

Minutes

Arizona Balance of State Continuum of Care

Coordinated Assessment Workgroup

March 4, 2013 teleconference

Attendees: Cindy Furrh, Old Concho; Ellie Mercer, Old Concho; Scott Rich, Symmetric Solutions; Carol Quasula, Catholic Charities; Ken McKinley, Open Inn; Maureen Rooney, ADOH; Joy Johnson, ADOH; Margaret Kilman, DES; Jessa Johnson, NARBHA, Danelle Valenzuela, DBHS; Jennifer Burch, Mohave County

Guests: Van Gottel & Cheryl Hemmer , SocialServe.com

Meeting Called to order: 1:07pm

DISCUSSION:

Cindy asked the group for feedback from the Alameda assessment example provided at a previous meeting and how a tool such as that might work for the Balance of State as a pre-screening instrument to determine homeless eligibility and other important factors related to housing. Through discussion, the group consensus was that this tool represented a good guide for several reasons: it was not overly complicated, it was housing focused and identified other key aspects of housing placements such as DV and SMI/substance abuse. Several members stated that the criteria seem to cover the basics for capturing a picture of housing needs and could also provide a general direction for services. The committee agreed that the Alameda assessment (attached for those who are new to the group) will be used as a guide in creating the future course of the Balance of State Prescreening Assessment Tool.

As discussed in previous meetings, the committee has envisioned an accessible web-based system in place for the screening process with some appropriate level of data sharing among agencies. Some reasons for data sharing include cutting down on redundant interviews and questions, ease of access for referrals, and a way to monitor how community partners are accepting or rejecting referrals. The next question raised was what role, if any, HMIS would play in the coordinated intake process. Scott from Symmetric Solutions suggested keeping HMIS for actual client intakes only, as it currently is. He does not see HMIS playing a role in the screening and referral process. He reminded everyone that not all agencies are in HMIS. He reiterated the need to have a screening assessment tool that is highly accessible to the public.

Van from Socialserve.com was asked to describe how his company's web-based services connect people to affordable housing and supportive services. Socialserve.com has started working with other communities on assisting with the coordinated intake process but did state this is all very new. Several

members asked for clarifications and attempted to understand how Socialserve.com could facilitate the BOS coordinated intake process. Socialserve.com could be utilized in the initial screening process to determine eligibility and then point referrals in the appropriate directions. Most committee members are unfamiliar with Socialserve.com and Van offered to provide the group an online information and demonstration training on March 21st at 10am. Login details to follow.

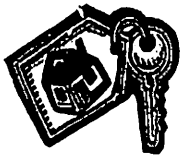
A brief discussion then centered on today's goal of determining who shares in the assessment tool/coordinated intake process. Maureen noted that her initial research came up with 93 Homeless/Emergency Shelter/Section 8 providers in the 13 counties. She asked the group to take a look at their county(ies) and see if agencies are obviously missing or if there are agencies there that don't belong in the referral network. Cindy noted that we need to involve the COGS, as services overlap. She will invite AZ Community Action Association, who works with all the COGs, to attend the next meeting.

The committee also raised the question of how 211 fits into this process. Margaret noted that there is someone from 211 who could be interested in participating. We would need to clarify with 211 how those referrals are coming in (i.e. would 211 do the pre-screen, or make a referral to a housing agency who does the pre-screen). With a coordinated assessment, the group agreed that 211 would need to participate in some way. Margaret will invite them to attend the next meeting.

Cindy noted that the group's work was 75% done—the tool we want to use is identified, and a way to network it. Now it's just the tweaking and the fine tuning to be done.

The next meeting date was set for April 2nd, at 2pm via conference line. The committee will focus discussion on what was learned from the March 21st Socialserve.com demonstration.

The meeting adjourned at 2:00pm.



Priority Home Partnership

Alameda County's Initiative for Helping Households
with a Housing Crisis

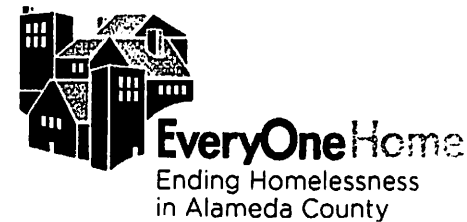
The Priority Home Partnership is a multi-agency, multi-jurisdictional collaboration to prevent and end homelessness in Alameda County.

The Partnership's innovative approach includes:

- **Regional Housing Resource Centers (HRCs)**--Housing stabilization and financial assistance services are delivered by eight coordinated HRCs serving different regions of the county and some targeted subpopulations. Each HRC is co-located with other community services such as family resource centers and multi-service centers.
- **Single Point of Entry**--Households with a housing crisis anywhere in the County are screened centrally through the 211 information and referral hot line and referred to the appropriate HRC
- **Targeting Most At Risk**--Outreach and targeting is to those households most likely to become homeless without assistance who can also benefit quickly from targeted services and assistance
- **Common Screening and Assessment Tools**--All HRCs use the same assessment tool, eligibility requirements, and common data collection forms.
- **HUD and TANF Funds Available** --All HRCs have both resources to assist eligible households. Some have other funds as well to provide more integrated services and support.
- **Ongoing Opportunities to Learn**--The Partnership includes an Implementation and Learning Community (ILC) of all partners that meets monthly and an on-line group for in between communication and resource sharing to ensure consistency and continuous program improvement.
- **Built in Research Agenda**--211 and the HRC's collect data on those served and unserved to help us understand who the program reaches and who it works for. This will inform future efforts.

Combining our investment has dramatically increased our ability to prevent and address homelessness. Eight cities in the county and two County agencies received ARRA funds for homelessness prevention and rehousing. These include Homelessness Prevention and Rapid Rehousing funds from the U.S. Department of Housing and Urban Development and the State of California, and Transitional Assistance to Needy Families (TANF) Emergency Contingency Funds. Together, the three-year investment countywide is greater than \$12.1 million. By investing funds together, the cities and the County have stretched their dollars further; instead of operating small programs in every city, the collaborative Housing Resource Centers serve a region and leverage other resources and programs in the area.

Preparing for the future. We are committed to making lasting improvements now in our approach to preventing and ending homelessness. Our community is building on the Priority Home Partnership to further integrate our efforts to end homelessness, prioritize a housing first approach, and learn from our experience. Even when ARRA is over, our efforts will pay off in making sure that we continue to effectively prevent homelessness whenever and wherever possible.



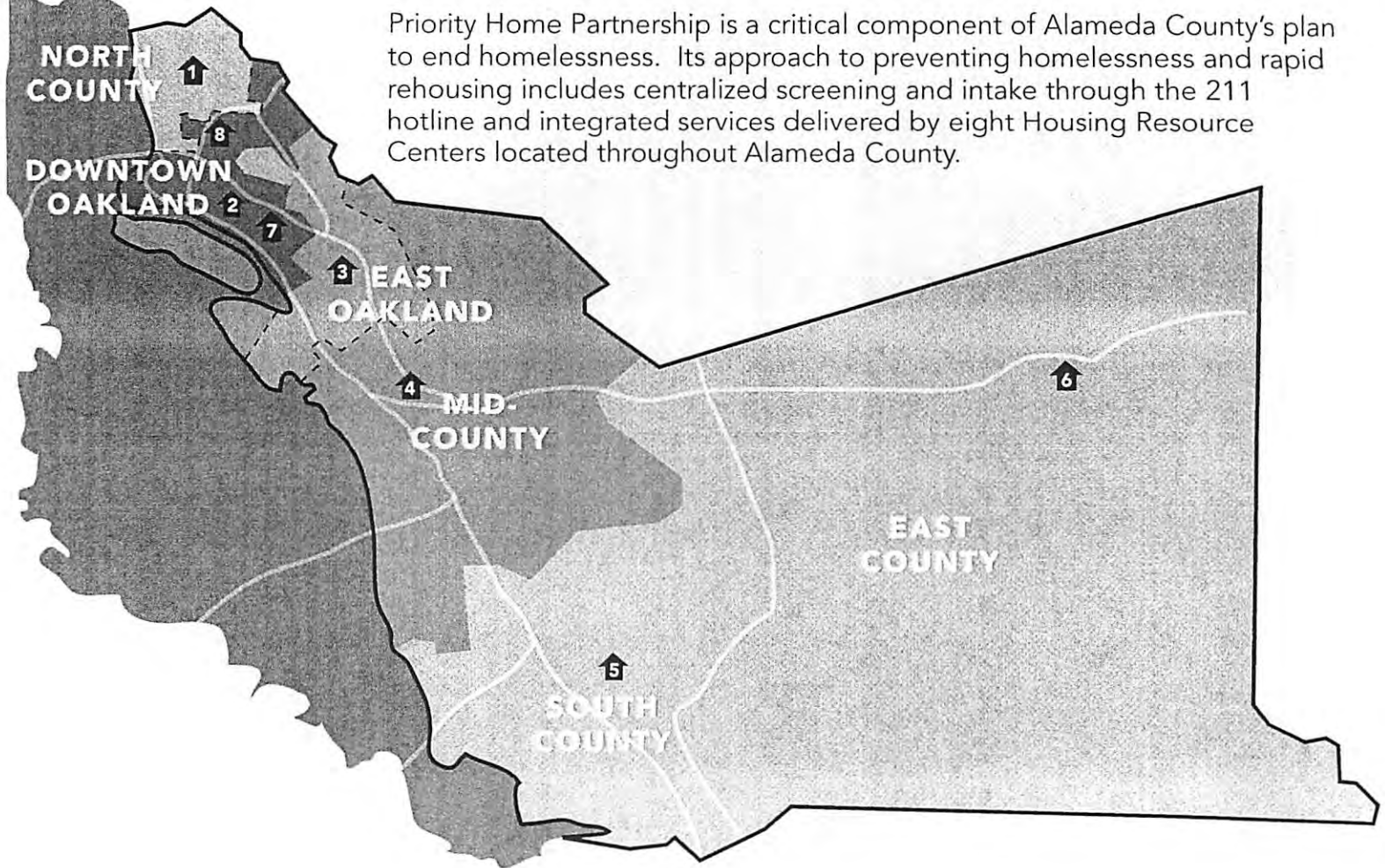
Together we will end homelessness!

