Request that the Housing Authority notify the client of the termination of the contract

Once the Housing Authority has been notified of the client's non-compliance, they will:

1. Notify the client in writing that he has become non-compliant with the terms of the Moving to Work program
2. Afford the client 30 days from the date of the non-compliance letter to rectify the situation and provide sufficient proof of compliance to the Housing Authority

If the client becomes compliant and this is the first offense within the original 12/24 months, no further action needs to be taken on the part of the Housing Authority.

If the client does not become compliant and show proof, then the Housing Authority will begin the End of Participation process and the voucher will not be renewed for the following year. Because the Housing Authority has entered in to a good-faith agreement with the landlord, the lease will not be broken during the original terms unless the client becomes incarcerated for a period of more than 30 days, or if the client disappears or dies. The tenant may be asked to leave the property if the case manager or the Housing Authority suspects that the client may cause substantial damage to the unit before the lease terms expire.

The client will not be considered eligible to reapply for the Moving to Work voucher for a period of three years if:

1. The client becomes evicted
2. The client abandons the property before the lease expires
3. The client violates the agreement with the Housing Authority
4. The client voluntarily relinquishes his/her right to the voucher
5. The client is non-compliant with the case management agency
6. The client has been issued two non-compliance letters during the contract with the Housing Authority

Client Rights and Responsibilities

Client **rights** include, but are not limited to:

1. The right to be treated with respect, consideration, and dignity.
2. The right to receive services in the least restrictive setting.
3. The right to privacy and confidentiality, except as provided by law.
4. The right to approve or refuse the release of records to any individual outside of the agency, except as required by law or third-party payment contract.
5. The right to a current individualized, person-centered, treatment plan.
6. The right to informed participation in establishing a person-centered plan for housing and sustainability.
7. The right to make changes as needs and desires change.
8. The right to direct services and make decisions regarding housing, health, and well-being with the help of others of the client's choice and it is the responsibility of the Case Manager to assist the client in being informed regarding the impact of resources and choices.
9. The right to change Case Managers if other qualified Case Managers are available.
10. The right to be informed and involved before any transfer to any other service provider, Case Manager, or organization.
11. The right to file a complaint with the appropriate authorities regarding treatment and/or the violation of any of these rights without interference or retribution, as explained in the program orientation.

Client **responsibilities** include, but are not limited to:

1. Observing the rules of the agency during the relationship and, if instructions or agreed plan is not followed, forfeiting the right to services at the agency and is responsible for the outcome.
2. Providing complete and accurate information to enable the proper establishment of a person-centered plan of action.
3. Asking questions to ensure an understanding of the process or situation.
4. Showing respect to the Case Manager and any other participants in the plan of action.
5. Keeping appointments or notifying the Case Manager prior to the appointment time of the need to cancel and reschedule the appointment.
6. Acting as a responsible tenant once housed.

Process and Procedures for Assisting a Client Applying for a Moving to Work Rapid Re-housing Voucher

- I. Verify that the client has called 211 and completed an intake with Coordinated Entry. If not, have the client make that call.
- II. If the client has an active intake, make sure that a referral to another housing provider has not yet been made.
- III. If no referral has been made, have the client request that the referral be sent to your agency.
- IV. If a referral to another agency has been made, and the client wishes to receive services from your agency instead, have the client complete an Appendix I Coordinated Entry Referral Denial Form (client) and request that the referral be sent to your agency.
- V. The Case Manager has the client sign a Background consent form.
 - A. The Consent form is uploaded to ClientTrack
 - B. The Case Manager sends an email to terryg@unitedwayofthecv.org informing Home for Good that the form is in ClientTrack
 - C. Home for Good reviews the form and forwards it to the Housing Authority of Columbus, GA (HACG).
- VI. While waiting on the background check to be completed, the Case Manager for the client begins to collect documentation and fill out the initial MTW application. Documentation that is required for completion of the MTW application is:
 - A. The appropriate application
 1. The **MTW Rapid Re-Housing Voucher Program Homeless Pre-Application**
 - a. For clients who have been homeless less than 12 months or fewer than 4 times in a 3-year period wherein the months total less than 12
 2. The **MTW Rapid Re-housing Voucher Program Chronically Homeless Pre-Application (Chronically homeless individuals receive priority placement)**
 - a. For clients who have been homeless for 12 consecutive months or 4 times in 3 years wherein the total months equal 12 or more **AND**
 - b. Who have a documented mental, developmental or physical disability
 - B. Color copies of a State issued picture Identification for the Head of Household and all other members of the family over the age of seventeen
 - C. Birth certificates for all family members
 - D. Social Security cards for all family members
 - E. Proof of income (or lack thereof) for all members of the family over the age of seventeen that proves the client meets the income guidelines provided on the checklist (page 2) of the application. This can include:
 1. A wage inquiry from the Department of Labor
 2. A Non-filing Income Tax letter from the Internal Revenue Service
 3. Copies of current pay stubs (preferably 6 weeks-worth)
 4. A benefits letter from Social Security
 5. A benefits letter from the military
 6. A statement of retirement benefits from a former employer

