

# Effectiveness of Family Support Services



**RMC**

**Ray Marshall Center**  
for the Study of Human Resources

 **TEXAS LBJ School**  
The University of Texas at Austin  
Lyndon B. Johnson School of Public Affairs

December 2016

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# **Improving the Measurement and Effectiveness of Family Support Services: A Comparative Review of County Practices**

**Prepared for  
Travis County Health & Human Services and  
Veterans Assistance**

December, 2016



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## **Introduction**

Travis County Health and Human Services & Veterans Service (HHS&VS), through its Family Support Services (FSS) division, provides short-term emergency assistance to residents of Travis County, Texas. Travis County FSS strives to optimize self-sufficiency for families and individuals in safe and healthy communities. Services are provided at seven community centers - two of the sites are located in central Austin while the other five serve the suburban and rural areas of the county. FSS provides emergency financial assistance for utility, rent, and mortgage payments, as well as short term case management services, and more in-depth clinical case management services focused on homelessness prevention and family self-sufficiency.

Travis County administrators have requested input on how other counties deliver and measure outcomes for investments in emergency assistance services, and what among these might be adapted or useful for Travis County FSS. Ray Marshall Center (RMC) at the LBJ School of Public Affairs of the University of Texas has been contracted to investigate the following program components at a number of Texas and other out-of-state urban county programs:

- How are Low-Income Home Energy Assistance Program (LIHEAP) funds distributed across service categories?
- What systems are in place to identify and prioritize families and individuals eligible for services?
  - Eligibility screening for emergency services and homelessness prevention services, including income guidelines,
  - Prioritization systems for various programs ranging from systems designed to identify the most vulnerable to systems designed to identify households most likely to obtain self-sufficiency, and
  - Wait list options.
- What assessment and matrix tools are used by homelessness prevention programs?
  - How are these tools being used to document client experiences over time?
- What management information systems are being used by various programs?
- What outcomes are programs reporting and how are they measured?
- What innovations and efficiencies are other programs instituting?

Counties receiving common emergency assistance federal funding streams utilize program specific guidelines for determining eligibility yet operate with slight variations in how households are prioritized for services. County emergency services delivery systems also vary for the counties reviewed. RMC conducted an on-line search of various national homelessness prevention sites for information regarding best practices being implemented by programs across the country. For both emergency services and homelessness prevention services, individual county websites were studied and a number of counties offered responses to questions regarding programs through email or telephone interviews to contribute to this report. The county homelessness prevention services included in this report each have distinct combinations of funding streams and variant delivery systems. Some counties provide the services directly while others act as the fiscal agent, while yet others act as the coordinator of services provided by various agencies throughout their county.

This paper is organized as a manual with sections devoted to the two primary types of services investigated: emergency services and homelessness prevention case management services. The section on emergency services first discusses energy assistance, then the weatherization program followed by one-time rent and mortgage assistance. Each subsection presents information on the provision of these services from five urban Texas Counties: El Paso, Tarrant, Harris, Dallas, and Bexar, followed by; a sampling of the forms used by the counties, information on each counties management information system, and a discussion of efficiencies and innovation in service delivery found while researching this review. The section on homelessness prevention case management services begins with a description of the case management systems for the five out-of-state counties reviewed: Boulder, Hennepin, King, Multnomah, and Snohomish. The program descriptions are followed by information on each counties' management information system and assessment tools, followed by a discussion of innovations and efficiencies implemented by the various programs.

## **Emergency Services**

The Low Income Home Energy Assistance Program (LIHEAP) funds are used to support the Comprehensive Energy Assistance Program (CEAP), an energy assistance and weatherization program for low-income persons. All programs across the state follow the same income guidelines, 150% of Federal Poverty Guidelines (FPG). The LIHEAP statute states that

the funds must be used to provide the highest level of assistance to those households that have the lowest incomes and the highest energy costs or needs in relation to income, taking into account family size. The sliding scale benefit and the priority given to households containing elderly, disabled, and children 5 and younger are meant to meet this requirement.<sup>1</sup>

Most county programs also draw from other sources of funding to provide emergency energy assistance. LIHEAP funds originate as part of the US Department of Health and Human Services (USHHS) Community Development Block Grant (CSBG). The Texas Department of Housing and Community Affairs (TDHCA) is the state grant recipient and distributes to Community Action Agencies (CAA) at the local level, which may be private, non-profit or a government entity. Each local CAA LIHEAP grantee has a set percentage budgeted for administration, and direct services, which is further split percentagewise into crisis assistance, and heating and cooling assistance. The crisis and utility assistance percentages can change throughout the program year depending upon the needs of the community being served. The administrative allocation is drawn down based on the amount the program spends down in direct services.<sup>2</sup> Table 1 presents the name of the LIHEAP grantee for each county and how the LIHEAP funding is allocated across the seven categories for each county and for the state of Texas.

**Table 1. LIHEAP Allocations**

County/Program Administrator	Allocations
ALL TEXAS COUNTIES(a)	<b>10% Heating assistance</b> <b>40% Cooling assistance</b> <b>25% Crisis assistance</b> <b>15% Weatherization assistance</b> <b>10% Administrative and planning costs (a)</b> 0% Services to reduce home energy needs including needs assessment 0% Used to develop and implement leveraging activities
BEXAR	<b>45% Heating assistance</b> <b>45% Cooling assistance</b>

<sup>1</sup> Division of Energy Assistance, Office of Community Services/ACF/HHS. LIHEAP Statute and Regulations. Accessed 12-1-2016. <http://www.acf.hhs.gov/ocs/resource/liheap-statute-and-regulations>

<sup>2</sup> Request for information Email response from: Rita D. Gonzales-Garza, M.P.A., CSBG Program Administrator, Community Affairs Division, Texas Department of Housing and Community Affairs.

Bexar County Community Resources County funds can only be used outside the city limits of San Antonio, in the unincorporated areas of Bexar County.	<b>10% Crisis assistance (restoration of services or prevention of services becoming interrupted.) (b)</b> <input type="checkbox"/> % Weatherization assistance <input type="checkbox"/> % Administrative and planning costs <input type="checkbox"/> % Services to reduce home energy needs including needs assessment <input type="checkbox"/> % Used to develop and implement leveraging activities
DALLAS  Dallas County Department of Health and Human Services	<b>2.45% Heating assistance</b> <b>69.00% Cooling assistance</b> <b>1.15% Crisis assistance</b> <b>12.15% Weatherization assistance</b> <b>11.75% Administrative and planning costs</b> <b>3.50% Services to reduce home energy needs including needs assessment (c)</b> 0% Used to develop and implement leveraging activities
El Paso  El Paso Community Action Program, Project Bravo, Inc.	Many organizations separate the LIHEAP/CEAP programs from the CSBG and other programs, Project BRAVO does not. This allows us to better leverage all grants, but it makes it very difficult to show a true picture of how much time staff and clients spend on just this program.(d)
HARRIS  Neighborhood Centers, Inc. (information unavailable)	<input type="checkbox"/> % Heating assistance <input type="checkbox"/> % Cooling assistance <input type="checkbox"/> % Crisis assistance <input type="checkbox"/> % Weatherization assistance <input type="checkbox"/> % Administrative and planning costs <input type="checkbox"/> % Services to reduce home energy needs including needs assessment <input type="checkbox"/> % Used to develop and implement leveraging activities
TARRANT  City of Fort Worth	<b>35% Heating assistance</b> <b>35% Cooling assistance</b> <input type="checkbox"/> % Crisis assistance <b>20 % Weatherization assistance(e)</b> <input type="checkbox"/> % Administrative and planning costs <input type="checkbox"/> % Services to reduce home energy needs including needs assessment <input type="checkbox"/> % Used to develop and implement leveraging activities

- (a) Texas Department of Housing and Community Affairs. DRAFT Low Income Home Energy Assistance Program (LIHEAP) Model Plan Public Law 97-35, As Amended Federal Fiscal Year 2017.  
<https://www.tdhca.state.tx.us/community-affairs/ceap/docs/16-TXLIHEAPPlanDraft.pdf>
- (b) Linda Zoila Flores, Client Services Manager, Bexar County Department of Community Resources "...10% of our annual allocation is utilized for Household Crisis (HCC) and 90% towards Utility Assistance (UAC) components."
- (c) Saad Mustafa, Grants Analyst, Dallas County Health & Human Services
- (d) Laura Ponce, Executive Director. Project Bravo.
- (e) Estimates from City of Fort Worth Community Action Partners 2014 Annual Report:  
<http://fortworthtexas.gov/files/2014-15%20CAP%20Annual%20Report.pdf>

## **Emergency Energy Assistance**

Each county has a designated organization that acts as the administrative agent for the LIHEAP funds and implements the program. Table 2 presents information on each of the five programs, including how householders apply for the service, are prioritized for services and if the program uses an application waitlist, how is this list maintained.

Most energy assistance programs list all application requirements including current income guidelines on their program website, as well as a list of all documents that must accompany the application. Some programs provide a link to the application to be downloaded and completed to either mail, fax, email or hand deliver to a center along with the required documents. Some utility assistance programs provide access to an online appointment scheduler or survey system designed to determine eligibility. Each program has an eligibility priority point service delivery system that outlines how the program prioritizes households for services to ensure those most in need receive the service. Following Table 2 are a sampling of tools used from the different programs including, a screen shot of an appointment scheduling web page, an eligibility screening tool, the current priority point rating service delivery system used by each agency and an sample application available online.