For more information on Priority Home and other community efforts to end homelessness in Alameda County, see www.everyonehome.org or call (510) 670-9796.

ALAMEDA COUNTY, CA:

Housing Resource Centers

Priority Home Partnership is a critical component of Alameda County's plan to end homelessness. Its approach to preventing homelessness and rapid rehousing includes centralized screening and intake through the 211 hotline and integrated services delivered by eight Housing Resource Centers located throughout Alameda County.



- 1. North County HRC** serves Albany, Berkeley, Emeryville, Piedmont
Lead Agency: Berkeley Food & Housing Project
- 2. Downtown Oakland HRC**
Lead Agency: Catholic Charities of the East Bay
- 3. East Oakland HRC**
Lead Agency: ABODE Services
- 4. Mid-County HRC** serves Alameda City, San Leandro, Hayward, Unincorporated County
Lead agency: Building Futures with Women and Children
- 5. South County HRC** serves Fremont, Newark, Union City
Lead Agency: Fremont Family Resource Center
- 6. East County HRC** serves Dublin, Livermore, Pleasanton, Unincorporated County
Lead Agency: Horizons Family Counseling and ECHO Housing
- 7. Alameda County Behavioral Health Care Services HRC** serves persons with serious mental illness county-wide
Lead Agency: Alameda County Behavioral Health Care Services
- 8. Transition-Age Youth HRC** serves Oakland residents age 18–24
Lead Agency: First Place for Youth



Priority Home Partners

Non-Profit/Community Partners:

- | | |
|--------------------------------------|--------------------------------|
| ABODE Services | ECHO Housing |
| Berkeley Food and Housing Project | Eden I&R |
| Building Futures w/ Women & Children | EveryOne Home |
| Catholic Charities of the East Bay | First Place for Youth |
| Covenant House | Fremont Family Resource Center |
| Davis Street Family Resource Center | Horizons Family Counseling |
| East Oakland Community Project | Lifelong Medical Care |

Local Government Funders/Partners:

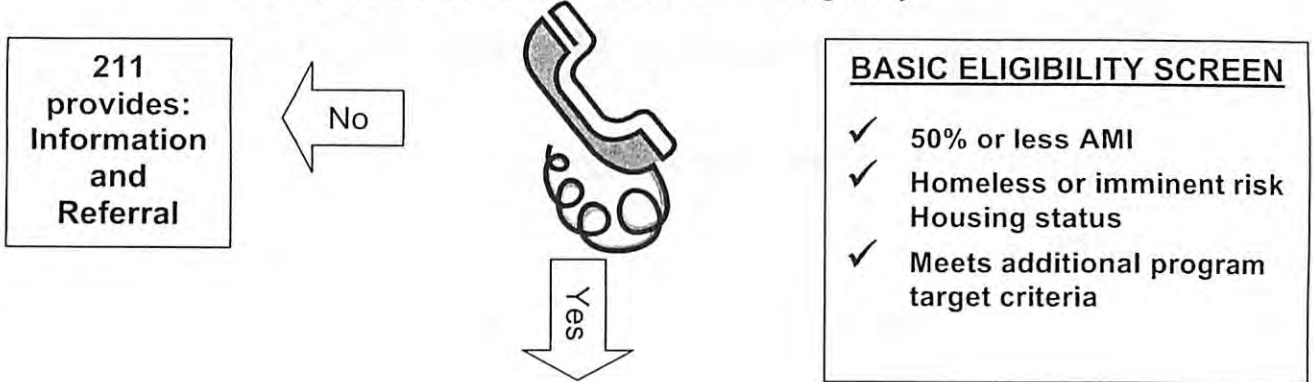
- Alameda County Social Services Agency
- Behavioral Health Care Services
- Housing and Community Development Department
- The Cities of
- | | | |
|-------------|------------|------------|
| Alameda | Albany | Berkeley |
| Dublin | Emeryville | Hayward |
| Fremont | Livermore | Newark |
| Oakland | Piedmont | Pleasanton |
| San Leandro | Union City | |



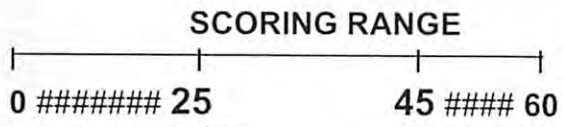
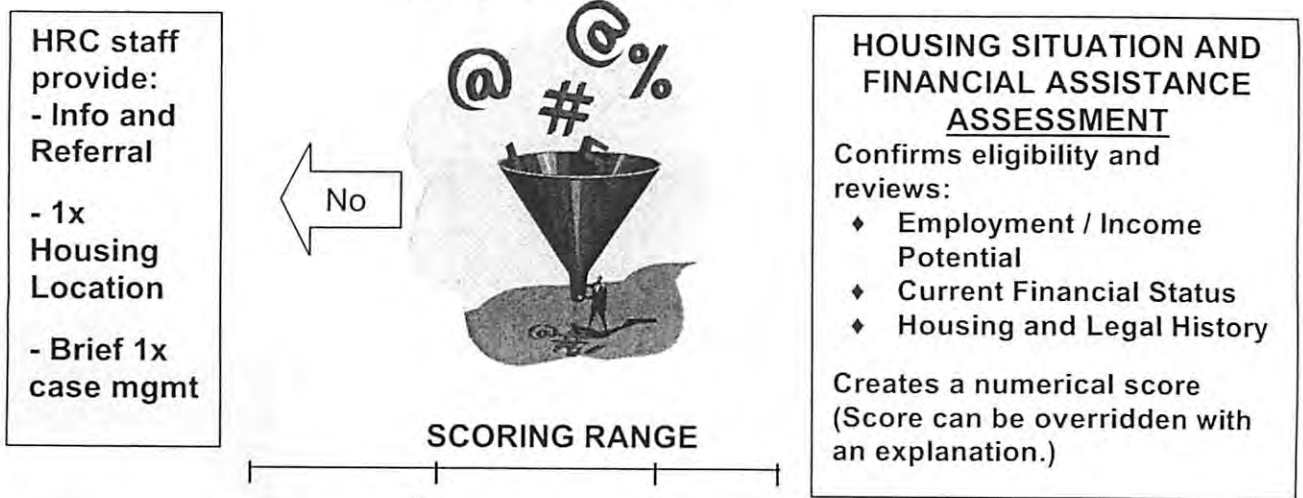
Priority Home Partnership – Alameda County, California

From Housing Crisis to Financial Assistance

211 phone hotline conducts Basic Eligibility



One of eight **Housing Resource Centers (HRC)** conducts in-depth Assessment



Yes

Complete Intake

Verifications and Staff Certification of Eligibility

Stability Plan and Assistance Agreement

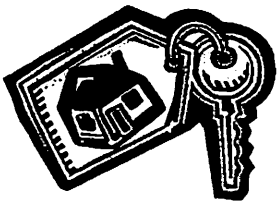
Housing Stabilization Services, including housing search if needed

Prevention

Financial Assistance
3 Month Reassessment
Exit

Rapid Rehousing

MUST BE HOMELESS BUT FOR THIS



Priority Home Partnership

Selected Forms and Tools

Alameda County's Priority Home Partnership uses a common set of program rules and forms to streamline referrals and ensure a similar level of service to households at each of the Housing Resource Centers. An Implementation Resource Book is used by each HRC and includes the screening and assessment tools, Homeless Management Information System (HMIS) forms, policies on eligibility verification and a guide to the use of each of the tools and forms. This folder contains selected forms and tools from the Resource Book.

Included here are:

Summary of Program Steps: A one-page flow chart describing the key steps to accessing PHP assistance, and the forms and policies which apply to each step.

Basic Eligibility Screen: This form is used by the 2-1-1 phone line to initially screen callers who identify as having a housing crisis. It includes a preliminary eligibility determination based on income, housing status and targeting risk factors selected by the community for priority. The data on this form is entered into the Homelessness Management Information System (HMIS) and is available to the HRC when a referred household is contacted for Assessment.