- F. Third party proof of homelessness. This documentation cannot be provided by the referring agency or the reviewing agency. For verification purposes, all letters must include contact information for the person attesting to homelessness of the client. Acceptable attestors include:
 - 1. Agencies providing services to the homeless (preferred)
 - a. Letters of testimony
 - b. Screen shots from HMIS/ClientTrack of services provided to the client by agencies other than the referring agency
 - 2. Owners or employees of businesses where clients have slept
 - 3. Outreach team members
 - 4. Law enforcement personnel
 - 5. Employers or former employers
 - 6. In rare cases, private citizens who have witnessed the client's homelessness and who are willing to verify this assertion

- G. HUD Housing History Form.
 - 1. **All 12 months must be completed**, even if the client was not homeless for 12 months.
 - 2. **One day homeless in any month counts as a month of homelessness.**
 - 3. Supporting documentation showing 12 or more months of homelessness for 4 or more times over a 3-year period must be provided for chronically homeless individuals.

- H. **If the client is Chronically homeless**, then the case manager must provide documentation of the disability. Acceptable forms of documentation include:
 - 1. A letter from Social Security indicating SSI or SSDI payments
 - 2. Documentation from a physician
 - 3. Documentation from a mental health provider
 - 4. Documentation from a Substance Abuse program

- VII. Once the documentation is gathered, it is put in packet format, scanned and uploaded to ClientTrack.
- VIII. After the documents are uploaded, send an email to terryg@unitedwayofthecv.org. informing Home for Good that the packet is complete and ready for review.
- IX. Home for Good will review the documentation by:
 - A. Checking for completeness
 - B. Verifying attestor's claims
- X. When the background check comes back, HACG will notify Home for Good of the client's eligibility to participate in the program. Then,
 - A. HACG will set a day and time for an appointment
 - B. Home for Good will notify the referring agency of the appointment
 - C. Home for Good will submit the completed packet to HACG
- XI. On the day of the appointment with HACG:
 - A. The client AND the Case Manager arrive at 1180 Martin Luther King Blvd at the allotted time.
 - B. The HACG agent provides a detailed explanation of the paperwork needed to complete the process (this only requires the client's signature).
 - C. The client is told the amount of the voucher.
 - 1. The smaller amount is the amount the HACG pays if the client finds a place where the fee for water is included in the rent.
 - 2. The larger amount is what the HACG pays if water is not included.
 - D. The client is given the voucher and a Rental Tenant Agreement (RTA), to be completed by the landlord of the chosen property.

- XII. The client has sixty (60) days to find a place to rent. During that time:
- A. The client and the Case Manager make a list of properties that fall within the parameters of the voucher amount.
 - B. The client and the Case Manager affirm that the landlord will accept the voucher payment.
 - C. The client and the Case Manager visit prospective properties.
 - D. The client keeps a list of the addresses of the properties he/she has seen on the sheet provided.
- XIII. If the client has **not** found a property to rent within the sixty days, then
- A. The Case Manager will email Tawanda Torbert with the HACG (ttorbert@columbushousing.org) and request an extension.
 - B. The Case Manager submits the list of viewed properties to provide proof of the client's participation.
- XIV. When the client has found a property he/she wants to rent, then
- A. The Case Manager and the client give the RTA to the landlord to complete.
 - B. The Case Manager picks up the completed RTA from the landlord.
 - C. The Case Manager calls Tawanda Torbert to set up an appointment to submit the completed RTA.
 - D. The Case Manager accompanies the client to his/her appointment with the HACG to submit the RTA and sign additional paperwork.
- XV. Once the HACG has the completed RTA, then
- A. Tawanda Torbert will request an inspection by HACG.
 - B. The inspectors have five business days to set an appointment with the landlord and perform an inspection of the property.
- XVI. Once the property has passed the HACG inspection, then
- A. The client may sign his/her lease (the Case Manager attends the signing of the lease).
 - B. The client may turn on the utilities.
 - C. The client may move in after signing the lease.