**Table 2. LIHEAP Grant Recipients Program Information**

County/Agency	How to Apply	Prioritize	Waitlist
<b>Bexar County</b>  Direct Client Services Division of the Department of Community Resources	Program webpage lists eligibility criteria and a link to current income guidelines. A request for services is available to download through a link on the program page (a). The completed form can be emailed to the program.	Elderly, disabled, and families with children 5 years of age or younger. If applicant has received a disconnection notice they can call a specific number to attempt to receive one of a limited amount of appointments available daily. It takes 15-30 working days for applications to be processed.	Due to limited funding, assistance is not guaranteed.
<b>Dallas County</b>  Dallas County Health and Human Services	Current income guidelines are on the program webpage along with link to program brochure that presents detailed list of required documents needed to complete an application. Applicants can call for an appointment or request an appointment through an online system presented on the program webpage. (b)	Priority is given to qualifying elderly, persons with disabilities and families with children.	Assistance for qualified applicants will be based on the availability of funds. No waitlist is maintained.
<b>El Paso</b>  Project Bravo Community Action Partnership	Applications can be picked up at centers or downloaded from the Bravo Website (c). Website presents a list of required documents. Applications can be mailed or delivered to a program community center.	Priority system categorizes all applications based on immediate need for utility assistance with the following criteria in order of highest energy burden and lowest poverty level: bill exceeds 11% of monthly income, household poverty level, elderly, disabled,	No waitlist. Staff receive a monthly projection of available funds and stop accepting applications when funding are committed.

		children under 5 and disconnection status	
<b>Harris County</b>  Neighborhood Centers	Apply for assistance at Neighborhood Centers or through a web based application survey link found the project web page (d), or call utility assistance program.	Identifies each applicant household as elderly, disabled or household with young children as (EDYC) or as Non-EDYC. Households identified as EDYC receive priority for services. Households submitting a disconnect notice receive expedited services.	Centers will no longer accept applications when funding is unavailable. A message stating funding is not available and applications are not being accepted is recorded on the utility assistance phone message. (12-6-2016)
<b>Tarrant County</b>  The City of Fort Worth's Community Action Partners (CAP)	Appointments can be made, changed or canceled at any time on a website using the Utility Bill Payment Intake Appointment Scheduler (e). Applicants receive a confirmation email with appointment date, time and place. In addition, they also receive a phone call reminder the day before the appointment. Applicants may also use an automated phone system to request an appointment.	Elderly, disabled, and households with children under five when funds are low.  Persons receiving Supplement Security Income (SSI) benefits, are eligible for utility assistance.	Depending upon the number of requests, funding for some programs may be limited or unavailable.  A message stating funding is not available and applications are not being accepted is recorded on the utility assistance phone message. (12-6-2016)

- (a) <http://www.bexar.org/DocumentCenter/View/821>
- (b) <http://www.dallascounty.org/department/hhs/ceap.php>
- (c) [http://www.projectbravo.org/files/2016/2016Applications/PB\\_application-English-2016\\_final.pdf](http://www.projectbravo.org/files/2016/2016Applications/PB_application-English-2016_final.pdf)
- (d) <http://www.neighborhood-centers.org/locations/utility-assistance-program>
- (e) [https://fortworthtexas.ca.schedular.com/onlineappt/login.html?client\\_code=FTWORTHC](https://fortworthtexas.ca.schedular.com/onlineappt/login.html?client_code=FTWORTHC)

## **Appointment Request Options**

### **Fort Worth Utility Assistance Online Appointment Scheduling Page**

Welcome



Welcome to your Utility Bill Payment Intake Appointment Scheduler

The City of Fort Worth's Community Action Partners (CAP) seeks to reduce poverty and help low-income citizens of Tarrant County to meet critical needs and become self-sufficient.

**Eligibility Criteria:**  
If you or anyone in your household is currently receiving Supplement Security Income (SSI) benefits, you are eligible for utility assistance. Otherwise, to qualify for assistance, your household's yearly income must be below or at 150% of HHS Poverty Guidelines as shown below.  
Note: We count gross income for last 30 days: check stubs for last 30 days, SS, SSDI, SSDC, Unemployment benefits, TANF, VA, Pensions, Proof of self employment. Please multiply this gross income for last 30 days by 12 months to obtain the yearly income.

View or Cancel Existing Appt

**Book Appointment Now**

Household receiving SSI:

HHS Poverty below or at 150%:

Location:

Service:

Date&Time:   Available Not Available Closed

**Continue**

Yearly Income for 150% HHS Poverty Guideline	
Size of family unit	Maximum Eligible Yearly Income
1	\$17,820
2	\$24,030
3	\$30,240
4	\$36,450
5	\$42,660
6	\$48,870
7	\$55,095
8	\$61,335
For each additional person add	\$6,240

## Bexar County Energy Assistance Request Form



### 2016 WRITTEN REQUEST FORM

email to: [clientservices@bexar.org](mailto:clientservices@bexar.org)

CLIENT NAME		LAST FOUR OF SOCIAL SECURITY NO.		DATE
ADDRESS		CITY/ZIP CODE		PHONE NO.
EMAIL ADDRESS			ALTERNATE PHONE NO.	
ESTIMATED MONTHLY INCOME	TYPE OF INCOME	HOUSEHOLD SIZE	# OF CHILDREN IN THE HOME	

What crisis or event occurred that prevented them from paying their bill? (i.e. high energy bill, loss of income, etc.)

#### HOUSEHOLD INFORMATION:

#### PRIORITY POPULATION

IS THERE SOMEONE	Check appropriate answer		
5 years of age or younger?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
Disabled?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
60 years of age or older?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
With life support equipment?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>
18 Years of age or older unemployed?	YES	<input type="checkbox"/>	NO <input type="checkbox"/>

#### PLEASE COMPLETE THE FOLLOWING:

UTILITY COMPANY:	UTILITY ACCOUNT NUMBER:	ARE YOU DISCONNECTED?	DATE OF DISCONNECTION :
		YES <input type="checkbox"/> NO <input type="checkbox"/>	
NAME ON UTILITY ACCOUNT:	AMOUNT OWED: \$	ARE YOU BEHIND?	DATE OF LAST PAYMENT:
		YES <input type="checkbox"/> NO <input type="checkbox"/>	

My answers to all the previous questions, the statements I have made and the information I have provided are true and correct to the best of my knowledge and belief.

I authorize Bexar County to request, obtain, view my utility customer account data to include past and present billing amounts, charges, fees incurred, date of interruption and/or disconnection of services, including details of all charges owed, from an installment plan and/or consumption history for the sole purpose of determining eligibility for and/or providing utility financial assistance.



Signature or Electronic Signature

Print Name

Date

## **Eligibility Point Priority Ratings**

### **Bexar Direct Client Services Division of the Department of Community Resources**

Our DCS Application System creates a schedule for each Intake Worker based on the applicant being:

#### 1<sup>st</sup> Priority - Services have been interrupted

- 1) Elderly with a Level IV
- 2) Disabled with a Level IV
- 3) Household with children 5 or younger with a Level IV
- 4) Non-Priority with a Level IV Disconnection Notice

Upon receipt of a completed application, the DCS Application System schedules to an Intake Worker the following work day.

2<sup>nd</sup> Priority - Utility Representative goes to residence to collect payment or a 3 day notice (Pink Notice) to pay amount owed is left at residence - \$12.00 fee is charged to applicant upon receiving this formal notice.

- 1) Elderly with a Level III Disconnection Notice
- 2) Disabled with a Level III Disconnection Notice
- 3) Household with children 5 or younger with a Level III Disconnection Notice
- 4) Non-Priority with a Level III Disconnection Notice

Upon receipt of a completed application, the DCS Application System schedules to an Intake Worker the same work week.

#### 3<sup>rd</sup> Priority – Phone call to collect payment

- 1) Elderly with a Level II Disconnection Notice
- 2) Disabled with a Level II Disconnection Notice
- 3) Household with children 5 or younger with a Level II Disconnection Notice
- 4) Non-Priority with a Level II Disconnection Notice

Upon receipt of a completed application, the DCS Application System schedules to an Intake Worker the within 6 – 13 working days. Extensions are requested from a Customer Service Representative to allow for scheduling time to review application.

#### 4<sup>th</sup> Priority – Disconnection Notice mailed

- 1) Elderly at Level I
- 2) Disabled at Level I

- 3) Household with children 5 or younger at Level I
- 4) Non-Priority household at Level I

Upon receipt of a completed application, the DCS Application System schedules to an Intake Worker within 2 to 3 weeks. Extensions are requested from a Customer Service Representative to allow for scheduling time to review application.

5<sup>th</sup> Priority – 1 month bill

- 1) Elderly at Level 0
- 2) Disabled at Level 0
- 3) Household with children 5 or younger at Level 0
- 4) Non-Priority household at Level 0

Upon receipt of a completed application, the DCS Application System schedules to an Intake Worker within 4 to 6 weeks. Applicant is not in danger of disconnection of services.

**Dallas County Dallas County Health and Human Services**

CATEGORY	POINTS
<b>HOUSEHOLD MEMBERS</b>	
Elderly and Disabled and Head of Household	3
Elderly or Disabled and Head of Household	2
Elderly or Disabled not Head of Household	1
<b>CHILDREN 5 YEARS OF AGE AND UNDER</b>	3
<b>PERCENT OF INCOME PAID FOR ENERGY COST</b>	
_____ divided by _____ = _____% usage annual income	yearly
11% - over	4
1 - 10%	3
Refer all CEAP clients to Weatherization	
<b>HOUSEHOLD POVERTY INCOME LEVEL</b>	
0 - 50%	3
51 - 75%	2
76 – 150%	1
<b>FIRST TIME POTENTIAL PARTICIPANT</b>	3
<b>EXTRAORDINARY CIRCUMSTANCES IN HOUSEHOLD</b>	3
Type:	
<b>TOTAL POINTS</b> (Maximum Possible Score: 19)	

## El Paso Project Bravo



### PRIORITY POINTS TOOL

**HOUSEHOLD CRISIS COMPONENT**

6
8

WAP


**UTILITY ASSISTANCE**

HCC (SERVICE & REPAIR)

**CLIENT NAME**

\_\_\_\_\_

**FAMILY ID #**

#### I. Type of Household

- A Elderly/Disabled/Children five and under
- B Family with children six and older
- C Single person
- D Households with no children

4
3
2
1

#### II. Percentage of Income used for Energy Costs

- 11% AND OVER
- 0% 10%

6
1

Electric	Gas/Propane	Total	Income	% Spent on Utilities
\$0.00	\$0.00	\$0.00	\$1.00	0.0%

#### III. Household Income Level

- 0% 50%
- 51% 75%
- 76% 125%
- 125% 150%

4
3
2
1

#### IV. PRIOR HEATING AND COOLING APPLICANT *(NEVER HAVE RECEIVED SERVICE)* **(FOR WAP DEPT. USE ONLY)**

*(CLIENT MUST*

5
---

**WAP office  
use only**

**MAX. POINTS**

**20**

**MIN. POINTS FOR APPROVAL**

**8**

0
---

**TOTAL POINTS**

## Harris County Neighborhood Centers Inc.

### Program Eligibility Requirement

All household members must meet the following requirements to be eligible for CEAP:

<input type="checkbox"/>	Resides in Harris County	
<input type="checkbox"/>	Household income at or below ISO% of the Poverty Guidelines	
<b>Priority Determination</b>		
Category	Maximum Points	Points Allocated
Burden:		
Greater than 11%	15	
Between 6% - 11%	10	0
Less than 6%	5	
Elderly, Disable, Child < 6 years old	10	0
Poverty Level		
0%-75%	5	
76%-100%	4	
101%-125%	3	0
126%-150%	2	
Total Points		0
Priority	Points	
A	17+	
B	12 - 16	
C	1 - 11	
Process - meets priority		
Denied - does not meet the eligibility requirements		

**Fort Worth Community Action Partners**



Community Action Partners CEAP Priority Rating 2016 UAC

CATEGORY	Utility Assistance	POINTS	
<b>A. Energy Burden</b>			
	Cost of energy divided by income (Include ALL household income)		
	$\frac{\text{Consumption}}{\text{Gas + Electric Consumption}}$	$=$	$\frac{\text{Income}}{\text{Energy Burden}}$
<b>B Household Composition (choose one from #1 - #6)</b>			
1   Elderly or Disabled Household AND Child < age 5		5	
2   Elderly or Disabled HH Member AND Child < age 5		5	
3   Elderly or Disabled Household		5	
4   Child 5 and under in HH		5	
5   Elderly or Disabled Household Member		5	
6   Veteran		5	
7   Non-priority group		4	
	<i>(Total)</i>		
	Total Points Sections A + B		
Priority Rating			
<input type="checkbox"/>	7> PRIORITY 1	8 Payments	
<input type="checkbox"/>	4-6 PRIORITY 2	6 Payments	
<input type="checkbox"/>	3< Priority 3	Up to 6 Payments	
CLIENT NAME	CASE NUMBER		

## Applications for Services



### **Project Bravo 2016**

Applicant: This application is for screening purposes only; eligibility will be determined once you have submitted your complete application.