Housing Situation and Financial Assessment: This form is used by the HRC's to explore the nature of the housing crisis, further determine eligibility, and assess whether the household is a good fit for the program. This determination includes a score based on income, housing and other circumstances. The recommended practice is to serve those who score in the middle – providing evidence that they are in real danger of becoming homeless but also have the potential to stabilize relatively quickly. Case managers at the HRC's have the ability to override the score's recommendation with an explanation. The data on this form goes into the HMIS.

Three month Reassessment: This form is used by HRC's to reassess the eligibility and continuing need of an assisted household for HPRP assistance. The information collected on this form is entered into HMIS.

Resource Book Table of Contents: The table of contents for the Resource Book including all of the policies, forms and tools used by all the HRC's in the PHP program

(updated 9/2010)

Summary of Program Steps

<p>Step 1: Initial Contact & Eligibility Screening</p>	<p>Step 2: Assessment</p>	<p>Step 3: Establish Assistance Plan</p>	<p>Step 4: Case Management & Housing Location Services</p>	<p>Step 5: Periodic Reassessment and Exits</p>
<ul style="list-style-type: none"> • Client contacts 211, or a Housing Resource Center (HRC) directly • 211 or HRC staff screen for basic eligibility <p><u>If eligible:</u></p> <ul style="list-style-type: none"> • 211 determines appropriate HRC and refers • 211 informs potential client what to bring to first appointment • 211 enters basic data into HMIS <p><u>If not eligible:</u></p> <ul style="list-style-type: none"> • 211 provides I&R for other resources • 211 enters basic data into HMIS 	<ul style="list-style-type: none"> • Housing Resource Centers schedule in person or phone Assessment • Staff verify information from eligibility screening and discuss housing situation and presenting issue • Staff assess for eligibility for financial assistance <p><u>If going to receive HPRP Financial Assistance</u></p> <ul style="list-style-type: none"> • Go to Step 3 <p><u>If not going to receive Financial Assistance:</u></p> <ul style="list-style-type: none"> • Provide I&R for other resources, shelter, , housing, etc. • Enter data from first steps into HMIS 	<ul style="list-style-type: none"> • Verify Income and Housing Status, review assets (and TANF eligibility) • Refer to SSA for homeless assistance (if qualified) • Determine amount of initial assistance required • Complete HMIS intakes on entire household • Prepare Staff Certification <p><u>If one-time assistance required:</u></p> <ul style="list-style-type: none"> • Do rent reasonableness, verify landlord • Conduct lead inspection if needed • Authorize assistance <p><u>If ongoing assistance required:</u></p> <ul style="list-style-type: none"> • Go to Step 4 	<ul style="list-style-type: none"> • Create Housing Stability Plan • Assist household to locate new housing if necessary, and conduct inspections • Provide financial assistance • Provide case management • Make linkages to other resources • Enter services provided into HMIS 	<ul style="list-style-type: none"> • Reassess clients every three months for eligibility and need • Decrease rental subsidy amount incrementally • Evaluation ongoing progress towards goals • Enter reassessment in HMIS <p><u>Exit from Program</u></p> <ul style="list-style-type: none"> • Upon completion, exit client from program and enter data into HMIS • If in violation of program terms, follow housing assistance termination policy • Clients who have a recurring need may return; return to step 3 and recertify eligibility
<p><u>Forms/Procedures</u></p> <ul style="list-style-type: none"> ✓ <i>Basic eligibility screening (HMIS)</i> ✓ <i>Referral to HRC from 211 [In HMIS only]</i> 	<p><u>Forms/Procedures</u></p> <ul style="list-style-type: none"> ✓ <i>Housing situation form,</i> ✓ <i>Financial Assessment Tool</i> ✓ <i>Outside Referral sheet</i> 	<p><u>Forms/Procedures</u></p> <ul style="list-style-type: none"> ✓ <i>HMIS intakes</i> ✓ <i>Income Verification</i> ✓ <i>Household budget</i> ✓ <i>Homeless/At-Risk Verification</i> ✓ <i>Asset Review</i> ✓ <i>Rent Reasonableness</i> ✓ <i>Landlord Verification</i> ✓ <i>Lead Inspection</i> ✓ <i>Assistance Agreement</i> ✓ <i>Staff Certification</i> ✓ <i>Consult Financial Assistance Policy to "right-size" assistance</i> 	<p><u>Forms/Procedures</u></p> <ul style="list-style-type: none"> ✓ <i>Housing Stability Plan</i> ✓ <i>Rehousing (HQS) Inspection</i> ✓ <i>Rent Reasonableness</i> ✓ <i>Case Notes</i> ✓ <i>Services Tracking</i> 	<p><u>Forms/Procedures</u></p> <ul style="list-style-type: none"> ✓ <i>Three Month Reassessment</i> ✓ <i>Exit Form</i> ✓ <i>Termination of Housing Assistance</i>

HOUSING RESOURCE CENTER – BASIC ELIGIBILITY FORM

Basic Eligibility: To be completed by 211 or by HRC if client was not referred by 211

Fill out this form ONLY for HEAD OF HOUSEHOLD seeking services

Screening Date: ___ / ___ / _____ (Use for backdate mode)

Staff: _____

ServicePoint ID#: _____

 **HRC ONLY – Complete the ROI (Release of Information) Form**

What is your first name, middle, and last name, and suffix?

First: _____ Middle: _____ Last: _____ Suffix: _____

What is your social security number? _____ - _____ - _____

Full SSN reported Partial SSN Reported Don't know or don't have SSN Refused

Data Entry Note:

Enter the answers in this form on the **HPRP BASIC ELIGIBILITY** assessment screen in ServicePoint. **BE SURE TO USE BACKDATE MODE** if you are not entering data the same day as the Screening Date.

HPRP – BASIC ELIGIBILITY Assessment

Referral Source: 211 Walk In

What is your date of birth? ___ / ___ / _____ (mm / dd / yyyy)

Full DOB reported Approximate or Partial DOB Reported Don't Know Refused

Current Address... (SUB-ASSESSMENT)

What is your current STREET Address: _____

APT #: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER (with Area Code): (____) _____ - _____

What is your gender?

Female Male Transgender Male to Female Transgender Female to Male
 Other Don't Know Refused

Are you Hispanic or Latino? (Ethnicity)

Non-Hispanic/Non-Latino Hispanic/Latino Don't Know Refused

What is your race?

American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander
 White Don't Know Refused

And your additional race (if applicable)?

American Indian or Alaska Native Asian Black or African-American Native Hawaiian or Other Pacific Islander
 White Don't Know Refused

Have you ever served on active duty in the Armed Forces of the United States? (Military Veteran)

No Yes Don't Know Refused

HOUSING RESOURCE CENTER – BASIC ELIGIBILITY FORM

Do you have a physical, mental, emotional or developmental disability, HIV/AIDS, or a diagnosable substance abuse problem? (Must also be of long duration and substantially limit your ability to work or live on your own.)

- No
 Yes
 Don't Know
 Refused

Do you or anyone in your household receive MediCAL? No Yes

Do you or anyone in your household receive MediCAL-sponsored specialty mental health services in Alameda County?

- No
 Yes

What is the zip code of the apartment, room, or house of your last permanent address where you lived for 90 days or more? _____

- Full or partial zip code recorded
 Don't know
 Refused

What is the City and State of your last permanent housing where you lived for 90 days or more?

- | | | |
|--|--|---|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Newark | <input type="checkbox"/> Other Bay Area County: Contra Costa |
| <input type="checkbox"/> Albany | <input type="checkbox"/> Oakland | <input type="checkbox"/> Other Bay Area County: Marin |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Piedmont | <input type="checkbox"/> Other Bay Area County: San Francisco |
| <input type="checkbox"/> Castro Valley | <input type="checkbox"/> Pleasanton | <input type="checkbox"/> Other Bay Area County: San Mateo |
| <input type="checkbox"/> Dublin | <input type="checkbox"/> San Leandro | <input type="checkbox"/> Other Bay Area County: Santa Clara |
| <input type="checkbox"/> Emeryville | <input type="checkbox"/> San Lorenzo | <input type="checkbox"/> Other California County |
| <input type="checkbox"/> Fremont | <input type="checkbox"/> Sunol | <input type="checkbox"/> Other State |
| <input type="checkbox"/> Hayward | <input type="checkbox"/> Union City | <input type="checkbox"/> Other Country |
| <input type="checkbox"/> Livermore | <input type="checkbox"/> Other unincorporated Alameda County | |

Where did you stay last night?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Emergency shelter
<i>(including a hotel or motel paid for with emergency shelter voucher)</i> | <input type="checkbox"/> Place not meant for habitation
<i>(e.g., the streets, a vehicle, an abandoned building, bus/train/ subway station/ airport or anywhere outside)</i> | <input type="checkbox"/> Transitional housing for homeless persons
<i>(including homeless youth)</i> | <input type="checkbox"/> Hotel or motel paid for <u>without</u> emergency shelter voucher |
| <input type="checkbox"/> Staying or living in a <u>friend's</u> room, apartment, or house | <input type="checkbox"/> Staying or living in a <u>family member's</u> room, apartment, or house | <input type="checkbox"/> Jail, prison or juvenile detention facility | <input type="checkbox"/> Substance abuse treatment facility or detox center |
| <input type="checkbox"/> Hospital (non-psychiatric) | <input type="checkbox"/> Foster care home or foster care group home | <input type="checkbox"/> Psychiatric hospital or other psychiatric facility | <input type="checkbox"/> Safe Haven |
| <input type="checkbox"/> <u>RENTAL</u> by client, no ongoing housing subsidy | <input type="checkbox"/> Permanent housing for formerly homeless persons
<i>(such as SHP, S+C, or SRO Mod Rehab)</i> | <input type="checkbox"/> Rental by client, with VASH housing subsidy | <input type="checkbox"/> Rental by client, with other (NON-VASH) ongoing housing subsidy |
| <input type="checkbox"/> Owned by client WITH ongoing housing subsidy | <input type="checkbox"/> <u>OWNED</u> by client, no ongoing housing subsidy | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Other Specify: _____ | | | |

How long have you stayed at that place where you stayed at last night?