Pro-tips

1. Do not assume the client can do any of this on his/her own. If he/she could, then he/she would not need us.
2. Do not ask the client to fill out the MTW application. This must be done by an agency representative.
3. Do not allow a landlord to pressure the client into connecting utilities prior to the signing of the lease. The landlord is responsible for providing service during the inspection and prior to lease signing.
4. Do not pay a deposit before an inspection has been passed and the lease is signed, even if it means the property will be rented to someone else.
5. Keep copies of everything you submit by uploading the documentation to ClientTrack.
6. Communicate with the client, Home for Good, the HACG and the landlord via email as much as possible. This creates a paper trail and enhances documentation.

Graduation Process

A client is considered eligible for graduation from case management in Moving to Work Rapid Rehousing Voucher Program when he/she meets the following criteria:

1. The client has completed 12/24 months of in-home visits.
2. The client has a minimum score of 3 on the Self Sufficiency Matrix in ClientTrack.
3. The client has completed 12 consecutive months of bill paying without an interruption in services.
4. The client has increased his/her income through employment or successfully applying for Social Security, Social Security Disability, VA disability or retirement income.
5. The client has demonstrated the skill set necessary to sustain permanent housing independent of financial assistance from outside agencies.
6. The client has demonstrated problem solving skills necessary to navigate issues that might arise as a tenant.
7. The client can successfully communicate housing concerns with the property manager, landlord or maintenance personnel.
8. The Case Manager and the client have agreed that the client is prepared to assume the responsibilities associated with renting housing.

When the client has satisfied the criteria, then the Case Manager indicates the plan to graduate the client in ClientTrack (local) case notes and uploads supporting documentation. If the documentation has been uploaded or documented in case notes throughout the process, then this should be mentioned in the case note about graduation. The Case Manager then notifies the HACG Case Manager and requests consideration of the client for enrollment in the HACG's Family Self-Sufficiency Program.

Moving to Work Rapid Rehousing Voucher Program Homeless Pre-application

Based on presented information, the individual listed below meets the preliminary qualifications for HACG's MTW Activity, Innovations to Reduce Homelessness. **By signing below**, the referring agency is certifying that the listed **individual meets the definition of Homeless**, can **produce documentation** to support their identity, family composition, and income, and understands the **importance of keeping appointments**, updating contact information, and **remaining active in** Case management.

Case Management Agency¹: Your agency's name

Case Manager: Your name Phone: Your phone number

Referral's Name: Head of Household's(HOH) name

Current Address: Address of applicant (homeless or shelter address)

Contact Number: Applicant's phone number if he/she has one Alternate: second method of contact

Year of Birth: HOH's information 18+²: HOH's age Gender: HOH's gender

Last 4 of SSN: HOH's SS number Annual Income: all household income earned in a year

Income Source(s): _____

Household Status: Individual Single-Parent Family Composition: Adults Minors

Check the appropriate box

Insert numeric answers



VI-SPDAT Assessment Pre-Screen Total _____ **Veteran?** Yes _____ No _____

VISPDAT is done by CE Administrator and can be found in ClientTrack

By signing below, I attest that the information presented is true and accurate to the best of my research **AND** understand that fraudulent information, whenever detected, is grounds for the family's dismissal from the MTW RRV Program and grounds for referral denials from said agency.

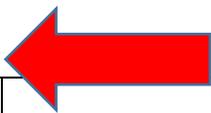
Authorized Representative: Your name Referral Date: Date of referral

Agency: Your agency's name Contact #: Your phone number

I, **Terry Gallups**, HfG representative, affirm that I have received and reviewed the referral app for completeness before sending the referral app to HACG for consideration. Terry Gallups' initials (initials) _____
 E: terryg@unitedwayofthecv.org F: 706.571.2271
 HfG respectfully submits preliminary documentation to HACG supporting MTW RRV consideration.