#### **Copies of the following documents must be submitted along with your application**

1. Photo ID of the applicant.
2. Social Security (SS) card for each member of the household that has a SS number. If any member does not have a SS number, please contact Project BRAVO office for instructions.
3. Proof of Income for the **PAST 30 DAYS** for anyone who lives in your household and who works OR receives any of the following types of income: TANF (**current certification letter**), Social Security Benefits (**SS/SSI/SSDI/RSDI**), Veterans Pension and/or Disability, Pensions, Worker's Compensation, gross wages from employment, wages from self-employment, child support (**printout from Web or OAG**) and unemployment benefits (**current print-out of payments from Texas Workforce website required**).
4. BANK STATEMENTS ARE NOT ACCEPTED. Please include all income received within 30 days prior to the date you are submitting your application.
5. Current certification letter from SNAP.
6. Proof of residence (lease/contract/landlord letter/property taxes/mortgage statement/NO RECEIPTS). **Housing contract must be submitted if under housing assistance.**
7. Your current energy bills (Electric and Gas or Propane).

**An application is considered complete only if all of the above documents are submitted with your application.**

#### **Incomplete applications will not be accepted.**

**Upon receipt of your completed application we will determine if you qualify for assistance. If you qualify, you will be contacted via phone and given an appointment to see a caseworker. Assistance will not begin until you attend your appointment and qualify for services.**

#### **Failure to arrive on time will result in your appointment being rescheduled.**

**Your appointment date is granted using a priority points system.**

Lower Valley 13680 Socorro Rd (915) 872- 3939	Ysleta 8908 Old County Rd (915) 629-7664	Eastside 14901 Whitetail Deer Dr (915) 565-1377	Central 2000 Texas Ave (915) 307- 4951	Northeast 8815 Dyer St Ste 300	Westside 7000 5 <sup>th</sup> St Canutillo (915) 877-7694
--	--	--	---	---	--

**Please be advised that payments provided to your accounts are issued based on funding availability and may be cancelled during the year.**

**If you need ADA-related or special accommodations, please notify the secretary at your center upon submitting your application.**



## **Project BRAVO offers the following programs:**

Free GED classes; AC repair/replacements, furnace repair, AC/furnace startups; HUD certified housing counseling for first-time homebuyers and people needing their mortgage to be restructured; assistance with getting free and low cost prescriptions, eye exams, eye glasses, and medical care; and weatherization which helps homes to be more energy efficient.

### **Weatherization services are offered ONCE in a lifetime.**

Applicants must fill out and turn in an application at one of our satellite offices. Applications are available at any of our satellite offices or online at [www.projectbravo.org](http://www.projectbravo.org)

### **Utility assistance offers the following programs:**

1. UA8 serves qualified applicants such as the elderly, people with disabilities and clients with children ages 5 and under. Up to 8 qualifying utility payments may be provided with this program.
2. UA6 serves income eligible clients that do not meet the UA8 qualifiers. **These clients must comply with two group session to receive the full benefits of this program.** Up to 6 qualifying utility payments may be provided with this program.
3. Household Crisis Component provides utility assistance for households with disconnection notices on their electric or gas bills and for households that have a propane tank that is almost empty.

**In order to maximize the number of people receiving utility assistance in our community, Project BRAVO is partnering with General Assistance. If you are provided services by Project BRAVO, you may not be eligible for utility assistance from General Assistance. By signing this application you acknowledge that you were made aware of this partnership, and that your information will be shared with General Assistance.**



OFFICE USE ONLY

## PART ONE – APPLICANT (HEAD OF HOUSEHOLD) INFORMATION

NAME	First:	Last:	Middle:
PHYSICAL ADDRESS	Street:		City : Zip Code:
MAILING ADDRESS	Street/Box Number:		City : Zip Code:
Primary Phone Number: ( )		Alternate Phone Number: ( )	E-mail address:

Are you related to anyone who is employed with Project BRAVO? Yes  No  If so, please list their name(s) :

## PART TWO – HOUSEHOLD MEMBERS INFORMATION (LIST ALL MEMBERS INCLUDING APPLICANT)

NAME (FIRST MI LAST)	RELATI ON TO YOU	LAST 4 NUMBERS OF SOCIAL SECURI TY	DOB	SEX M/F	RACE (Asian, Black, Hawaiian, White,	HISPAN IC (YES/NO)	LAS T GRAD E	TYPE OF HEALT H	VETER AN (YES/N)	DISABL ED (YES/NO)
	SELF	XX-XXX-								
		XX-XXX-								
		XX-XXX-								
		XX-XXX-								
		XX-XXX-								
		XX-XXX-								
		XX-XXX-								
		XX-XXX-								
		XX-XXX-								
		XX-XXX-								

Total Number of Members in Household:

If there are more than 10 members in your household, please use and attach an additional sheet of paper.

TYPE OF HOUSEHOLD (CHECK ONE) : SINGLE PARENT-FEMALE   
 PARENT HOUSEHOLD  TWO ADULTS NO CHILDREN  OTHER

TYPE OF FAMILY (CHECK ONE) : THREE GENERATIONS TOGETHER   GRANDPARENTS WITH GRANDCHILDREN    
 REGULAR

OTHER CHARACTERISTICS (CHECK ONE, IF APPLICABLE) :  FARMER  MIGRANT FARMWORKER  SEASONAL FARMWORKER

## PART THREE - INCOME SOURCES (CHECK ALL THAT APPLY FOR ALL HOUSEHOLD MEMBERS)

VA BENEFITS	UNEMPLOYMENT BENEFITS	SSI/SSDI/RSDI	PENSION	SOCIAL SECURITY
EMPLOYMENT	TANF	FOOD STAMPS (SNAP)	GENERAL ASSISTANCE	OTHER

(CONTINUED ON  
NEXT PAGE)

**PART FOUR - HOUSEHOLD INCOME (LIST INCOME RECEIVED IN THE LAST 30 DAYS BY ALL HOUSEHOLD MEMBERS)**

NAME OF PERSON RECEIVING INCOME	TYPE OF INCOME	HOW OFTEN PAID?	TOTAL MONTHLY GROSS INCOME

**PART FIVE - HOUSING INFORMATION**



WHAT TYPE OF HOME DO YOU LIVE IN?

MOBILE HOME

APARTMENT

ROOM RENTED

DO YOU RENT OR OWN THIS HOME? OWNS WHAT IS YOUR MONTHLY RENT OR MORTGAGE PAYMENT? \$ \_\_\_\_\_

IF YOU RENT, PLEASE PROVIDE YOUR LANDLORD'S INFORMATION BELOW :

NAME : \_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

IF YOU RENT, ARE UTILITIES INCLUDED IN THE RENT? YES NO

DO YOU LIVE IN PUBLIC OR SUBSIDIZED HOUSING? YES NO IF YES, WHAT TYPE? SECTION 8 HUD

**PART SIX – UTILITY SERVICE INFORMATION**

EL PASO ELECTRIC COMPANY ACCOUNT NUMBER : TEXAS GAS COMPANY ACCOUNT NUMBER :

PROPANE COMPANY : WEST TEXAS DENMAN FERRELL PEREZ SERVIGAS SUN CITY

ACCOUNT NUMBER : \_\_\_\_\_

TYPE OF AIR CONDITIONER USED : EVAPORATIVE COOLER CENTRAL UNIT WINDOW UNIT NONE

TYPE OF HEATER USED : CENTRAL HEAT WALL FURNACE ELECTRIC HEATER FIRE PLACE OTHER NONE

- 1.** I attest the information provided in this application is true and correct to the best of my knowledge and belief.
- 2.** I understand my household income has been annualized, at the time of application, according to pre-established agency procedures.
- 3.** I understand I may appeal a denial of eligibility, amount of assistance received, or a delay of service delivery.
- 4.** I authorize the Texas Department of Housing and Community Affairs and its contracted agency Project BRAVO to solicit/verify information provided on this application (ex. utility consumption).
- 5.** I AM AWARE THAT I AM SUBJECT TO PROSECUTION AND/OR FINES UP TO \$10,000 FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.
- 6.** I authorize Project BRAVO to share my information with Community Partners for the purpose of increasing my access to programs and services and confirming my outcomes.
- 7.** I understand that payments provided to my accounts are issued based on funding availability and may be cancelled during the year.

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APPLICANT'S SIGNATURE

## **Weatherization Assistance Program**

The LIHEAP weatherization assistance program (WAP) is designed to increase the energy efficiency of dwellings owned or occupied by low-income persons, reduce their total residential energy costs, and improve the residents' health and safety, especially low-income persons who are particularly vulnerable such as the elderly, the disabled, and children. Under federal guidelines, households are automatically eligible to receive weatherization assistance if they receive Supplemental Security Income (SSI) or Temporary Assistance for Needy Families (TANF). After an application is approved, the home receives an energy audit to determine the energy use of the house and to determine the most cost-effective energy conservation measures. Weatherization assistance may or may not include: insulation, weather-stripping and caulking, window glass pane repair, replacement of gas water heaters, space heaters, HVAC, or window air conditioning units that are operating inefficiently.<sup>3</sup>

Table 3 presents information from the five Texas County weatherization programs reviewed including; how householders apply for the service, how applications are prioritized and if the program uses an application waitlist, how the list maintained. The table is followed by two examples of weatherization services applications.

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<sup>3</sup> Texas Department of Housing and Community Affairs. <https://www.tdhca.state.tx.us/community-affairs/ceap/>  
Accessed: 11/30/2016.