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> One week or less | <input type="checkbox"/> More than one week, but less than one month | <input type="checkbox"/> One to three months | <input type="checkbox"/> More than three months, but less than one year |
| <input type="checkbox"/> One year or longer | <input type="checkbox"/> Don't Know | <input type="checkbox"/> Refused | |

HOUSING RESOURCE CENTER – BASIC ELIGIBILITY FORM

If where you stayed last night was in jail, substance abuse treatment, hospital, psychiatric facility, or a foster care setting, were you in a shelter or on the streets prior to going to one of these sites?

- No Yes * Don't Know Refused

Are you escaping a domestic violence situation?

- No Yes * Don't Know Refused

Which of the following best describes your living situation? (*pick one*)

- | | | |
|---|--|--|
| <input type="checkbox"/> I am in a shelter, transitional housing, or in a place not meant for habitation (outside, vehicle, streets, etc) * | <input type="checkbox"/> I am being discharged from a hospital or other institution (jail, psychiatric facility, substance abuse treatment center, foster care home or group home) | <input type="checkbox"/> I am in a serious conflict situation with the people I live with that impacts my ability to remain housed |
| <input type="checkbox"/> I am being evicted from a private dwelling unit (including housing provided by family or friends) | <input type="checkbox"/> I am living in housing that has been condemned by housing officials and is no longer considered meant for human habitation | <input type="checkbox"/> I have a severe cost burden in housing I am renting (my household spends more than 50% of income for housing costs) |
| <input type="checkbox"/> I am living in rental housing that is in foreclosure | <input type="checkbox"/> I am living in a hotel or motel using my own resources to stay there | <input type="checkbox"/> I am living in a stable housing situation and not at risk of losing this housing at this time |

There are other conditions negatively impacting my ability to remain housed

Specify: _____

Are you being evicted, discharged or otherwise notified that you are imminently losing this housing?

- No Yes

*** If any * response was marked above, Housing Status is Literally Homeless.**

Have you identified other appropriate housing options (affordable to you and available as needed)?

- No Yes Don't Know Refused

Does your household have the financial resources and support networks needed to retain permanent housing or to obtain temporary or permanent housing?

- No Yes Don't Know Refused

Answers to both questions above must be "No" to be eligible for referral. If the answer to "living situation" is that the person is "living in stable housing situation..." or yes to either of the two questions above, s/he is ineligible for referral to an HRC; go to Page 4.

Are you living doubled up with relatives or friends?

- No Yes Don't Know Refused

Are you being evicted from public or assisted housing (such as Section 8, Shelter + Care, subsidized housing, etc.)?

- No Yes Don't Know Refused

Do any of these factors (*listed below*) apply to your household?

- None One identified Two identified Refused

Note: Read aloud each item only until two personal/household factors have been identified

- Extremely low income (less than 15% AMI)
- Sudden and significant loss of income (*lost employment or benefits within past 90 days*)
- Young head of household (*under 25 with children or pregnant*)
- Recent traumatic life event, such as death of a spouse or primary care provider or recent health crisis that prevented the household from meeting its financial responsibilities
- Significant amount of medical debt (*more than \$5000*)
- Credit problems that preclude obtaining housing (*denied housing in past 2 yrs due to credit*)
- Homeless in last 12 months
- Current or past involvement with child welfare (*including involvement with Child Protective Services or adult household member previously in foster care*)
- Past institutional care (*more than 30 days in prison, treatment facility, hospital*)
- Physical disabilities and other chronic health issues, including HIV/AIDS
- Mental health and/or substance abuse issues (*that significantly impact your ability to work or live on your own*)

HOUSING RESOURCE CENTER – BASIC ELIGIBILITY FORM

How many people are in the household that you are here seeking housing services for? _____

(Ask gross household income) Calculate and mark this household's income eligibility.

- No income 1-15% AMI 16-30% AMI 31-50% AMI 51% or more AMI

STAFF USE ONLY: Based on previous questions, mark the appropriate responses.

What is this person's current housing status?

- Literally homeless Imminently losing their housing Unstably housed and at risk of losing their housing
- Stably housed Don't Know Refused

In order to qualify for services, a household must be at or below 50% of the Area Median Income (AMI), must NOT have a "Stably housed" Housing Status, AND meet one of the following five program target requirements.

PROGRAM TARGET REQUIREMENTS (from Housing Status and questions on Page 3)

- Literally Homeless, or
- Being evicted from public or assisted housing AND Imminently Losing Housing, or
- Living doubled up with relatives or friends AND Imminently Losing Housing or Unstably Housed and At Risk of Losing Housing, or
- Imminently Losing Housing and has one identified personal/household risk factors, or
- Unstably Housed and At Risk of Losing Housing and has two identified personal/household risk factors

NOTE: This program can NOT assist homeowners to pay the mortgage for their home.

Disposition of this person?

- Ineligible – didn't meet income requirement Ineligible – "Stably Housed" Housing Status Ineligible – didn't meet program target requirements
- Eligible and Referred Eligible but appropriate HRC not taking clients
- Eligible but not referred for other reasons (Specify): _____
- Other (Specify): _____



If not eligible and not referred to an HRC, STOP here and fill in program name below.

Not eligible for Referral - Program Name: HRC _____ Walk-in Screening

If "eligible" FOR REFERRAL, proceed to the HRC Site Assignment. Remind applicant to bring documentation of income and housing situation to the meeting at the HRC for verification.

If eligible for referral, which HRC was client referred to?

- Berkeley / N. County Mid County South County East County
- Oakland-Downtown Oakland - Eastmont Oakland – Transition Age Youth BHCS

Proceed with Housing Situation and Financial Assistance Assessment at HRC.

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

INSTRUCTIONS: To be completed via phone or in-person by the HRC to discuss current housing situation if the applicant meets Basic Eligibility from the Basic Eligibility Form. *Complete this form for the Head of Household ONLY.*

Prior to completing this form, complete the Basic Eligibility or print the Basic Eligibility form; confirm the person's name, housing status, and disposition. **Continue if meets Basic Eligibility.**

Assessment Date: ___ / ___ / _____ (For backdate mode & Assess./Referral Program Entry)

Staff Certification Date: ___ / ___ / _____ (For the Housing Stabilization Program Entry Date)

Staff: _____ ServicePoint ID#: _____

First: _____ Middle: _____ Last: _____ Suffix: _____

The information that we discuss in this assessment is to help establish if we can help you and with which services. Most of this information has to be entered into a database called InHOUSE used for this program. Your information including your name and Social Security Number will be available to this program if we work with you. Your information will also be visible to other agencies that are partners in this program. Is that OK? *(If in-person, complete ROI form.)*

- No Yes

Thank you! Let's continue with the assessment.

What is your social security number? _____ - _____ - _____

- Full SSN reported Partial SSN Reported Don't know or don't have SSN Refused

Why are you seeking assistance?

- I want to keep the housing I have I need to move (I can't stay where I am) I don't have a place to stay right now I am in a shelter or housing program and have been referred for rapid re-housing

If you intend to keep your current housing, what is your monthly rent? _____



If the household intends to remain in their current unit, does the rent amount exceed the payment standard (based on the chart below)?

- No: Proceed to next page.
 Not applicable: Client will be relocating or is not currently housed.
 Yes: Client is not eligible to be subsidized in their current unit. Ask the client if they are interested in relocating to less expensive housing and if so, proceed with assessment. Otherwise, stop here; client is not eligible. Do not continue further on this form. Mark the appropriate response on the Eligibility Closure Form.
 Yes but with mitigating circumstances as follows (see below for examples): _____ . Proceed to next page.

SRO	Studio	1-bedroom	2-bedroom	3-bedroom	4-bedroom
\$722	\$963	\$1162	\$1377	\$1867	\$2312

Examples of when an exception might be made to the payment standard and still be reasonable could include when the specific unit could be considered a reasonable accommodation for a household with a disability, when the unit is located close to school or work such that there is a budget savings to the household of living there that offsets the extra cost, or where the opportunity costs of moving them to a cheaper unit come close to or exceed what it costs to keep them in place. The unit will still need to meet the rent reasonableness determination.