¹ What agency is providing case management (New Horizons, Chattahoochee Valley Jail Ministries, etc...?)
² Must be able to legally enter a contract

Candidate's Name: Name of HOH



ELIGIBILITY

Check all boxes that apply

Does individual/family meet the definition of homeless?
An individual who. . .

An individual who. . .

Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, **OR**

In transitional housing, **OR**

Exiting an institutional care facility (SA or MH treatment facility, hospital, or similar) for < 90 days

A family with an adult HOH (or minor HOH) who meets all the criteria in paragraph (1) of the Homeless definition

Check the appropriate box

DOCUMENTS**

Check all boxes that apply

Does individual/family have these documents?

Picture ID for all adult household members;

Social Security Card for all family members;

Birth Certificate for all minor household members;

Third-Party Proof of Homelessness (*agency docs preferred*);

Proof of Income; source:

_____ Check Stub

_____ Online verification

_____ Court Order / Written Statement

Meet Income guidelines (*effective: February 6, 2020*)

Provide Documents

Family Size	1	2	3	4
Maximum Income	\$20,900	\$23,850	\$26,850	\$29,800

Family Size	5	6	7	8
Maximum Income	\$32,200	\$34,600	\$37,000	\$39,350

**All documents are required before eligibility is determined

REFERRAL

Referring Agency Your Agency's Name

Meets Homeless Definition? ___ Y ___ N Meets Documentation Requirements? ___ Y ___ N

If both questions above are affirmed, then submit completed referral form to Terry Gallups at Home for Good.

AFFIRMATION OF UNDERSTANDING (HOH Initials)

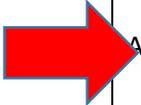
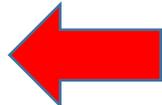
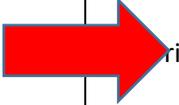
_____ I understand that I must remain in case management until I have completed the program. Failure to do so will result in revocation of the Moving to Work voucher.

_____ I give permission to the Housing Authority of Columbus, GA to contact my case manager with issues regarding my housing.

_____ I understand that processing agency staff will attempt to contact me **up to 2 times** and if I **fail to respond** OR am a **NO SHOW** for an appointment, I will **lose** my **position** and be required to **re-start the process**. Meanwhile, staff will move onto the next family.

Applicant Signature: HOH's name Date: Date submitted

Client's initials



Moving to Work Rapid Rehousing Voucher Program

Chronically Homeless Pre-application

Based on presented information, the individual listed below meets the preliminary qualifications for HACG's MTW Activity, Innovations to Reduce Homelessness. **By signing below**, the referring agency is certifying that the listed individual **meets the definition of Chronically Homeless, can produce documentation to support their identity, family composition, and income, and understands the importance of keeping appointments, updating contact information, and remaining active in case management.**

Case Management Agency³: Your agency's name

Case Manager: Your name Phone: Your phone number

Referral's Name: HOH's name

Current Address: Homeless or Shelter address

Contact Number: HOH's phone number Alternate: second contact method

Year of Birth: HoH's date of birth 18+⁴: HoH's age Gender: HoH's gender

Last 4 of SSN: HoH's SSN Annual Income: all household income earned in a year

Income Source(s): _____

Household Status: Individual Single-Parent Family Composition: Adults Minors

VI-SPDAT Assessment Pre-Screen Total _____ Veteran? Yes No

Client information

Fill in the numbers

VISPDAT is completed by CE Administrator

Check the boxes

By signing below, I attest that the information presented is true and accurate to the best of my research AND understand that fraudulent information, whenever detected, is grounds for the family's dismissal from the MTW RRV Program and grounds for referral denials from said agency.

Authorized Representative: Your signature Referral Date: date

Agency: Your agency's name Contact #: Your phone number

I, **Terry Gallups**, HfG representative, affirm that I have received and reviewed the referral app for completeness before sending the referral app to HACG for consideration. **Terry Gallups' initials** _____ (initials)
 E: terryg@unitedwayofthecv.org F: 706.571.2271
 HfG respectfully submits preliminary documentation to HACG supporting MTW RRV consideration.

³ What agency is providing case management, New Horizons, Chattahoochee Valley Jail Ministries, etc...?

⁴ Must be able to legally enter a contract

ELIGIBILITY

Check all boxes that apply

Does individual/family meet the definition of chronically homeless?

An individual who. . .

PART I (must check at least one box)

- A diagnosable substance abuse disorder
- A serious mental illness
- A development disability
- A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.