**Table 3. Weatherization Programs**

<b>County</b>	<b>How to Apply</b>	<b>Prioritize</b>	<b>Waitlist</b>
<b>Bexar County</b>  Alamo Area Council of Governments serves the following counties: Atascosa, Bandera, <b>Bexar</b> , Comal, Frio, Gillespie, Guadalupe, Karnes, Kendall, Kerr, Medina, and Wilson Counties.	Application available online. (a) Application includes current income guidelines, eligibility criteria, and list of documents needed to complete the application. Applicants can fax, mail or email completed packets.	Eligibility is based on household income. It cannot exceed 125% of FPG. Additional information provided on the website includes: "Even if an applicant is eligible, the home may not be eligible if any of the following apply: foundation problems, plumbing problems, poor electrical wiring or knob and tube wiring, roof leaks."	Program does not maintain a waiting list. Assessment appointments may be scheduled months after application is accepted.
<b>Dallas County</b>  Dallas County Health and Human Services	Application form is available on line (b) along with a list of required documents. Applications and other required documents are mailed to: Dallas County Health and Human Services	The WAP is designed to help the most disadvantaged high-energy users who are low income with priority given to elderly, handicapped or families with children.	Assessment appointment will be set approximately within 12 months from the application eligibility date.  Program does not maintain a waiting list.
<b>El Paso</b>  Project Bravo	The program webpage states that applications can be picked-up at any Project BRAVO Center, a contact person and number is also provided. (c)	Priority given to elderly, disabled and households with children under the age of 6.	Currently on webpage: "The WAP program is open and weatherization services are provided; however, intake of new applications is not being conducted at this time. Interested individuals will be placed in a wait list and will be informed when to go and apply at their corresponding

			<i>community centers</i> once intake is re-opened.”
<b>Harris County</b>  Neighborhood Centers	Webpage provided a number to call to determine eligibility or call the United Way of Greater Houston Helpline at 2-1-1 to set up an appointment. Program does not accept applications from walk-ins. (d)	Priority is given to the elderly and disabled individuals.	Accept applications all year long and maintain a waitlist.
<b>Tarrant County</b>  The City of Fort Worth	The webpage listed a number to call to request services. (e)	Priority is given to the elderly, disabled, and households with children age 5 and younger.	Depending upon the number of requests, funding for some programs may be limited or unavailable.

- (a) <https://www.aacog.com/DocumentCenter/View/7903>
- (b) [http://www.dallascounty.org/department/hhs/media/WAP\\_Application\\_Revised\\_Jan2014c.pdf](http://www.dallascounty.org/department/hhs/media/WAP_Application_Revised_Jan2014c.pdf)
- (c) <http://www.projectbravo.org/language/english/weatherization-service>
- (d) <http://www.neighborhood-centers.org/locations/weatherization-program>
- (e) <http://fortworthtexas.gov/cap/weatherization/>



## Dallas County Weatherization Assistance Program Form

ZACHARY S. THOMPSON: DIRECTOR

### WEATHERIZATION ASSISTANCE PROGRAM (WAP) GENERAL INFORMATION AND APPLICATION

Dear WAP Applicant:

Please return enclosed Weatherization Assistance Program (WAP) application, along with copies of the following information/documents:

1. Proof of Income for the last 30 days of each household member, 18 years of age and older ie: check stubs, unemployment, social security letter, retirement letter.
2. I.D./Drivers License for household members 18 years and older
3. Social Security cards for each household member
4. Electric and Gas Bill

**IMPORTANT:** The program for which you are applying requires verification that you are a US Citizen, a non- citizen national, or a legal resident of the United States. In order for your application to be considered for services, documentation of your status is required. This agency uses the Systematic Alien Verification for Entitlements (SAVE) System to verify the status of non-citizens. For more information about the SAVE Program please visit [www.uscis.gov/SAVE](http://www.uscis.gov/SAVE).

Please mail application to: Dallas County Department of Health and Human Services  
Attn:WAP  
2377 North Stemmons Freeway, Suite 200, LB-16 Dallas,  
Texas 75207-2710

The WAP is designed to help the most disadvantaged of our society. The spirit of the program is to assist high-energy users who are low income with priority given to elderly, handicapped or families with children. Applicant household must be at or below the approved Federal Poverty Income Guideline in order to be eligible for an assessment. Assessment appointment will be set approximately within 12 months from the application eligibility date.

The objectives of the WAP are: 1) to assist the low-income families in lowering their energy consumption and subsequently, their energy costs and 2) increasing their comfort levels and their health, safety and well being. The WAP is not a rehabilitation program. Minor repairs are only allowed to ensure the effectiveness and/or protection of the weatherization materials installed. Assessments are processed through the State of Texas approved Energy audit. Here are some examples of what we can and cannot do:

CAN:	CANNOT:
1. Repair Broken Glass	1. Paint
2. Address Air Infiltration	2. Remodeling
3. Replace CFL/Water Savers	3. Any Rehabilitation
4. Install Insulation	4. Repair Structural Issues
5. Check/Address CO Emission Levels	5. House Leveling
6. Perform/Address Duct Diagnostics	6. Brick or Concrete Repair
7. Check/Address Efficiency of Heating/Cooling Appliances	

Office 214-819-1909



## DALLAS COUNTY

DEPARTMENT OF HEALTH AND HUMAN SERVICES WEATHERIZATION ASSISTANCE PROGRAM

ZACHARY S. THOMPSON DIRECTOR

### WEATHERIZATION ASSISTANCE PROGRAM (WAP) GENERAL INFORMATION AND APPLICATION INFORMACIÓN GENERAL Y SOLICITUD

#### Estimado solicitante del Programa WAP:

Le agradeceríamos que devuelva la solicitud adjunta del Programa de Asistencia de Climatización (WAP), junto con las copias de la siguiente información/documentos:

1. Constancia de ingresos de los últimos 30 días de cada miembro del hogar, de 18 años de edad y mayores por ejemplos talones de cheques, carta de desempleo, carta de seguridad social, carta de jubilación.
2. Documentos de identidad/licencias de conducir de cada miembro del hogar, de 18 años de edad y mayores
3. Tarjetas de Seguro Social de cada miembro del hogar
4. Recibo de pago de energía eléctrica y gas

**IMPORTANTE:** El programa al que está postulando necesita la verificación de que usted es un ciudadano de los Estados Unidos, un nacional no ciudadano o un residente legal de los Estados Unidos. Para su aplicación para ser considerada para servicios, se necesita la documentación de su estado. Esta agencia utiliza el Sistema de Programa de Verificación Sistemática de Derechos del Extranjero(SAVE, por sus siglas en inglés) para verificar el estado de no ciudadanos. Para obtener mas informacion sobre el Programa SAVE visite [www.uscis.gov/SAVE](http://www.uscis.gov/SAVE).

Envíe la solicitud por correo a: Dallas County Department of Health and Human Services

Attn.: WAP  
2377 North Stemmons Freeway, Suite 200, LB-16 Dallas,  
Texas 75207-2710

El Programa WAP está diseñado para ayudar a las personas más necesitadas de nuestra sociedad. El espíritu del programa es asistir a los usuarios de alto consumo de energía eléctrica que tienen bajos ingresos, dando prioridad a los ancianos, minusválidos o familias con niños. Para tener derecho a una evaluación, el hogar solicitante debe tener un ingreso igual o menor al ingreso aprobado en la Guía Federal de Ingresos de Pobreza. La cita para la evaluación tendrá lugar aproximadamente dentro de los 12 meses de la fecha de solicitud.

Los objetivos del Programa WAP son: 1) ayudar a las familias de menores ingresos a reducir su consumo de energía y, por consiguiente, sus costos de energía, y 2) aumentar sus niveles de comodidad, así como su salud, seguridad y bienestar. El Programa WAP no es un programa de rehabilitación. Solamente se permite hacer las reparaciones menores para garantizar la efectividad y/o protección de los materiales de climatización instalados.

Las evaluaciones son procesadas a través de una auditoría de energía aprobada por el Estado de Texas. A continuación se indican algunos ejemplos de lo que podemos y no podemos hacer:

#### PODEMOS:

1. Reparar vidrios rotos
2. Solucionar problemas de filtración de aire
3. Reemplazar lámparas fluorescentes/ahorradores de agua
4. Instalar aislamiento
5. Revisar/solucionar problemas de niveles de emisión de CO
6. Realizar/solucionar problemas de diagnóstico de conductos
7. Revisar/solucionar problemas de eficiencia de aparatos de calefacción/refrigeración

#### NO PODEMOS:

1. Pintar
2. Remodelar
3. Todo tipo de rehabilitación
4. Reparación cuestiones estructural
5. Nivelación de casas
6. Reparación de Ladrillos o concreto

**WEATHERIZATION ASSISTANCE PROGRAM – APPLICATION FOR WEATHERIZATION SERVICE**  
**PROGRAMA DE CLIMATIZACION DEL HOGAR SOCICITUD PARA SERVICES**

A					
<b>Name of Applicant of Head of Household</b> <b>Nombre del Solicitante O Resposable del la Casa</b>			<b>Home Telephone</b> <b>Teléfono del la Casa</b>		
			<b>Dallas</b>		
<b>Mailing Address</b> <b>Dirección Postal</b>	<b>Street/P.O.</b> <b>Calle o Apdo/Postal,</b>	<b>Box, City</b> <b>Ciudad</b>	<b>County</b> <b>Condado</b>	<b>Zip</b>	<b>Work Telephone</b> <b>Teléfono del trabajo</b>
<b>Residence Address – If Different</b> <b>Dirección de Residnecia – si es diferente del postal</b>			<b>County</b> <b>Condado</b>	<b>Zip</b>	
<b>Has this residence ever received services from the Weatherization Program?</b> <b>¿Esta residencia ha recibido servicios del programma de climatización?</b>			<b>Yes/Si</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>	
<b>If “Yes”, when?/Si marca”Si”, ¿Cuando?</b>			<b>In what county?/¿En qué condado?</b>		

GIVE THE FOLLOWING INFROMATION ABOUT EACH HOUSEHOLD MEMBER, INCLUDING YOURSELF:  
EXCRIBA LOS NOMBRES TODOS LAS PERSONAS QUE VIVEN EN ESTA CASA, INCLUYENDOSE A USTED:

<b>Name</b> <b>Nombre</b>	<b>Date of Birth</b> <b>Fecha de Nacimiento</b>	<b>Sex</b> <b>Sexo</b>	<b>Race*</b> <b>Raza*</b>	<b>Citizenship Status</b> <b>Ciudadano DeLos E.U.A.</b>			<b>Handi-capped</b> <b>Incapacit ado</b>	<b>Social Security Number**</b> <b>Numero de Seguro Social**</b>
				<b>US Citizen</b> US Ciudadano	<b>Legal Resident</b> legal residente	<b>Other</b> otro		

List additional members on back or separate page

Si necesita mas espacio, escriba al reverso de esta pagina o en otro papel.

\* This information is voluntary and is requested to ensure benefits are provided without regard to race, color or national origin. It will not affect your eligibility or benefit level.

\* Esta información es voluntaria y se solicita solo con el fin de asegurar que los beneficios se puedan ofrecer sin discriminación de raza, color, u origen nacional. Esta información no afectara su elegibilidad ni la cantidad de su beneficio.

\*\* Although this information is not required by law, it is necessary for correct computer processing.

\*\* Aunque la ley no requiere esta información es necesarios para processar correctamente su solicitud por medios computarizados.

GIVE THE FOLLOWING INFORMATION ABOUT HOUSEHOLD MEMBERS WHO WORK: ESCRIBA

C	LOS NOMBRES B\DE TODOS LAS PERSONAS VIVIENDO EN ESTA CASA QUE TRABAJAN		
<b>Name Of Person Working</b> <b>Nombre de la Person que Trabaja</b>	<b>Employer's Name, Address, and Telephone Number</b> <b>Nombre, Dirección, y Teléfono De su Patron</b>	<b>Total Monthly Income</b> <b>Sueldo Mensual Total</b>	

D

If any household members receive any of the following types of unearned income or benefits, check the type of benefit received. Where the space is provided, enter the case or account number and the amount received.