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

Approximately how much money do you have in bank accounts currently (including all savings, checking and investment accounts)? _____

How many cars does your household own? _____



If assets exceed \$2,000 per individual or \$3,000 per couple or if household has more working cars than adult drivers, the household is ineligible. Do not continue further on this form. Mark the appropriate response on the Eligibility Closure Form.

If you are at risk of losing your current housing, what are the barriers to keeping your housing right now? Check all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> I don't have enough income to pay rent | <input type="checkbox"/> I've had a temporary financial crisis and gotten behind in rent | <input type="checkbox"/> I am at risk of eviction for lease violations |
| <input type="checkbox"/> I have a dispute with other household members | <input type="checkbox"/> I am experiencing domestic violence | <input type="checkbox"/> I am living in substandard housing |
| <input type="checkbox"/> Landlord harassment | <input type="checkbox"/> I am aging out of foster care | <input type="checkbox"/> I am renting a property under foreclosure |
- Other: _____

Is your name on a rental agreement?

- No Yes Don't Know

If your name is not on a rental agreement, are you living with someone who has a rental agreement and who has notified you in writing that you must leave?

- No Yes Don't Know

If you owe back rent, how much do you owe? _____

How many month's rent is that?

- One Two Three Four Five Six or more Don't Know

Is your landlord willing to accept rent from you?

- No Yes Don't Know Refused Does Not Apply

If you are at risk of eviction, where are you in the eviction process?

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Have not been served formal notice | <input type="checkbox"/> Served a 3-day notice to pay rent or quit | <input type="checkbox"/> Served an Unlawful Detainer summons | <input type="checkbox"/> Eviction judgment has been issued |
| <input type="checkbox"/> Does not apply | <input type="checkbox"/> Don't know | <input type="checkbox"/> Refused | |

Are you currently doing anything to increase your household income or decrease your costs?

- No Yes Don't Know Refused Does Not Apply

Describe: _____

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

If you are to be assisted, are you willing to participate in services to increase your income or decrease your costs?

- No Yes Don't Know Refused Does Not Apply



If household is not currently working toward increasing income or decreasing costs and is unwilling to do so, the household *may* be determined as ineligible. (Note that persons with a fixed income who have described a one-time set back may not need to increase income to remain stable.) If determining not to serve, do not continue further on this form. Mark the appropriate response on the Eligibility Closure Form.

Other relevant information: _____

Data Entry Note:

If person is INELIGIBLE, complete the Eligibility Closure Form and enter the Eligibility Closure Form answers into HMIS.

If person is ELIGIBLE, only enter the SSN in the Client Profile and continue with the Housing & Financial Assessment. Do not enter any other data from pages 1 – 3.

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

FINANCIAL ASSISTANCE ASSESSMENT: *Head of Household ONLY.*

Date: ___ / ___ / ___ (not for use in ServicePoint) ServicePoint ID # _____

First: _____ Middle: _____ Last: _____ Suffix: _____

Data Entry Note: Enter the **full SSN** into the Client Profile and enter the answers on Pages 4 -10 on the ***HPRP Financial Assistance*** assessment. **BE SURE TO USE BACKDATE MODE USING THE ASSESSMENT DATE ON PAGE 1** if you are not entering data on the same day as the assessment.

The next few questions apply to your household. By that, I mean the people you consider your family who would be living or moving into housing with you. Don't include the people you may be living with if they wouldn't be relocating with you to other housing.

How many people are in the household that you are here seeking housing services for? _____

How many are ADULTS in that household? _____

How many are CHILDREN under the age of 18 that are currently living with this household? _____

How many OTHER children under age 18 are NOT currently living with this household? _____

Have you yourself received income from any source in the past 30 days?

- No Yes Don't Know Refused

If the answer is "NO", skip to next page.

Monthly Income Information

If "YES", identify source, amount and start date (required).

Source	Monthly Amount	Start Date
<input type="checkbox"/> Alimony or other spousal support	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Child support	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Earned Income	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> General Assistance (GA)	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Pension from a former job	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Private disability insurance	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Retirement Income from Social Security	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Supplemental Security Income or SSI	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> (TANF) Temporary Assistance for Needy Families	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Unemployment Insurance	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> A veteran's disability payment	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Veteran's pension	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Worker's compensation	\$ _____ .00	Start Date: ___ / ___ / _____
<input type="checkbox"/> Other source	\$ _____ .00	Start Date: ___ / ___ / _____

NOTE: If this household qualifies for assistance, s/he will need to provide verification of each income source.

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

Have you received any of the non-cash benefits listed below in the past 30 days?

- No Yes Don't Know Refused

If answer is "NO", skip to next page.

Non-cash Benefit Information *If "YES", identify source, amount and start date (required).*

Source

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
(Previously known as Food Stamps) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> MediCAL health insurance program (MEDICAID) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> MEDICARE health insurance program | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Healthy Families Insurance program (SCHIP) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants,
and Children (WIC) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> TANF/CalWORKS Child Care services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> TANF/CalWORKS transportation services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Other TANF/ CalWORKS-funded services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Section 8, public housing, or other ongoing rental assistance | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Temporary rental assistance | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Other source | Start Date: ___ / ___ / _____ |

Instructions for asking the following Assessment Questions:

The next series of questions ask first about the person you are speaking with followed by a question about *other* adult members of his/her household.

If the person with whom you are speaking is the only adult in his/her household, mark "does not apply" in the "*other* adult" question, and skip reading the second question directed to *another* adult household member.

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

HOUSEHOLD EMPLOYMENT/INCOME POTENTIAL:

Are you employed?

- No Yes

If currently employed, how many hours did you work last week? _____ hours

Is another adult member of your household employed?

- Does not apply No Yes

If currently employed, how many hours did s/he work last week? _____ hours **SCORE**

How many total hours did the working adults work last week? _____ hours	
Not employed/0 hrs = 0 1-19 hrs = 1 20 – 29 hrs = 3 30+ hrs = 5	

If currently employed, is your work permanent, temporary, or seasonal?

- Permanent Temporary Seasonal

If another adult household member is employed, is this permanent, temporary, or seasonal work?

- Does not apply Permanent Temporary Seasonal

Based on the information to the two previous questions, select the appropriate score below

<input type="checkbox"/> No adults working = 0	<input type="checkbox"/> 1 adult has temporary or seasonal work = 1	<input type="checkbox"/> 2 adults have temporary or seasonal work = 3	<input type="checkbox"/> At least one adult has permanent work = 5	
--	---	---	--	--

When did you last have employment that lasted more than 30 days?

- Never employed Longer than 3 years ago Within past 3 years Within past year Currently employed

When did another adult member of the household most recently have employment that lasted more than 30 days?

- Does not apply Never employed Longer than 3 years ago Within past 3 years Within past year Currently employed

Based on the information to the two previous questions, select the appropriate score below

<input type="checkbox"/> No adults ever employed = 0	<input type="checkbox"/> At least one adult employed more than 3 years ago = 1	<input type="checkbox"/> At least one adult employed within past 3 years = 2	<input type="checkbox"/> At least one adult employed within past 1 year = 3	<input type="checkbox"/> One adult currently employed = 4	<input type="checkbox"/> Both adults currently employed = 5	
--	--	--	---	---	---	--

Are you in school now, or working on any degree or certificate?

- No Yes

Is another adult household member in school now, or working on any degree or certificate?

- Does not apply No Yes

If yes to either of the above questions, when is the soonest schooling will be completed?

<input type="checkbox"/> "NO" = 0 More than 18 months = 0	<input type="checkbox"/> 12-18 months = 1	<input type="checkbox"/> 6-12 months = 3	<input type="checkbox"/> Less than 6 months = 5	
--	---	--	---	--

Other than earned income, does any member of your household have another permanent source of income (such as Social Security, SSI, Veteran's benefits, pension) or time limited source of income (unemployment benefits, short term disability-SDI, child support, or CalWORKs)? (Do not count GA)

<input type="checkbox"/> Does not apply = 0	<input type="checkbox"/> Time limited source = 2	<input type="checkbox"/> Permanent source = 5	
---	--	---	--

EMPLOYMENT/INCOME POTENTIAL SUBTOTAL SCORE _____

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

FINANCIAL STATUS:

What is the total gross household monthly income (include all household members)? \$ _____

What is the total gross household annual income? \$ _____

Using the chart below, determine the percent of Area Median Income (AMI) SCORE

<input type="checkbox"/> No income = 0	<input type="checkbox"/> 1-15% AMI = 1	<input type="checkbox"/> 16-30% AMI = 3	<input type="checkbox"/> 31-50% AMI = 5	<input type="checkbox"/> 51% or more AMI = INELIGIBLE	
--	--	---	---	---	--

Household size	1	2	3	4	5
15% AMI	\$9,375	\$10,710	\$12,060	\$13,395	\$14,460
30% AMI	\$18,750	\$21,420	\$24,120	\$26,790	\$28,920
50% AMI	\$31,250	\$35,700	\$40,200	\$44,650	\$48,200

Note: Answer one of the following two questions (whichever applies). Record a score of zero for the non applicable question.