Part I is supported by a letter from a medical professional attesting to the presence of the condition

- Yes No

PART II (must check at least one box)

Lives in a place not meant for human habitation, a safe haven, or emergency shelter; **AND** Has been homeless for at least 1 year **OR** on at least 4 separate occasions in the last 3 years; **AND** Can be diagnosed with one of more conditions: SUD, SPMI, DD, PTSD, CI, PI/D*

Resided in an institutional care facility (SA or MH treatment facility, hospital, or similar) for < 90 days **AND** meets all the criteria in paragraph (1) of the Chronically Homeless definition

A family with an adult HOH (or minor HOH) who meets all the criteria in paragraph (1) of the Chronically Homeless definition

***SUD** = Substance User Disorder; **SPMI** = Severe and Persistent Mental Illness; **DD** = Developmental Disability; **PTSD** = Post-Traumatic Stress Disorder; **CI** = Cognitive Impairments; **PI/D** = Physical Illness or Disability

DOCUMENTS**

Check all boxes that apply

Does individual/family have these documents?

- Picture ID for all adult household members;
- Social Security Card for all family members;
- Birth Certificate for all household members;
- Third-Party Proof of Homelessness (*agency docs preferred*);
- Proof of Income; source:
 - _____ Check Stub
 - _____ Online verification
 - _____ Court Order / Written Statement
- Meet Income guidelines (*effective: February 6, 2020*)

Family Size	1	2	3	4
Maximum Income	\$20,900	\$23,850	\$26,850	\$29,800

Family Size	5	6	7	8
Maximum Income	\$32,200	\$34,600	\$37,000	\$39,350

**All documents are required before eligibility is determined

Documentation required

Documentation required

AND

You must check one

REFERRAL

Referring Agency Your agency's name

Meets Chronically Homeless Definition? ___ Y ___ N Meets Documentation Requirements? ___ Y ___ N

If both questions above are affirmed, then send completed referral packet to Terry Gallups at Home for Good.

AFFIRMATION OF UNDERSTANDING (HOH Initials)

___ I understand that I must remain in case management until I have completed the program. Failure to do so will result in revocation of the Moving to Work voucher.

___ I give permission to the Housing Authority of Columbus, GA to contact my case manager with issues regarding my housing.

___ I understand that processing agency staff will attempt to contact me **up to 2 times** and if I **fail to respond** OR am a **NO SHOW** for an appointment, I will **lose my position** and be required to **re-start the process**. Meanwhile, staff will move onto the next family.

Applicant Signature HOH's signature Date date Submitted

Client initials

Monthly/Semi-monthly In-home Visit Checklist

Name:

Date:

Housing Needs

- Unit is clean and neat
- No visible safety hazards
- Client has ample food

- Utilities are on
- Client's portion of rent is paid
- Bills are paid
 - Electric
 - Water
 - Gas

Health and Well Being

- Client's appearance is clean and neat
- Client is alert and communicating effectively
- Medical appointments were kept
- Follow up appointments were made

Prescriptions

- Filled
- Dosages taken as prescribed
- Refills requested

Mental Health

Client's emotional state

- Happy
- Content
- Depressed

Client's depressive condition

- Suicidal/homicidal ideation
- Crying episodes
- Helplessness

- Appointment for evaluation scheduled

Social/Educational/Economic Development

- Enrolled in GED/trade/college classes
- Children enrolled and attending school
- Client has applied for SSDI/SSI

- Client is actively seeking employment
 - Applications for employment completed
 - Resume' is ready
 - Client is "interview ready"

Plan of Action

Case Manager's Signature

Client's Signature

THE HOUSING AUTHORITY OF COLUMBUS, GA
CONSENT FORM

I hereby authorize the Housing Authority of Columbus, GA to receive and Criminal History Record Information pertain to me which may be in the files of any State or Local Justice Agency in Georgia.

1. Credit Report History
2. Criminal History Record
3. Information regarding fraud investigations
4. Education Record
5. Employment History

I expressly release ScreeningWorks Pro and/or the Columbus Police Department from any and all liability claims relating to the acquisition and release of any information pertaining to me.