Indique en lo siguiente, los ingresos o beneficios que usted u otros miembros de su casa reciban. Incluya el numero de identificación de su casa o cuenta de ayuda y la cantidad de ayuda.

**DO NOT INCLUDE FOOD STAMPS AS INCOME/ NO INCLUYE "ESTAMPIAS DE COMIDA" (FOOD STAMPS) COMO INGRESO.**

Type of Assistance/Tipo do Asistencia:	Case Number Número Del Caso	Monthly Amount Cantidad Mensual
AFDC / Asistencia AFDC		
SSI / Ingreso do Seguridad Suplemental		
Social Security / Seguro Social		
Veteran's Benefits / Beneficios de Veteranos		
Retirement Benefits / Beneficios do Retiro		
Military Alootments / Reparto de Sueldo Militar		
HUD Utility Supplement / Suplemento para las Utilidades de HUD		
Child Support / Sostenimiento para Niños		
Unemployment Compensation / Compensación de Desempleo		
Workman's Compensation / Compensación de Trabajadores		
Contributions / Regalos		
Other (specify): Otro (espeifique):		

Please check here if you are employed as a migrant or seasonal farmworker.

Favor de marcar si usted está empleado como migrante o trabajador temporal de agricola.

E	<input type="checkbox"/> Do You Own or ¿Es Dueño o se	If owned, go to #1 Si es dueño dirigese al #1	<input type="checkbox"/> Rent your residence? Renta su residencia?	If rented, go to #2 Si renta, Dirigese a #2
<b>1. Types of housing owned: Tipos de casas propias:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Private house Hogar</li> <li><input type="checkbox"/> Mobile Home Casa Movil</li> </ul>		<b>2. Types of housing rented: Tipos de casas rentadas:</b> <p style="text-align: center;"><b><u>MUST HAVE OWNER'S APPROVAL!</u></b> <b><u>TIENE QUE SER APROVADO POR EL DUNEO!</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Private Home Hogar</li> <li><input type="checkbox"/> Mobile Home Casa Movil</li> <li><input type="checkbox"/> Low rent federally subsidized Housing Residencia con subsisio federal para la renta etc.)</li> <li><input type="checkbox"/> Apartment Apartamento</li> <li><input type="checkbox"/> Rented Room Cuarto Rentado</li> <li><input type="checkbox"/> Type(Section 8, etc.) Tipo (Sección 8,</li> </ul>		

Type of energy used to heat household (check one):

Tipo de energia utilizada para calentar su hogar (marque una):

<input type="checkbox"/> Natural gas Gas natural	<input type="checkbox"/> Electricity Electricidad	<input type="checkbox"/> Bottled gas Gas embotellado	<input type="checkbox"/> Other (Specify): Otra (especifique): _____
---	--	---	--

Type of air conditioning used (check one):

Tipo de aire acondicionado utilizado (margueq ue usno):

<input type="checkbox"/> None Ninguno	<input type="checkbox"/> Central Unit Unidad Central	<input type="checkbox"/> Window Unit Unidad de ventana	<input type="checkbox"/> Evaporative Cooler Enfriador Evaporativo
--	---	---	--

## WAP APPLICANT'S AUTHORIZATION, UNDERSTANDING AND AGREEMENT

My answers to all of the previous questions and the statements I have made are true and correct to the best of my knowledge and belief. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I also agree to provide the Texas Department of Housing and Community Affairs and its contracting agencies with any information necessary to verify my eligibility.

If I am eligible for weatherization services. I give my permission to allow work on the residence listed on this form. I will cooperate fully with state and federal personnel to obtain information from any source to verify statements I made. I will cooperate fully with state or federal personnel in a quality control review.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

### PENALITIES FOR FRAUD!

Whoever obtains or attempts to obtain weatherization services for which he is not entitled, By means of willful false statement or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and /or imprisoned.

### AUTORIZACION, ACUERDO, Y ENTENDIMIENTO DEL SOLITANTE

Mis repuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas segun mi leal saber, entender y creencia. Autorizo al "Texas Department of Housing and Community Affairs" y la sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar información necesaria para la determinación de elegibilidad. Acepto responsabilidad de dar al Departamento cualquier información que se necesite para verificar mi elegibilidad.

Si califico para servicios de Climatización del hogar, doy permiso para que se hagan reparaciones a la redidencia idenfificada en esta solicitud. Cooperaré plenamente con personas del gobirno estatal o federal para obtener cualquier información necesario para verificar las declaraciones que he hecho, cual en lo mismo se incluyen estudios tocante la calidad del trabajo. Me han avisado y entiendo que esta solicitud será considerada sin distinción de raza, color, religión, credo, origen nacional, sexo, mi creencia politica.

### CASTIGO POR FRAUDE!

Si alguna persona recibe servicios de Climatización del Hogar por medio de eclaraciones Falsas of intenta defraudar por medio de estas declaraciones, se considerará culpable de una Ofensa criminal y al ser convicta puede ser multada o encarcelada.

BEFORE YOU SIGN BE SURE EACH ANSWER IS COMPLETE AND ACCURATE ASEGURESE,  
ANTES DE FIRMAR, QUE TODAS SUS REPUESTAS ESTEN COMPLETAS Y CORRECTAS

X

Signature – Applicant  
Firma del Solicitante

Date  
Fecha

Signature – Spouse  
Firma de Esposa (o)

Date  
Fecha

Signature – individual making application  
on applicants behalf or case worker who  
assisted in completion of application.  
firma del Solicitante – De la persons que  
hace la solicitud de parte de solicitante, o  
trabajador social que ayudo a hacerla.

Date  
Fecha

Signature – Witness (if signed with "x")  
Firma – Del Testigo (Si se firma con "x")

Date  
Fecha

# Dallas County Health & Human Services Servicios Humanos y de Salud del Condado de Dallas

## Weatherization Assistance Program

### Programa de Asistencia ante los Efectos adversos del Clima

#### Customer Billing/Consumption Release Form

#### Formulario de divulgación de facturación/consumo del cliente

Name/Nombre: \_\_\_\_\_

*First/ Primer nombre   Last/ Apellido   MI/ Inic. segundo nombre*

Address:

Dirección:

Street/ Calle

City/ Ciudad

Zip/ C.P.

Telephone:

Teléfono: \_\_\_\_\_

Electric Utility Co:/ Compañía de Serv. de electricidad:

Account Number:/Número de cuenta:

Gas Utility Co:/Compañía de Serv. de gas:

Account Number:/Número de cuenta:

Other/Otra:

Account Number:/Número de cuenta:

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to the extent the information is used only to determine program eligibility and to provide data.

Autorizo al Departamento de Vivienda y Asuntos comunitarios de Texas y a sus agencias contratadas a solicitar/verificar información acerca de mi facturación por energía e historiales de consumo, pasados y futuros, en la medida en que la información sea usada únicamente para determinar mi elegibilidad para el programa y proporcionar datos.

X

Signature/ Firma

Date/ Fecha

For Agency Use Only:  
Para uso exclusivo de la agencia:

*Sub grantee must record Weatherization Completion Date in box before mailing to TDHCA*

*El sub- adjudicatario debe registrar la Fecha de finalización del acondicionamiento contra los efectos adversos del clima en la casilla antes de enviar el formulario a TDHCA*

# Weatherization Application Checklist

Enclosed is your Weatherization Program application. The federal guidelines require verification of all income claimed for anyone living in the household whose age 18 and over. The following checklist states everything needed for an application to be complete:

Proof of your household's gross income for the past thirty days from the date you sign the application, including all sources of income.

- Pay stubs, social security and/or retirement/pension benefit verification letters, etc.
- If proof of income cannot be provided fill the "Declaration of Income Statement Form" notarization is required.

<i>Family Size</i>	<i>2016 LIHEAP Annual Income</i>	<i>Monthly Income</i>
1	\$17,820	\$1,485
2	\$24,030	\$2,002
3	\$30,240	\$2,520
4	\$36,450	\$3,037
5	\$42,660	\$3,555

Proof of U.S. Citizenship

- Birth Certificate and Photo ID or Passport
- Qualified Alien Status documentation (Permanent Resident I-155 Card or other immigration documentation proving legal status to receive federal benefits).
- Please Note: This requirement is for the applicant only.

Copy of your electric and/or gas utility bills

- Please make sure that your account number is visible.
- We cannot accept disconnection notices

The consumption release section must be completed with the account holder's name and signature.

## Return Completed Applications To:

AACOG Weatherization Department  
8700 Tesoro, Suite 160

San Antonio, TX 78217-6228

Phone: (210) 362-5282 Fax: (210) 225-5937 Email: [wap@aacog.com](mailto:wap@aacog.com)



**Weatherization Assistance Program Application**  
**8700 Tesoro Drive, Suite 160**  
**San Antonio, TX 78217**  
**Phone: (210) 362-5282 Fax: (210) 225-5937 Email: [wap@aacog.com](mailto:wap@aacog.com)**



### Applicant Information

Full Name:

Physical Address:

Mailing Address:

City:

Zip Code:

County:

Home Phone:

Mobile Phone:

Work Phone:

Email Address:

### Secondary Contact (not living in the household)

Full Name:

Relationship:

Home Phone:

Mobile Phone:

Work Phone:

Email Address:

### Household Information

Is there a household member with military service or surviving spouse of a Veteran?

Yes  No

Has your home been assisted with weatherization measures?  Yes  No

If yes; date

Year Built: \_\_\_\_\_  Site Built  Apartment  Condominium  Duplex  Mobile Home

Are you a:  Homeowner  Renter If Renter; Landlord Name

Landlord Address

Home Phone:

Mobile Phone:

Work Phone:

Email Address:

### Building/Energy Information:

What type of energy is used to heat the home?  Natural Gas  Electricity  Bottled Gas  Propane  Other

What type of heating unit is used in the home?  Central  Unvented Space Heater  Wall Furnace  
 Electric Heat Pump  None

How many cooling units?  Window Units \_\_\_\_\_  Evaporative Cooler \_\_\_\_\_  Central \_\_\_\_\_  
 None

Existing Water Heater?  Yes  No  Natural Gas  Electricity  Other  Leaking

Stove Type?  Natural Gas  Electric Does the home have insulation?  Yes  No  Attic  Wall

Does the home need repairs?  Yes  No  Roof Leaks  Foundation Issues  Water Stains  Broken Windows

### Household Members and all Sources of Income

Full Name	Relationship	Monthly Gross Income	U.S. Citizen	Birth date	Gender	Ethnicity	Disabled	Social Security #
	Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Yes <input type="checkbox"/> No	

PW PI Previous WAP \_\_\_\_ AACOG Website

UB SAV

Referral: \_\_\_\_\_

Intake: \_\_\_\_\_

## 12 Month Customer Billing Consumption Release Form

Agency: Alamo Area Council of Governments

Account Holder:

Address:

City:	Zip Code:	Phone:
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Electric Company: Account #:

Gas Company: Account #:

I authorize the Texas Department of Housing and Community Affairs and its contracted agency to solicit/verify information on my energy billing and consumption histories, both past and future, to extend the information is used only to determine program eligibility and to provide data.