If the household is currently housed and hoping to stay housed in the same place, what is the ratio of rent to household income?

<input type="checkbox"/> Rent is greater than 80% of income = 0	<input type="checkbox"/> Rent is between 61 and 80% of income = 3	<input type="checkbox"/> Rent is between 41 and 60% of income = 4	<input type="checkbox"/> Rent is less than 40% of income = 5	
---	---	---	--	--

If household is currently homeless OR currently housed but needing to move, use the following fair market rents and the minimum unit size required to estimate the rent to income ratio

<input type="checkbox"/> Rent is greater than 120% of income = 0	<input type="checkbox"/> Rent is between 91 and 120% of income = 3	<input type="checkbox"/> Rent is between 61 and 90% of income = 4	<input type="checkbox"/> Rent is less than 60% of income = 5	
--	--	---	--	--

Fair Market Rents: Minimum Unit Size Monthly Rent

Studio	1-bedroom	2-bedroom	3-bedroom	4-bedroom
\$905	\$1093	\$1295	\$1756	\$2174

To calculate rent to income ratio:

(Min. Unit / Actual Monthly Rent) divided by (Monthly Household Income) times 100 = ratio %

How much does your household currently owe in outstanding bills other than past due rent or utilities?

<input type="checkbox"/> More than \$2500 = 0	<input type="checkbox"/> Between \$1,001 and \$2500 = 2	<input type="checkbox"/> Between \$500 and \$1,000 = 3	<input type="checkbox"/> Less than \$500 = 5	
---	---	--	--	--

FINANCIAL STATUS SECTION SUBTOTAL SCORE _____

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

HOUSING HISTORY:

How many evictions has any adult household member had within the past 5 years (unlawful detainer was filed)?

<input type="checkbox"/> Two or more in past 5 yrs = -0	<input type="checkbox"/> 1 eviction in past 5 yrs = 2	<input type="checkbox"/> No eviction history = 5	
---	---	--	--

Has any adult member of your household previously held a lease in his/her name? No Yes

Which of the following best describes your rental or mortgage history?

<input type="checkbox"/> No adult member previously held a lease or had other tenancy = 0	<input type="checkbox"/> At least one adult member has lived in another housing setting that can provide a reference = 2	<input type="checkbox"/> At least one adult member has held a lease or mortgage for less than two years (including lease they may have now) = 3	<input type="checkbox"/> At least one adult member has held a lease or mortgage in the past for more than two years = 4	<input type="checkbox"/> At least one adult member has been on the current lease for more than two years = 5	
---	--	---	---	--	--

How much of the last year have you been homeless, without permanent housing? (If none write "0" in the days field)

_____ days _____ weeks _____ months _____ year

How many times in the last 3 years have you been homeless, without permanent housing?

First time / one time 2 to 3 times 4 times or more All of it / entire time None

If CURRENTLY HOMELESS, select the appropriate score below

<input type="checkbox"/> 4 times or more in the last 3 years = 0	<input type="checkbox"/> Homeless for a full year = 0	<input type="checkbox"/> Homeless 2 – 3 times in last 3 years = 1	<input type="checkbox"/> Homeless now - first time last 3 years = 2	
--	---	---	---	--

If CURRENTLY HOUSED, select the appropriate score below

<input type="checkbox"/> Housed now- homeless 2 times or more in last three years = 2	<input type="checkbox"/> Housed now - homeless one time in last three years = 3	<input type="checkbox"/> Not homeless - none in last three years = 5	
---	---	--	--

LEGAL

What is your involvement with the criminal justice system?

<input type="checkbox"/> Current outstanding criminal warrant, arson conviction, or registered sex offender = 0	<input type="checkbox"/> Currently on parole or probation for violent crime or felony = 1	<input type="checkbox"/> Currently on parole or probation for a non-violent crime = 2	<input type="checkbox"/> No felony record, minor criminal violations, not on parole or probation = 3	<input type="checkbox"/> No criminal history = 5	
---	---	---	--	--	--

HOUSING AND LEGAL SECTION SUBTOTAL SCORE _____

How did you hear about this program?

- | | | |
|--|---|---|
| <input type="checkbox"/> Shelter or Transitional Housing | <input type="checkbox"/> Calworks/Social Service Agency | <input type="checkbox"/> One Stop Employment Center |
| <input type="checkbox"/> Behavioral Health Care Services | <input type="checkbox"/> From this agency or an agency in this center | <input type="checkbox"/> Press or a flyer |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Another social services agency | <input type="checkbox"/> 211 <input type="checkbox"/> Other |

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

Assessment Area	Score**
Employment/Income Potential	
Financial Status	
Housing and Legal	
TOTAL ASSESSMENT SCORE	

* Enter all scores above into HMIS.

Score Legend and Assessment Recommendation (based on score):

- 0 to 24:** Not recommended for HPRP financial assistance unless access to other subsidized housing is assured within HPRP service period. Refer to other more intensive supports and housing
- 25 to 35:** Recommended for initial 3 mo. subsidy and/or deposit/back rent. Likely to require up to 12 months financial assistance and moderate support services
- 36 to 45:** Recommended for initial 3 mo. subsidy and/or deposit/back rent. Likely to require up to 3 months financial assistance and minimal support services
- 46 to 60:** Not recommended for HPRP financial assistance. Offer housing location assistance and links to other services as appropriate.

Actual assistance offered:

- Not offered HPRP financial assistance. Referred to other more intensive supports and housing.
- Approved for initial 3 mo. subsidy and/or deposit/back rent. Likely to require up to 12 months financial assistance and moderate support services
- Approved for initial 3 mo. subsidy and/or deposit/back rent. Likely to require up to 3 months financial assistance and minimal support services
- Not offered HPRP financial assistance. Offered housing location assistance and links to other services.

Did the actual financial assistance offered differ from the assessment recommendation? No Yes

If yes, explain as specifically as possible: _____

Staff Supervisor/Manager Approval: _____

Signature Date

If YES, Assistance Offered did differ from the assessment recommendation, mark the ONE reason that best fits.

OFFERED ASSISTANCE: If the household **scored 0 to 24 or 46 to 60** and you will be assisting them, indicate below which qualifying special circumstances the household meets.

- Scored **0 to 24**, but is in subsidized housing and only needs short term assistance to maintain housing.
- Scored **0 to 24**, but is *anticipated* to receive a housing subsidy or enter subsidized housing program within three to six months.
- Scored **0 to 24**, but has a fixed long-term income source (such as SSI, social security, VA benefits or pension), a rent to income ratio less than 60% and needs only back rent assistance of less than \$3,000.
- Scored **0 to 24**, but is expected to have an increase in income soon (such as pending child support, an approved increase in hours or wages, or a job offer.)
- Scored **46 to 60**, but will lose this housing AND be staying in a shelter, car or on the streets without assistance.
- Scored **46 to 60**, but will be unable to retain their housing and will become homeless due to a domestic/family situation that requires immediate attention.
- Other (provide detailed explanation): _____

HOUSING RESOURCE CENTER – HOUSING & FINANCIAL ASSESSMENT

NOT OFFERED ASSISTANCE (Requires second level of approval): The household scored **25 to 45** but was **not offered** assistance because the household:

- has no current source of income **AND** is unwilling to engage in any activities to increase income.
- income is inadequate to support current housing **AND** applicant is unwilling to move or engage in any activities likely to increase income.
- can be better served in another program or housing situation and has been assisted to access that housing or service. Program name that household accessed: _____
- is over income, over assets or otherwise unqualified for the program.
- has resolved situation on own or through other means.
- Other: _____

Above section requires second level of approval

Staff Supervisor/Manager Approval: _____	Signature	Date
--	-----------	------



If not offered financial assistance, provide Information and Referrals and enter the client as an Assessment and Referral client.

Which referrals were given? Mark all that apply.

- | | | |
|--|--|--|
| <input type="checkbox"/> GA | <input type="checkbox"/> SSI Advocacy | <input type="checkbox"/> Unemployment benefits |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Food pantry | <input type="checkbox"/> Utility assistance |
| <input type="checkbox"/> CalWORKs | <input type="checkbox"/> Emergency shelter | <input type="checkbox"/> Legal services |
| <input type="checkbox"/> Credit repair | <input type="checkbox"/> Specify: _____ | |

If "eligible" FOR FINANCIAL ASSISTANCE, proceed to HEAD OF HOUSEHOLD INTAKE FORM.

For data entry information only... Based on Assessment and verification of income and housing situation, which HRC program is this Household going to be entered in?