FULL NAME PRINTED: _____

ADDRESS: _____
Street City State Zip

SEX (F- FEMALE, M-MALE) _____ HEIGHT _____

RACE (1-WHITE, 2-BLACK) _____ WEIGHT _____

BIRTHDATE: _____ SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE (STATE AND NUMBER) _____

PREVIOUS STATES OF RESIDENCY: _____

SIGNATURE: _____

DATE: _____

WITNESS: _____

Consent to Share Confidential Information

Client's Legal Name: _____

Birth Date: _____ SSN: _____ Phone#: _____

I HEREBY AUTHORIZE _____ TO SHARE: † Any of my confidential information, including information about my housing situation to include, but not limited to: Program recertification, program violations, lease violations, failure to pay rent, failure to keep appointments with HACG, failure to provide requested documentation, etc.

I understand that I may cancel this consent at any time (in writing to HACG), but that cancelling it will not affect any information that has already been released. I understand that I do not have to sign this form, and that I should only sign it if I want to share my information with someone. I also understand that by refusing to sign this form, I am forfeiting the opportunity to participate in the Moving to Work Rapid Rehousing Voucher Program. If no expiration date or event is specified, this authorization will expire one (1) year after the date it is signed.

Signature: _____ Date: _____

Witness: _____ Date: _____

Appendix I

Coordinated Entry Referral Denial Form (Client)

This form should be completed by clients, whenever they are denying a referral that has been made by Coordinated Entry System. Forms should be returned to the Coordinated Entry Administrator.

Date _____

Client Initials _____

Reason for denial (please check a box, and you must explain in detail below)

- I/my household refuse further participation in this program
- I/my household are moving outside of the area that is served by this program
- I/my household are able to resolve my housing crisis without assistance
- I/my household are concerned about my health and safety at this program.
- I/my household needs cannot be addressed by the program. The program does not offer the services and/or housing supports necessary to successfully serve the household.

If you feel this was an inappropriate referral, please indicate that below with an explanation. Please describe why you are unable to accept this referral.

To be completed by the Agency Staff

Agency Name _____ Program name _____

Staff contact _____ Email _____

Phone _____

Client ClientTrack Number _____ Referral Date _____

Candidate's Name:

ELIGIBILITY	DOCUMENTS**																				
Check all boxes that apply	Check all boxes that apply																				
Does individual/family meet the definition of homeless? An individual who. . .	Does individual/family have these documents?																				
<input type="checkbox"/> Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, OR <input type="checkbox"/> In transitional housing, OR <input type="checkbox"/> Exiting an institutional care facility (SA or MH treatment facility, hospital, or similar) for < 90 days <input type="checkbox"/> A family with an adult HOH (or minor HOH) who meets all the criteria in paragraph (1) of the Homeless definition	<input type="checkbox"/> Picture ID for all adult household members; <input type="checkbox"/> Social Security Card for all family members; <input type="checkbox"/> Birth Certificate for all minor household members; <input type="checkbox"/> Third-Party Proof of Homelessness (<i>agency docs preferred</i>); <input type="checkbox"/> Proof of Income; source: _____ Check Stub _____ Online verification _____ Court Order / Written Statement <input type="checkbox"/> Meet Income guidelines (<i>effective: February 6, 2020</i>)																				
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	**All documents are required before eligibility is determined																				

REFERRAL

Referring Agency _____

Meets Homeless Definition? ___ Y ___ N Meets Documentation Requirements? ___ Y ___ N

If both questions above are affirmed, then submit completed referral form to Terry Gallups at Home for Good.

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Applicant Signature: _____ Date: _____

Moving to Work Rapid Rehousing Voucher Program Chronically Homeless Pre-application

Based on presented information, the individual listed below meets the preliminary qualifications for HACG's MTW Activity, Innovations to Reduce Homelessness. **By signing below**, the referring agency is certifying that the listed **individual meets the definition of Chronically Homeless, can produce documentation to support their identity, family composition, and income, and understands the importance of keeping appointments, updating contact information, and remaining active in case management.**

Case Management Agency⁷: _____

Case Manager: _____ Phone: _____

Referral's Name: _____

Current Address: _____

Contact Number: _____ Alternate: _____

Year of Birth: _____ 18+⁸: _____ Gender: _____

Last 4 of SSN: _____ Annual Income: _____

Income Source(s): _____

Household Status: Individual Single-Parent Family Composition: Adults Minors

VI-SPDAT Assessment Pre-Screen Total _____ Veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>

By signing below, I attest that the information presented is true and accurate to the best of my research **AND** understand that fraudulent information, whenever detected, is grounds for the family's dismissal from the MTW RRV Program and grounds for referral denials from said agency.

