

# MTW RAPID REHOUSING VOUCHER (RRV) PROGRAM CHRONICALLY HOMELESS PRE-APPLICATION/REFERRAL CHECKLIST

Candidate's Name: \_\_\_\_\_

<b>ELIGIBILITY</b> Check all boxes that apply	<b>DOCUMENTS**</b> Check all boxes that apply																				
<p>Does individual/family meet the definition of chronically homeless? An individual who. . .</p> <p><b>PART I (must check at least one box)</b></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><b>Part I is supported by a letter from a medical professional attesting to the presence of the condition</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>PART II (must check at least one box)</b></p> <p><input type="checkbox"/> Lives in a place not meant for human habitation, a safe haven, or emergency shelter; <b>AND</b> Has been homeless for at least 1 year <b>OR</b> on at least 4 separate occasions in the last 3 years; <b>AND</b> 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 &lt; 90 days <b>AND</b> meets all of 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 of the criteria in paragraph (1) of the Chronically Homeless definition</p> <p><b>*SUD</b> = Substance User Disorder; <b>SPMI</b> = Severe and Persistent Mental Illness; <b>DD</b> = Developmental Disability; <b>PTSD</b> = Post-Traumatic Stress Disorder; <b>CI</b> = Cognitive Impairments; <b>PI/D</b> = Physical Illness or Disability</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:                _____ Check Stub                _____ Online verification                _____ 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;"> <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> <tr> <th style="padding: 5px;">Maximum Income</th> <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> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <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> <tr> <th style="padding: 5px;">Maximum Income</th> <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> </table> <p style="margin-top: 10px;"><b>**All documents are required before eligibility is determined</b></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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**REFERRAL**

Originating Agency \_\_\_\_\_ (where referral started)

Referring Agency \_\_\_\_\_

Meets Chronically Homeless Definition? \_\_\_ Y \_\_\_ N Meets Documentation Requirements? \_\_\_ Y \_\_\_ N

If both questions above are affirmed, then complete referral form and send completed referral form to Terry Gallups at Home for Good. Family will be placed on the MTW RRV Wait List and referred when the next voucher opens.

**AFFIRMATION OF UNDERSTANDING (HOH Initials)**

\_\_\_ I understand that once the case management appointment is made, I will have **15 days to complete a supportive services intake** with American Works or New Horizons **before referral will be sent** to Home for Good;

\_\_\_ 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 on the Wait List.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_