- | | |
|---|---|
| <input type="checkbox"/> East DUB/UNINC Assessment/Referral | <input type="checkbox"/> East DUB/UNINC Housing Stabilization |
| <input type="checkbox"/> East STATE LM/PL Assessment/Referral | <input type="checkbox"/> East STATE LM/PL Housing Stabilization |
| <input type="checkbox"/> Mid ALAMEDA Assessment/Referral | <input type="checkbox"/> Mid ALAMEDA Housing Stabilization |
| <input type="checkbox"/> Mid HAYWARD Assessment/Referral | <input type="checkbox"/> Mid HAYWARD Housing Stabilization |
| <input type="checkbox"/> Mid SL STATE Assessment/Referral | <input type="checkbox"/> Mid SL STATE Housing Stabilization |
| <input type="checkbox"/> Mid UNINC Assessment/Referral | <input type="checkbox"/> Mid UNINC Housing Stabilization |
| <input type="checkbox"/> NoCo BERKELEY Assessment/Referral | <input type="checkbox"/> NoCo BERKELEY Housing Stabilization |
| <input type="checkbox"/> NoCo URBAN Assessment/Referral | <input type="checkbox"/> NoCo URBAN Housing Stabilization |
| <input type="checkbox"/> Oakland DOWNTOWN Assessment/Referral | <input type="checkbox"/> Oakland DOWNTOWN Housing Stabilization |
| <input type="checkbox"/> Oakland EASTMONT Assessment/Referral | <input type="checkbox"/> Oakland EASTMONT Housing Stabilization |
| <input type="checkbox"/> Oakland TAY Assessment/Referral | <input type="checkbox"/> Oakland TAY Housing Stabilization |
| | <input type="checkbox"/> Oakland OPRI Housing Stabilization |
| <input type="checkbox"/> South FREMONT Assessment/Referral | <input type="checkbox"/> South FREMONT Housing Stabilization |
| <input type="checkbox"/> South UC STATE Assessment/Referral | <input type="checkbox"/> South UC STATE Housing Stabilization |
| <input type="checkbox"/> South URBAN Assessment/Referral | <input type="checkbox"/> South URBAN Housing Stabilization |
| <input type="checkbox"/> Other: (specify) _____ | |

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Three Month Reassessment & Recertification for HPRP Services & Financial Assistance

Program Name: _____ Staff: _____

Head of Household Name: _____ Service Point ID: _____

Reassessment Date: ___ / ___ / _____ (mm / dd / yyyy)

Before beginning this Reassessment and Recertification, please print out the ART Report entitled "3 Month Reassessment Client Summary" for the Head of Household from the HPRP Agency and Generic Reports Folder. Review the answers on the Summary report and update on this form as needed.

Assistance Level and Duration Eligibility

What level of assistance is this household currently receiving from HPRP only (excluding TANF ECF and other assistance/services)?

- Rental assistance with case management
- Utility assistance with case management
- Rental and utility assistance with case management
- Receiving housing stabilization case management services only (no financial assistance)

How many total months of services has the household received to date? (counting from Staff Certification date to current date, and including all episodes of assistance, even if discontinuous)

Note: Count all periods of Housing Stabilization enrollment, not just financial assistance. If the household has already received 16 or 17 months of services, consider when 18 months of service will occur and schedule an Exit Interview appointment with the Head of Household now. Make certain no additional payments are provided beyond the 18th month of service.



If the household has received 18 months of services, stop here. The client is not eligible for continuing services or financial assistance. Record the determination below and on Page 7 of this form. Complete the Housing Stabilization Exit form for all adults.

- Ineligible for further financial assistance due to maximum assistance

Household Information

- No Change in address or phone
- Address and/or phone number has changed; new information below

Current STREET Address: _____ APARTMENT #: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE NUMBER (with Area Code): (____) _____ - _____

Email Address: _____

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Has your household composition changed since the last assessment? yes no

If no, skip the following three questions

How many people are in household? _____

How many are ADULTS in that household? _____

How many are CHILDREN under the age of 18 that are currently living in this household? _____

(If **Household increased**, complete Intake for new member, modify Household as needed, and add Program Entry. If **Household decreased**, complete the Exit form. Enter all changes into InHOUSE.)

Income Eligibility

What is the total gross *monthly* household income? \$ _____

What is the total gross *annual* household income? \$ _____ (monthly amount times 12)

Using the chart below, determine the percent of Area Median Income (AMI)

No income 1-15% AMI 16-30% AMI 31-50% AMI 51% or more AMI

Household size	1	2	3	4	5
15% AMI	\$9,375	\$10,710	\$12,060	\$13,395	\$14,460
30% AMI	\$18,750	\$21,420	\$24,120	\$26,790	\$28,920
50% AMI	\$31,250	\$35,700	\$40,200	\$44,650	\$48,200



If household income is greater than 50% of AMI, stop here. The client is no longer eligible for services or financial assistance. Record the determination on Page 7 and complete the Housing Stabilization Exit form for all adults.

Rent to Income Eligibility

Household still homeless at reassessment – skip to next page

a) Total monthly rent amount: \$ _____

b) Most recent month's subsidy amount: \$ _____

c) Total current tenant share (subtract subsidy from rent amount: a-b): \$ _____

d) Subsidized Percentage of Rent: (Subsidy divided by Total Mo. Rent: $b \div a \times 100$) _____ %

If the household is currently housed, what is the ratio of rent to household income?

Rent is greater than 80% of income Rent is between 61 and 80% of income Rent is between 41 and 60% of income Rent is less than 40% of income

To calculate rent to income ratio, use answers from this page as noted below:

\$ _____ divided by \$ _____ x 100 = _____ %

(Total monthly Rent) divided by (Monthly Household Income) times 100 = ratio %



If household rent to income ratio is 40% or less, stop here. The client is no longer eligible for services or financial assistance. Record the determination on Page 7 of this form and complete the Housing Stabilization Exit form for all adults.

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Income Source and Amount Changes

Have you had any changes since the last assessment to your last 30 day/monthly income amount or source?

- No Yes

If "YES", complete information below and record it in the appropriate person's record.

Name of person with income change: _____ ServicePoint ID: _____

Have you received income from any source in the past 30 days?

- No Yes Don't Know Refused

Current Monthly Income Information *If "YES", identify source, amount and start date (required).*

Source

Monthly Amount

- | | | |
|---|--------------|-------------------------------|
| <input type="checkbox"/> Alimony or other spousal support | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Child support | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Earned Income | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> General Assistance (GA) | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Pension from a former job | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Private disability insurance | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Retirement Income from Social Security | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Social Security Disability Income (SSDI) | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Supplemental Security Income or SSI | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> (TANF) Temporary Assistance for Needy Families | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Unemployment Insurance | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> A veteran's disability payment | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Veteran's pension | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Worker's compensation | \$ _____ .00 | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Other source | \$ _____ .00 | Start Date: ___ / ___ / _____ |

DATA ENTRY NOTE: Enter income information only on the ID for which it pertains. On this assessment screen, enter only Head of Household income. If another adult or child changed income amount or sources, go to "Other Adult" or "Child" assessment in ServicePoint and enter the data.

Has any other household member (adult or child) had any changes since the last assessment to the last 30 day/monthly income amount or source?

- No Yes

If "Yes", complete the Income information. If more than one household member had a change in income, use the Income Subassessment from the Other Adult Intake and staple it to the end of this Reassessment.

- Income verified and documentation on file

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Non-cash Benefit Changes

Have you had any changes since the last assessment to non-cash benefits you received in the last 30 days?

- No Yes

If "YES", complete information below and record it in the appropriate person's record.

Name of person with benefits change: _____ ServicePoint ID: _____

Have you received any of the non-cash benefits listed below in the past 30 days?

- No Yes Don't Know Refused

Non-cash Benefit Information

If "YES", identify source, amount and start date (required).

Source

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
(Previously known as Food Stamps) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> MediCAL health insurance program (MEDICAID) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> MEDICARE health insurance program | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Healthy Families Insurance program (SCHIP) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants,
and Children (WIC) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Veteran's Administration (VA) Medical Services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> TANF/CalWORKS Child Care services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> TANF/CalWORKS transportation services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Other TANF/ CalWORKS-funded services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Section 8, public housing, or other rental assistance | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Temporary rental assistance | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Other source | Start Date: ___ / ___ / _____ |

DATA ENTRY NOTE: Enter benefits information only on the ID for which it pertains. On this assessment screen, enter only Head of Household non-cash benefits. If another adult or child changed non-cash benefits, go to "Other Adult" or "Child" assessment in ServicePoint and enter the data.

Has any other household member (adult or child) had changes since the last assessment to the non-cash benefits received in the last 30 days?

- No Yes

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Change in Assets

Has this household received any additional assets like a settlement payment, a new car, or other one-time financial resources since the last assessment?

No Yes

If Yes, please account for the assets in determining New Subsidy Amount and Case Plan.

New assets reviewed and documentation in file



If with the new assets, the household exceeds the program asset policy, the household is no longer eligible for services or assistance. Record the determination on Page 7 of this form and complete the Housing Stabilization Exit form for all adults.

Other Housing Options/Financial Resources and Support Network Eligibility

Have you identified other appropriate housing options (affordable to you and available as needed)?

No Yes

Does your household have the financial resources and support networks needed to retain permanent housing or to obtain temporary or permanent housing?

No Yes

Other subsequent housing options (Do not enter in InHOUSE)

Have you identified any housing that you could move to that would be appropriate and affordable for you? What steps have you taken to identify other housing options?

Summary of assessment: _____

Financial Resources and Support Networks (Do not enter in InHOUSE)

Do you have any other resources that you could use to help you gain housing or remain in your housing? (This would include assets that can be converted to cash, family or friends who can lend or give money, someone with whom the person could stay, etc.)?