Signature (name as it appears on utility bill)	Date:
Print Name (name as it appears on utility bill)	Date:

## Verification

### APPLICANTS AUTHORIZATION, UNDERSTANDING AGREEMENT

My answers to all the previous questions, the statements I have made and the information I have provided are true and correct to the best of my knowledge. I authorize the Texas Department of Housing and Community Affairs and its contracted agencies to contact any source in order to solicit/verify information necessary for an eligibility determination. I will also provide with any information necessary to verify my eligibility.

If I am eligible for weatherization services, I give permission to allow work on the residence listed on this form, I will cooperate fully with AACOG, State and Federal personnel making myself available all phases of the Program (assessment, installation, City inspection, final inspection and quality control review) Failure to do so could result in forfeiture of the (1) year warranty on the measures installed.

I have been advised and understand that this application will be considered without regard to race, color, religion, creed, national origin, sex, or political belief.

### PENALTIES FOR FRAUD!

I am aware that I am subject to prosecution for providing false or fraudulent information or for omitting information that may affect my eligibility for benefits. Whoever obtains or attempts to obtain services for which he/she is not entitled, by means of willful false statements or other fraudulent means, may be considered guilty of a criminal offense and upon conviction may be fined and/or imprisoned.

### AUTORIZACIÓN, ACUERDO, Y ENTENDIMIENTO DEL SOLICITANTE

Mis respuestas a todas las preguntas anteriores y las declaraciones que he hecho son verdaderas y correctas según mi leal saber, entender y creencia. Autorizo al "Texas Department of Housing and Community Affairs" y a sus agencias contratadas a comunicarse con cualquier persona o agencia para verificar o solicitar información necesaria para la determinación de elegibilidad. Acepto responsabilidad de dar al Departamento cualquier información que se necesite para verificar mi elegibilidad. De ser elegible para recibir los servicios de Climatización del Hogar, doy permiso para que se hagan reparaciones a la residencia identificada en esta solicitud. Cooperare plenamente con personas de AACOG, el Gobierno Estatal y Federal estando disponible durante todas las fases del servicio (evaluación inicial, instalación, Inspección de la Ciudad e Inspección final), cual en lo mismo se incluyen estudios tocantes la calidad del trabajo. De no cumplir con esta condición invalidará la garantía de un (1) año por los servicios recibidos.

Me han avisado y entiendo que esta solicitud será considerada sin distinción de raza, color, religión, credo, origen nacional, sexo o creencia política.

Applicant Signature: Firma del Solicitante:	Date: Fecha:
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Signature of Individual completing application on applicants behalf: Firma del Individuo completando la solicitud en nombre del solicitante:	Date: Fecha:
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## DECLARATION OF INCOME STATEMENT (DECLARACION DE INGRESOS)

Applicant Name (Nombre del Solicitante)	Applicant Last Name (Apellido)	Suffix (Sufijo)
Address (Dirección)	City (Ciudad)	Zip Code (Código Postal)

State the gross income for household members, 18 years and older, who have no documentation of the income received in the **30 day period** prior to the date of application for assistance:  
*(Declare el ingreso recibido por los miembros de su hogar, que tienen 18 años de edad o más, y que no tienen documentación de ingresos por los 30 días antes del aplicar para asistencia)*

Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)
Name (Nombre)	Gross Income Received (Ingreso Bruto Recibido)

My household has no documented proof of income due to the following situation:

*(Mi hogar no tiene evidencia para documentar los ingresos debido a las siguientes razones):*

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I certify that the above information is true and correct to the best of my knowledge and belief.  
*(Yo certifico que la información proveída de los ingresos es verdadera y correcta según mi saber y creencia.)*

I understand that the information will be verified to the extent possible; and that I may be subject to prosecution for providing false or fraudulent information. *(Comprendo que la información será verificada hasta donde sea posible y que puedo ser enjuiciado por haber proveído información falsa ó fraudulenta.)*

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*(Applicant Signature/Firma del Solicitante)*

*(Date/Fecha)*

**State of Texas County of \_\_\_\_\_**

Sworn to and subscribed before me on the \_\_\_\_\_ day of \_\_\_\_\_ (month), \_\_\_\_\_ (year), by \_\_\_\_\_ (name of applicant).

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(Personalized Seal)

Notary Public's Signature

Date

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Housing Assistant/date Subrecipient Representative /date

## **Emergency Rent and Mortgage Assistance**

The U.S. Department of Housing and Urban Development (HUD) administers two McKinney-Vento homeless assistance programs: the Emergency Solutions Grants (ESG), and the Continuum of Care (CoC). Federal ESG funding is distributed by formula to jurisdictions; city, county, and state governments and includes homelessness prevention as a category of service delivery. HUD guidelines define a household as being at risk of homelessness when an individual or family has income below 30 percent of area median income and are losing their housing, doubled up, living in motels, or living in other precarious housing situations.<sup>4</sup>

The counties evaluated for this project have varying levels of involvement in providing emergency rent and mortgage assistance to residence at risk of homelessness. Some counties provide assistance through a general fund, others act as the fiscal and administrative agent for several ESG subrecipients providing homelessness prevention services, and some counties provide direct services with ESG funds. Table 4 presents information for each county regarding how applicant's for emergency rent and mortgage assistance apply for services and eligibility criteria. Information on the maintenance of waitlists is limited as most counties do not directly provide the assistance. Following the table is one application form and one eligibility criteria tool.

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<sup>4</sup> Steve Berg. (Homeless Assistance: McKinney-Vento Homeless Assistance Programs. National Alliance to End Homelessness. National Low Income Housing Coalition. <http://nlihc.org/sites/default/files/2014AG-98.pdf>

**Table 4. Emergency Rent and Mortgage Assistance**

County	How to Apply	Eligibility Criteria	Wait list
<b>Bexar County</b>  Bexar County Community Development and Housing Dept. is the fiscal and administrative agent for limited ESG funding that provided 12 families with rental assistance through the homelessness prevention program (2015).  City of San Antonio is the primary recipient of ESG funds directly from HUD.	<b>City of San Antonio:</b> The City of San Antonio supports the community's efforts to end homelessness through participation on the South Alamo Regional Alliance to End Homelessness Continuum of Care; support and coordination with Haven for Hope, and contracts with community based homeless services providers.  San Antonio Metropolitan Ministries provides emergency rent and mortgage assistance to Bexar County residents.  The city of San Antonio does provide a limited amount of emergency rental assistance directly to households. (a)	<b>City of San Antonio:</b> To receive assistance under Homeless Prevention, participants(s) must be at risk of becoming homeless and rental assistance is only necessary to prevent the individual or family from moving into an emergency shelter or other place not meant for human habitation. The individual or family must have insufficient resources immediately available to attain housing stability or other support networks in the community to prevent them from becoming homeless. <b>Have an annual income below 30% of the Median Income for the Area.</b> • Demonstrate no support networks and no financial resources immediately available to prevent literal homelessness; • Be a resident of Bexar County for at least 30 days prior to requesting assistance.	Posted on <b>the City of San Antonio</b> website: Rental assistance is temporarily unavailable. Please check back at a later time. (12-5-2016)
<b>Dallas County</b>  Dallas County The county does not provide emergency homelessness prevention services directly. Receives limited ESG funds each year.	The County's ESG funds are used to provide assistance to 3 organizations providing shelter and rapid rehousing services. The county website provides a number to call for information about the programs. (b)		
<b>El Paso</b>  Community Services Department: General Assistance Funds	County webpage provides link to program information and application (c).	At least one person in the household must be a U. S. citizen or legal permanent resident, <b>income 100% FPG. If there is no</b> income client must be registered for work with the Texas Workforce Commission or show proof	No wait list maintained. Refers to other area service providers as

		<p>of inability to work. Also, if there is no income, client must apply for food stamps, Temporary Aid to Needy Families (TANF). Cannot be living in a rent subsidized unit, must have a lease in your name, and must be for current month of assistance. Application fees, administrative fees, late fees, court costs and costs due to damages are not an allowable expense. For mortgage assistance the property must be in clients' name. Must not have received assistance from General Assistance within the last 12 months and not have been assisted 3 times consecutively in the last 3 years.</p>	needed when funding is no longer available. (d)
<b>Harris County</b>  Harris County Housing and Community Resource Center a Service of the Harris County Human Services Department  Harris County does provide some case management services through their Community Services Department for households with an eviction notice.	The Housing Resource Center does not give financial support. Their role is to provide information and resources that connect residents with programs that can be of help for a one-time financial emergency. Website provides a link to all organizations in Harris County that assist with emergency assistance. Twenty-eight organizations are listed as providing emergency rent assistance. (d)	Some of the listed programs distribute ESG homelessness prevention funds for Individuals/families, who meet the HUD criteria for the following definitions, are eligible for Homelessness Prevention assistance: <ul style="list-style-type: none"> <li>• At Risk of Homelessness</li> <li>• Homeless Category 2: Imminently at-risk of homelessness</li> <li>• Homeless Category 3: Homeless under other federal statute and</li> <li>• Homeless Category 4: Fleeing/attempts to flee DV (as long as the individuals/families fleeing or attempting to flee DV are not also literally homeless. Additional eligibility requirements</li> </ul> <p><b>• Total household income below 30% of Area Median Income (AMI) for the area at initial assessment.</b></p>	
<b>Tarrant County</b>	The program website provides a link to brochure that describes the program. (e) To apply residents must call the	Tarrant County residents who have a notice of eviction or mortgage foreclosure. Applicant must demonstrate that they can maintain	

<p>Tarrant County does not provide emergency rent assistance.</p> <p>The lead agency of homelessness assistance for the county is the Tarrant County Homeless Coalition</p>	<p>Tarrant County Homeless Coalition Call Center and provide basic information: name, address, date of birth and number of people in your household. A Human Service caseworker will call back to complete a telephone pre-screening interview. If applicant is potentially eligible, they are issued an application packet which will consist of an application, forms for verification purposes and a list of other documents required. You have the option of picking up the packet at the office, having it mailed or having it faxed. When Human Services receives the completed packet, it is reviewed and a determination of potential eligibility is made. If potentially eligible, a face-to-face interview is scheduled. List of required document posted on website with email addresses for sending documents.</p>	<p>services with one-time assistance. <b>Household income cannot exceed 185% FPG</b> or current TCDHS income guidelines.</p> <p>Website provides link to the program brochure that provides information about eligibility and the application process (f).</p>	
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- (a) <http://www.sanantonio.gov/humanservices/HomelessServices>
- (b) Telephone conversation with Dallas County CBDG Project Coordinator Rachel Brown
- (c) [http://www.epcounty.com/generalassistance/Documents/GA\\_Application.pdf](http://www.epcounty.com/generalassistance/Documents/GA_Application.pdf)
- (d) Email information from Irene Valenzuela Executive Director, Community Service Department, El Paso County
- (e) <http://www.housingandcommunityresources.net/>
- (f) <http://www.ahomewithhope.org/homeless-assistance/rental-assistance>
- (g) <http://ahomewithhope.org/media/108591/tchsbrochure.pdf>

# **El Paso County General Assistance Application**



EL PASO COUNTY GENERAL ASSISTANCE OFFICE

## **APPLICATION**

## **1. You and People Who Live with You**

List names and information for yourself and all the people who live with you

**2. Address**

**Write in your current physical and mailing address**

Provide your current physical and mailing address				
Home Address – Physical Address	City	State	Zip Code	Telephone Contact #
Mailing Address if Different from home address	City	State	Zip Code	Work Phone #

**Have you or any household member ever been assisted by this office?**  Yes  No

If yes please provide full name and date assisted.