Authorized Representative: _____ Referral Date: _____

Agency: _____ Contact #: _____

I, Terry Gallups , HfG representative, affirm that I have received and reviewed the referral app for completeness before sending the referral app to HACG for consideration. _____ (initials) E: terryg@unitedwayofthecv.org F: 706.571.2271 HfG respectfully submits preliminary documentation to HACG supporting MTW RRV consideration.

⁷ What agency is providing case management, New Horizons, Chattahoochee Valley Jail Ministries, etc...?

⁸ Must be able to legally enter a contract

Candidate's Name: _____

ELIGIBILITY	DOCUMENTS**																				
<p style="text-align: center;">Check all boxes that apply</p> <p>Does individual/family meet the definition of chronically homeless? An individual who. . .</p> <p>PART I (must check at least one box)</p> <p><input type="checkbox"/> A diagnosable substance abuse disorder</p> <p><input type="checkbox"/> A serious mental illness</p> <p><input type="checkbox"/> A development disability</p> <p><input type="checkbox"/> A chronic physical illness or disability, including the co-occurrence of two or more of these conditions.</p> <p>Part I is supported by a letter from a medical professional attesting to the presence of the condition</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>PART II (must check at least one box)</p> <p><input type="checkbox"/> Lives in a place not meant for human habitation, a safe haven, or emergency shelter; AND Has been homeless for at least 1 year OR on at least 4 separate occasions in the last 3 years; AND Can be diagnosed with one of more conditions: SUD, SPMI, DD, PTSD, CI, PI/D*</p> <p><input type="checkbox"/> Resided in an institutional care facility (SA or MH treatment facility, hospital, or similar) for < 90 days AND meets all the criteria in paragraph (1) of the Chronically Homeless definition</p> <p><input type="checkbox"/> A family with an adult HOH (or minor HOH) who meets all the criteria in paragraph (1) of the Chronically Homeless definition</p> <p>*SUD = Substance User Disorder; SPMI = Severe and Persistent Mental Illness; DD = Developmental Disability; PTSD = Post-Traumatic Stress Disorder; CI = Cognitive Impairments; PI/D = Physical Illness or Disability</p>	<p style="text-align: center;">Check all boxes that apply</p> <p>Does individual/family have these documents?</p> <p><input type="checkbox"/> Picture ID for all adult household members;</p> <p><input type="checkbox"/> Social Security Card for all family members;</p> <p><input type="checkbox"/> Birth Certificate for all household members;</p> <p><input type="checkbox"/> Third-Party Proof of Homelessness (<i>agency docs preferred</i>);</p> <p><input type="checkbox"/> Proof of Income; source:</p> <p style="padding-left: 40px;"><input type="checkbox"/> Check Stub</p> <p style="padding-left: 40px;"><input type="checkbox"/> Online verification</p> <p style="padding-left: 40px;"><input type="checkbox"/> Court Order / Written Statement</p> <p><input type="checkbox"/> Meet Income guidelines (<i>effective: February 6, 2020</i>)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="padding: 5px;">Family Size</th> <th style="padding: 5px;">1</th> <th style="padding: 5px;">2</th> <th style="padding: 5px;">3</th> <th style="padding: 5px;">4</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Maximum Income</td> <td style="padding: 5px;">\$20,900</td> <td style="padding: 5px;">\$23,850</td> <td style="padding: 5px;">\$26,850</td> <td style="padding: 5px;">\$29,800</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="padding: 5px;">Family Size</th> <th style="padding: 5px;">5</th> <th style="padding: 5px;">6</th> <th style="padding: 5px;">7</th> <th style="padding: 5px;">8</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">Maximum Income</td> <td style="padding: 5px;">\$32,200</td> <td style="padding: 5px;">\$34,600</td> <td style="padding: 5px;">\$37,000</td> <td style="padding: 5px;">\$39,350</td> </tr> </tbody> </table> <p style="margin-top: 10px;">**All documents are required before eligibility is determined</p>	Family Size	1	2	3	4	Maximum Income	\$20,900	\$23,850	\$26,850	\$29,800	Family Size	5	6	7	8	Maximum Income	\$32,200	\$34,600	\$37,000	\$39,350
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