Summary of assessment: _____



If the case manager marked yes to either of the first two questions in this section, the client is no longer eligible for services or financial assistance. Record the determination on Page 7 and complete the Housing Stabilization Exit form for all adults.

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Housing Stabilization Plan Progress (Do not enter into InHOUSE)

Are this household's housing stabilization goals:

- Achieved and complete Making adequate progress Not making adequate progress

Is this household's employment or income goals:

- Achieved and complete Making adequate progress Not making adequate progress Does Not Apply

Is this household's education goals:

- Achieved and complete Making adequate progress Not making adequate progress Does Not Apply

Is this household's other stability goals:

- Achieved and complete Making adequate progress Not making adequate progress Does Not Apply



If the household has achieved and completed all goals of the Housing Stabilization plan, stop here. S/he is no longer in need of the Program and should be exited. Record the determination on Page 7. Complete the Housing Stabilization Exit form for all adults.

Based on the household's progress in the Housing Stabilization plan:

- Housing Stabilization plan fully achieved; household to be exited
- Previous plan continues in effect
- Revised plan developed and agreed to with Head of Household; copy in file

Other factors to take into consideration to determine continued eligibility and need for financial assistance: _____

Certification

Certification

By signing below I certify that the above information is true and represents a complete accounting of my household situation.

Head of Household

Date

HRC Staff Person Completing This Form:

Print Name: _____

Title: _____

Signature: _____ Date: _____

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Eligibility Re-determination and Subsidy Reassessment (Staff Use Only)

Eligibility Re-determination:

- Eligible for and needing up to an additional 3 months financial assistance
- Continued case management services but no longer eligible for or needing financial assistance
- No longer eligible for or needing financial assistance and HPRP case management services. **Complete Housing Stabilization Exit Form**

If eligible for ongoing case management and/or financial assistance:

Current monthly rent subsidy amount: \$ _____

New subsidy amount: \$ _____ New Subsidy Start Date: ___ / ___ / _____

Next reassessment due on: ___ / ___ / _____

Signature HRC Staff Person Recertifying Eligibility**:

Date:

**** HRC Staff Person Recertifying Eligibility (signature above) must complete a Staff Certification if s/he has not previously completed one for this client.**

Supervisor's Signature (if required): _____

Eligibility Re-determination and Notification

After the decision of re-determination of eligibility and new subsidy amount, I have been notified that I am:

- no longer eligible
- eligible for financial assistance in the revised subsidy amount noted above consistent with the other terms of my participation agreement.

Head of Household signature: _____

Date of Signature: _____

Alternate form of notification (Do not enter in InHOUSE)

- Phone message left on Date: _____
- Email sent to client on Date: _____ (copy in file)
- Letter mailed to client on date: _____ (copy in file)

Attach the printed "3 Month Reassessment Client Summary" Report and place in the Head of Household's file after data entry is complete. **FOR DATA ENTRY: Enter this data on the ServicePoint "HPRP 90 Day R+R" Assessment Tab, add a service for the Reassessment, and then data enter the Exit Form if needed.**



Priority Home Partnership

TABLE OF CONTENTS FOR IMPLEMENTATION RESOURCE BOOK

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A	Priority Home Partnership Program Description
B	Summary of Program Steps & Forms and Program Diagram
C	Basic Eligibility Screening Tool (HMIS)
D	Housing Situation and Financial Assessment Tool (HMIS)
E	Intake forms for Head of Household, Other Adult, Children (HMIS)
F	HPRP and TANF Side-By Side and Decision Tree
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M	Prevention Inspection (Lead Only) Form
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W	Confidentiality Requirements
X	Other HUD policies: Conflict of Interest, Fair Housing, Nondiscrimination and Equal Opportunity
Y	Release of Information (ROI) & Date Entry Job Aids (HMIS)
Z	Client File Documents Checklist

Federal Guidelines and HUD's Frequently Asked Questions

(updated 9/1/10)

Priority Home Partnership Makes Big Impact in First Six Months!

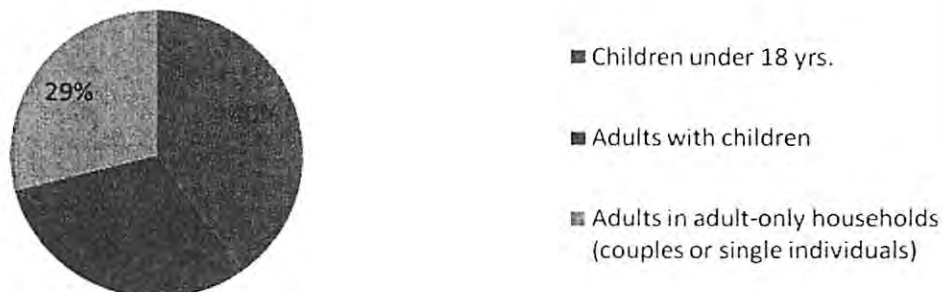
May 1st marked the six month anniversary of the Priority Home Partnership (PHP), the federally funded stimulus program which provides housing acquisition and eviction prevention services at eight Housing Resource Centers throughout Alameda County. In that time 3,226 homeless and at-risk households were screened at the 24-hour 211 hotline number and referred to one of the Housing Resource Centers that then further assessed the housing crisis and eligibility for the PHP program. Over a third (1,172 households) have been eligible and able to produce the documentation that qualified them for housing stabilization services.

Priority Home Partnership has been recognized nationally for its comprehensive program design, innovation in its partnerships to leverage housing subsidy vouchers and additional financial assistance, collaborative ownership of the program by 33 service providers and government entities, and an Implementation and Learning Community to continue refining and improving the program. As you can see by the data below, people all over the county from single adults to families are getting the help they need to retain their housing or move quickly into new permanent housing. Congratulations to all the PHP partners for their great work in this first six months.

Households Referred to HRCs

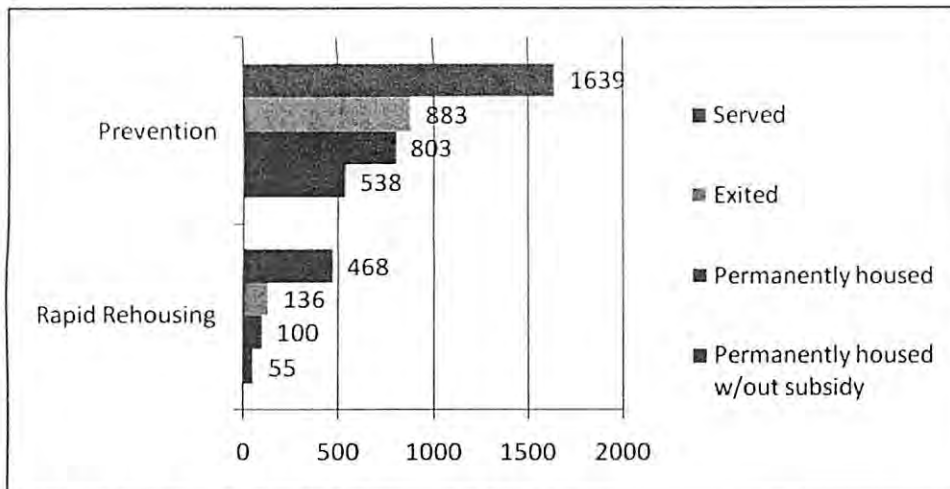


People in the PHP Housing Stabilization Program



*Of the households with children, there is an average of 1.73 children per household

Outcomes - Exits to Permanent Housing



Approximately half of those served to date have exited the program. Of the 883 who exited the prevention program, 91% exited to permanent housing, 67% of those to unsubsidized housing. Of the 136 people who exited the rapid rehousing program, 74% exited to permanent housing, 55% of those to unsubsidized housing.

*Total numbers include children accompanied by adults

By The Dollars

Prevention: \$572,436 spent in financial assistance for rent & utility payments toward obtaining or maintaining stable housing affordable to them (assisting those at greatest risk of being on the streets/shelter). These funds assisted 1,639 people (741 households.)

Rapid Rehousing: \$165,878 spent in financial assistance for rent, security deposit, utility payments, moving costs, or a hotel/motel voucher. This assisted 468 people (254 households) in obtaining housing that had been living on the streets, in a shelter, transitional housing, or escaping domestic violence.

Our Collaborations at Work

Leveraged resources in addition to the dollars above:

- 222 families received \$446,963 of financial assistance in their behalf in 507 payments for current rent, security deposits, delinquent rent, household items, and utility assistance funded by **Emergency Contingency Funds** leveraged through **Alameda County Social Services Agency**.
- 7 households residing in outdoor encampments have moved into their own affordable permanent housing and received move-in assistance totaling \$4,656. PHP paid move-in assistance and case management. Ongoing rents will be paid through a partnership with the **City of Oakland** and the **City of Oakland Housing Authority**, which leveraged 50 housing subsidy vouchers to make these housing units permanently affordable at 30% of the residents' income.

For a list of PHP partners or more information on the program design click here (http://www.everyonehome.org/plan_initiatives.html)