### **3. Income**

**A. Checkmark all sources of income including benefits for all household members within the last 30 days.**

- Employment       TANF       Social Security       Retirement  
 Unemployment       Child Support       Veteran's Compensation       Other \_\_\_\_\_  
 Workman's Compensation       Food Stamps       Veteran's Pension

**B. List all the income information for each household member:**

Person with Income	Income From?	Amount Before Taxes	How Often? Weekly, Biweekly, Monthly

**C. Which best describes your home costs?**

Public Housing       Renting       Living with Other      Home Owner      Other

**\*DISCLAIMER: I AM AWARE THAT IF THE INFORMATION PROVIDED IN THIS APPLICATION IS FOUND TO BE FALSE, I WILL BE SUBJECT TO CRIMINAL, CIVIL AND ADMINISTRATIVE PENALTIES AND SANCTIONS. BY SIGNING BELOW THE APPLICANT UNDERSTANDS THAT THIS APPLICATION IS NOT A GUARANTEE OF PAYMENT OR ASSISTANCE. THIS OFFICE IS AUTHORIZED TO OBTAIN INFORMATION NECESSARY TO DETERMINE ELIGIBILITY.**

SIGNATURE OF APPLICANT		DATE	SIGNATURE OF SPOUSE		DATE
FOR OFFICE USE ONLY	Date Received	Appt. Date & Time	Resched. Date & Time	Caseworker Name	Code

## Harris County Homelessness Prevention Eligibility Criteria and Prevention Tool

### APPENDIX D: ELIGIBILITY CRITERIA AND PRIORITIZATION TOOL FOR HOMELESSNESS PREVENTION SYSTEM

#### **Eligibility Requirements**

All potential clients will be screened for the following:

**Income** – Only households with income below 30% of the Area Median Income are eligible for Homelessness Prevention services (see Attachment A for income limits)

PLUS

**Trigger Crisis** – An event has occurred which is expected to result in housing loss within 30 days due to one of the listed reasons (see Attachment B for qualifying trigger crises)

PLUS

**No resources or support network to prevent homelessness** – No other options are possible for resolving this crisis. “But for this assistance” this household would become literally homeless—staying in a shelter, a car, or another place not meant for human habitation

OR

**Unaccompanied children and youth who qualify as homeless under another Federal statute** – See Runaway and Homeless Youth Act definition or Documentation for school district certification of homelessness (see Attachment C for other definitions of homelessness)

OR

**Families with children or youth who qualify as homeless under another Federal statute** – See Runaway and Homeless Youth Act definition or Documentation for school district certification of homelessness (see Attachment C for other definitions of homelessness)

PLUS

**Score of at least 20 points—or 15 – 19 points with override sign-off** (see Attachment D for score sheet)

*Revised February 2018*

**Attachment D continued**

**Tenant Barriers/Risk Factors Scoring**

<b>Tally</b>	<b>Screening Barrier</b>	<b>Points for Barrier</b>
_____	<b>Eviction history</b>	1 point
_____	<b>No credit references: has no credit history</b>	1 point
_____	<b>Lack of rental history: has not rented in the past</b>	1 point
_____	<b>Unpaid rent or broken lease in the past (separate from current unpaid rent)</b>	1 point
_____	<b>Poor credit history: late or unpaid bills, excessive debt, etc</b>	1 point
_____	<b>Past Misdemeanors</b>	1 point
_____	<b>Past Felony other than critical Felonies listed below</b>	1 point
_____	<b>Exiting criminal justice system where incarcerated for less than 90 days</b>	1 point
_____	<b>Critical Felony (drugs, sex crime, arson, crimes against other people)</b>	5 points
_____	<b>Pregnant or has at least one child 0 – 6</b>	5 points
_____	<b>Head of household under 30 years old</b>	5 points
_____	<b>Family experienced literal homelessness in the past 3 years</b>	5 points
_____	<b>Only 1 adult in household</b>	5 points

**TOTAL (Tally of Income & Tenant Barriers Scoring)**

**Override**

If a household has 15 to 19 points but the agency believes there is a compelling reason to provide homelessness prevention services, the program can document reasons for overriding the score. The override must be signed off by an agency representative at a higher level of authority than direct service staff.

*Revised February 2016*

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<sup>5</sup> Harris County, Texas. (2016). Harris County Emergency Solutions Grants Programs Written Standards [http://www.harriscountytx.gov/CmpDocuments/103/AAP16/ESG\\_Written\\_Standards\\_Revised\\_021016.pdf](http://www.harriscountytx.gov/CmpDocuments/103/AAP16/ESG_Written_Standards_Revised_021016.pdf)

## **Management Information Systems**

Travis County Family Support Services has struggled with an antiquated client data base system that can track outputs, but not outcomes, and is not connected to the County's financial data system (SAP). Table 5 presents information on the various management information tools used by the counties reviewed. The Homeless Management Information System (HMIS), used by most counties, is designed for agencies that provide housing and needed services to those that are homeless and at-risk of homelessness. Counties that distribute federal funding for the service programs provided by such agencies are required by the U.S. Department of Housing and Urban Development (HUD) and by the Homelessness Housing and Assistance Act (RCW 43.185C) to operate an HMIS and meet all related requirements.

**Table 5. Management Information Systems**

<b>County</b>	<b>System</b>	<b>Comments</b>
Bexar County	Information unavailable	
Dallas County	Information unavailable	
El Paso County	HMIS In-House Database	Use HMIS for ESG/housing reporting. For GA/general revenue funded (utility, food, etc.) use in-house system developed by IT group. Contains case, service, amount and payment data.
Harris County Neighborhood Centers, Inc.	In-house Database for CEAP.	Wanting to add bar code scan for utility bills to shorten data entry to system
Harris County, Community Services Dept., Office of Housing and Community Development	HMIS for housing-related/CoC Departmental Database for utilities. Empowered Case Management (ECM) for tracking client services	Compliance-oriented reporting. 30,60, 90 day follow-up for case managed rental assistance clients
Tarrant County City of Fort Worth	Case Management: New Gen Shah	New Gen Shah exports payment pledges and notice of payments to

	HMIS	bookkeeping software. System allows tracking of clients, client services, client outcomes, payments and state reporting requirements. This system is a fully web-based client management system designed for organizations like Community Action Agencies.
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Table 6 presents a matrix of issues and questions to be considered as Travis County explores management information system options.

**Table 6. Matrix of Management Information System Considerations**

MIS Characteristic	Core Requirements	Desired Elements (“Nice to haves”)	Additional Considerations
Interoperability	SAP  HMIS (ServicePoint and HUD HMIS Data Standards v5.1)  Are there other data systems used by the County and its partners for which a new system would also require interoperability?	Any interest in alignment with National Information Exchange Model (NIEM) Human Service Domain?  <a href="http://www.acf.hhs.gov/niem-human-service-domain-iepds">http://www.acf.hhs.gov/niem-human-service-domain-iepds</a>  Ability to interchange data with TWIST/WIT?	
Cost	Is this anticipated to be a barrier?  Is there a ballpark budget the County needs to stay within, both for a one-time, up-front cost and ongoing maintenance?		How much will ___ cost? <ul style="list-style-type: none"><li>• Setup</li><li>• Staff training</li><li>• Maintenance</li><li>• Upgrades</li><li>• Site/seat licenses</li></ul> Any hardware upgrade requirements? Danger: escalating software maintenance fees in future years
Capabilities	Standard human services sector data recall and data sharing capabilities, e.g. (from <a href="https://www.niem.gov/communities/hs/Pages/about-hs.aspx">https://www.niem.gov/communities/hs/Pages/about-hs.aspx</a> ): <ul style="list-style-type: none"><li>• Reporting – sharing program performance measurements and results.</li></ul>		Any goals around <i>automation</i> e.g. assessment and assignment to particular service models based on a set of predetermined criteria, generation of certain types of reports, etc.? Any need/desire for a dashboard or other day-to-day performance monitoring tool? Is the lack of
Capabilities cont.			

	<ul style="list-style-type: none"> <li>• Data Query – requesting a specific set of information from another party.</li> <li>• Case Information – exchanging information like location, participant, financial, order, or hearing.</li> <li>• Status Verification – requesting status of an individual or case, often pertaining to eligibility or enrollment status in a benefit program.</li> <li>• Notifications – communicating information of specific interests to the community.</li> <li>• Record Transfer –moving cases or records to another agency.</li> <li>• Other Communities of Interest – sharing data with stakeholders outside the HS community.”</li> </ul> <p>Can be customized to capture all desired data elements and structured to align with key County processes (intake, assessment, tracking, referrals)</p>		<p>this kind of tool currently a barrier to managing performance?</p> <p>Note: In previous communications, Travis County noted that their current system tracks outputs but not outcomes...are there specific outcomes that they already know they would like to be able to track better?</p>
Security + Privacy Protections	Any security and/or privacy standards for County agencies?		
User Experience			e.g. usability, design, performance

			<p>How will the new system add or mitigate data entry burdens?</p> <p>How will the new system add or mitigate reporting challenges?</p>
Uptime/Reliability			Look for redundant data centers, fail-over safeguards, independent audits re: business continuity preparedness
Support	Any standardized Service Agreement requirements in the County that we should be aware of?		What will Travis County support in-house vs require a vendor to provide support for?
Hosting	Any preference for cloud-based/software-as-a-service vs site-based Travis County hosted application?		
Staff Capacity			<p>What does current IT staff capacity generally look like?</p> <p>Do County IT staff have existing skills to manage the product?</p> <p>How much County IT staff time will product management require?</p> <p>How does this differ from the current systems?</p>

Time to Deliver	<p>Does the County need to have the new system online by a specific date?</p>		<p>Does the new vendor have experience transferring data from CABA/CAPTAIN? How long does it typically take?</p> <p>Does the new vendor have experience with HMIS standards?</p> <p>Note: Literature suggests that timelines for roll-outs are typically off by several months</p> <p>Timeline for implementation will depend on completion of service delivery redesign first</p>
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## **Program Innovations and Efficiencies**

All five county emergency assistance programs reviewed are using the convenience of the internet to provide clients with access to information and increase program service delivery efficiency. Programs are using websites to provide:

- Information about available services, including:
  - Descriptions of available services,
  - Eligibility criteria,
  - Income guidelines,
  - Information on who to contact to be screened for services, and
  - Clearly identifying when funds are available and if applications are currently being accepted.
- Information on applying for services, including:
  - Where to go to apply,
  - Who to call to apply,
  - Link to application,
  - List of required documents,
  - How to deliver completed application: mail, fax, email,
  - Direct online access appointment scheduling system, and
  - Information on how applications are processed.

The following questions may be helpful to guide a program intending to expand internet content:

1. Is the program information easy to access: is the program tab easy to find on the county home page, how many clicks are required to navigate to the essential program information?
2. What reading level is the information: is it beyond a 5<sup>th</sup> grade level?
3. When presenting information in both English and another common language used by the intended community necessary on webpages and application?

4. Is the site presenting only information essential to accomplishing the goal while maintaining an inviting approach?
5. Is the information structured and organized to direct the viewers' attention: are application process steps clearly outlined, is the information sectioned so that information presented as a group is staying together on the page or within a text box?

The challenge inherent in expanding the use of the program website to provide information and increase efficiencies is that as these efficiencies alleviate barriers to services for one population they may create barriers to services for others. There is a need to continue to have staff available at sites to respond to potential clients who walk-in or call the center directly, and/or need additional assistance in completing an application and locating the necessary documents. A benefit of increasing the use of the program webpage allows individuals to apply from home, and other area service providers to access applications, assist clients to complete applications and obtain necessary documents.

Other innovations employed in the state of Texas and other out-of-state counties include:

1. Harris County is planning to invest in a system to scan bar codes on client utility bills to populate fields in its data management system, saving time and increasing the accuracy of their documentation.
2. A few out-of-state counties utilize the local 211 referral service to host eligibility specialists who screen applicants and refer them to appropriate programs. The success of this process is dependent upon a continuous information loop between service providers and the 211 information system to ensure that the eligibility specialists have current information about the availability of funds so referrals remain fruitful for clients.
3. Boulder County, with several points of entry for services, has a shared data system that allows each site to schedule clients for earliest available appointment within the service area, offering clients the option of going to another site for an earlier available appointment. Centralized wait list systems also ensure that clients receive services in a fair and timely manner, and provide the county administration with real time information on community needs.
4. Hennepin County (Minneapolis, MN) is using an internet application, *Hennepin Housing Key*, that allows service providers to directly access the platform to update their

information. Prospective clients can download information to review current status of funding and changes to programs. The *Hennepin Housing Key* application is specific to local housing services, but the potential to apply this technology to other service delivery areas is possible. The application can be downloaded from the Hennepin County website: <http://www.hennepin.us/services/apply/housing-key>

## **Homelessness Prevention Case Management Services**

Five out-of-state county homelessness prevention case management services were reviewed for this section: Boulder, Hennepin, King, Multnomah, and Snohomish. This section begins with a brief description of the services each county provides and/or coordinates, the outcomes each county is tracking and how outcomes are measured, a discussion of assessment tools followed by information on a number of innovative practices and efficiencies in service delivery. Appendix A includes sample assessment tools, and Appendix B provides information on state and local funding initiatives for three programs: Boulder and King Counties and the Washington State Homeless Housing Assistance Act.

### **Brief Review of Services**

#### **Boulder County, Colorado (Boulder, CO)**

The Boulder County Human Services Safety Net Initiative maintains a bi-weekly meeting of seven agencies (representing six funding streams) providing homeless and homelessness prevention services to review all applicants for assistance and determine which agency is the best fit for the individual and/or family. The Safety Net Initiative involves other service organizations as well, and it maintains a “housing first” model by prioritizing eviction prevention. Income eligibility for the programs providing on-going case management services varies by funding stream, from 80% to 30% AMI. Other eligibility criteria include an assessment to determine if the family and/or individual has, or has the capability of making, an income of \$1,000 a month, is a resident of Boulder County for the prior six months, has an eviction notice, or is currently homeless.<sup>6</sup>

#### **Hennepin County, Minnesota. (Minneapolis, MN)**

Hennepin County is often cited as a model program focused on prevention. The program serves low-income individuals and families at imminent risk of homelessness. The program provides legal assistance around tenant eviction, financial assistance, short and long term case management, and landlord/tenant mediation and assistance in securing new housing without

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<sup>6</sup> Conversation with Dap Daphne McCabe, MBA MSW, Contracts & Data Manager, Boulder County Housing and Human Services.

requiring a stay in homeless shelter<sup>7</sup> if housing is lost. The target population for this program is people who normally can afford their own housing but are at risk of losing it and becoming homeless due to an unforeseen financial crisis. The program is funded by state Family Homeless Prevention and Assistance Program (FHPAP) funds.<sup>8</sup> The recipients of FHPAP assistance must be low-income (no more than 200% of federal poverty guidelines), experiencing a housing crisis, and are able to maintain housing after short-term FHPAP assistance and services.<sup>9</sup>

### **King County, Washington. (Seattle, WA)**

In 2015, King County residents approved a property tax levy to fund a broad initiative designed to support prevention and early intervention strategies for children: *Best Starts for Kids*. The first project implemented with these funds, based on a highly successful pilot project funded by the Bill & Melinda Gates Foundation, is a homelessness prevention service for families who are survivors of domestic violence. The program approach focuses on a broad range of service options for those who are at risk of being homeless; a customized approach that starts with case managers focusing on the specific needs of individual parents and caregivers.

King County also provides a Housing Stability Program to help individuals and families who are at risk of becoming homeless. The program provides time-limited rental and mortgage assistance, and referrals to additional stabilization services to eligible households experiencing a short-term emergency that has placed them at risk of homelessness. The Housing Stability Program is operated by *Solid Ground*, a local CBO, in collaboration with other non-profit service providers throughout King County. Low and moderate income households located in King County who are at risk of losing their housing may call 211 to find out if they qualify.

### **Multnomah County, (Portland, OR)**

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<sup>7</sup> HomeBase: Advancing Solutions to Homelessness. (2014). Homelessness Prevention: Key principles and best practices. [https://www.homebaseccc.org/hb/application/files/1714/3526/0113/Homelessness\\_Prevention\\_-\\_Key\\_Principles\\_and\\_Best\\_Practices.pdf](https://www.homebaseccc.org/hb/application/files/1714/3526/0113/Homelessness_Prevention_-_Key_Principles_and_Best_Practices.pdf)

<sup>8</sup> Hennepin County Fact Sheet Homeless Prevention & Rapid Rehousing <http://www.hennepin.us/-/media/hennepinus/your-government/projects-initiatives/documents/homeless-prevention-rapid-rehousing.pdf?la=en>

<sup>9</sup> Minnesota Housing FHPAP. <http://www.mnhousing.gov/wcs/Satellite?c=Page&cid=1358905336155&pagename=External%2FPage%2FEXTStandardLayout>

The City of Portland, Multnomah County, and the Housing Authority of Portland streamlined what had been a complex array of short-term rental assistance for residents through the creation of the Home Forward Short Term Rent Assistance (STRA) program. The program provides limited housing assistance (up to 24 months) to households in Multnomah County that are experiencing homelessness or are at risk of homelessness. STRA is the consolidation of six different funding sources and three administrative entities into one. STRA services are provided through 19 public and non-profit agencies. Available services include rent or mortgage payments, deposits and application fees, move-in costs, and support services. Applications for STRA-funded housing assistance are available through participating agencies, or individuals can obtain a referral by calling 211. Applicants qualify for services must demonstrate an imminent eviction and earn less than 50% AMI.<sup>10</sup>

### **Snohomish County, Everett, WA**

Snohomish County receives funds from the Consolidated Homeless Grant (CHG) program that combines Washington state homeless resources into a single grant opportunity for county governments under the administration of the Department of Commerce. The Human Services Department is the lead agency for administering CHG funds in Snohomish County. Local non-profit organizations receive grants through the county and provide the direct services. The CHG program is designed to support an integrated system of housing assistance to prevent homelessness and to quickly re-house households who are unsheltered. Households with incomes at or below 30% AMI are eligible.

CHG assistance is not intended to provide long-term support for households, nor will it be able to address all of the financial and supportive services needs of households that affect housing stability. Rather, assistance is focused on housing stabilization, linking households to community resources and mainstream benefits, and helping them develop a plan for future housing stability. Households receiving rent assistance beyond three months must have a Housing Stability Plan. The household, with the assistance of the case manager, must establish and regularly update a housing stability plan that aids the household in transitioning to stable

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<sup>10</sup> HomeForward Short Term Help Paying Rent. <http://www.homeforward.org/find-a-home/get-help-paying-rent/short-term-help>.

housing and self-sufficiency. The housing stability plan must include: a household needs assessment, short and long-term goals, including specific housing and self-sufficiency goals, action steps with projected completion dates when possible. Allowable Expenses for CHG homelessness prevention include rent and utilities, when utility cut off constitutes a lease violation, thus placing the household at risk for eviction, activities for the arrangement, coordination, monitoring, and delivery of services related to meeting the housing needs of households and helping them obtain housing stability. Services and activities may include: counseling, developing, securing, and coordinating other services.<sup>11</sup>

### **Program Outcomes**

Outcomes are defined as gains or changes related to client knowledge, skills, behaviors or conditions (e.g. housing destination, recidivism, income changes, etc.). Table 5 presents outcomes measures identified for the five counties investigated and information on how the outcomes are measured. Many programs follow-up with case management clients at 3, 6 and 12 month post service delivery. HMIS information is also being used by a number of counties to determine if any clients receiving county services enter emergency shelters up to 12 months post service receipt.

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<sup>11</sup> Snohomish County Local Guidelines and Applicable Policies and Procedures For Consolidated Homeless Grant  
<http://snohomishcountywa.gov/DocumentCenter/View/6571>

**Table 7. Homelessness Prevention Program Outcomes and Methods for Measuring Outcomes**

County	Outcomes Measured
<b>Boulder County</b> Boulder, CO  Housing Stabilization Program (a)	<p><b>Outcomes:</b></p> <ul style="list-style-type: none"> <li>• The Percentage of students who experience an improvement in school attendance.</li> <li>• The percentage of families involved with the juvenile justice system that experience a decrease or resolution to their involvement in the system.</li> <li>• The percentage of families with open Children Protection Services cases that are closed within six months.</li> <li>• The percentage of service recipients who maintain stable housing, 3, 6, and 12 months after receiving services.</li> <li>• The percentage of families who experience employment and an increase in wages after receiving services.</li> </ul>
	<p><b>How Outcomes are Measured:</b></p> <p>Boulder County has data sharing agreements with the various organizations and agencies serving the individuals receiving assistance through the housing stabilization program.</p>
<b>Hennepin County</b> Minneapolis, MN  Family Homeless Prevention and Assistance Program (FHPAP) (b)	<p><b>Outcomes for Prevention Goal:</b></p> <p>Families with or without children, single adults, and unaccompanied youth who are at imminent risk of homelessness do not become homeless.</p> <p><b>Outcome Indicators:</b></p> <ul style="list-style-type: none"> <li>• The number of households to be served with FHPAP prevention goal (output)</li> <li>• The percentage of households to remain in current housing or re-housed without a day of homelessness at exit of service</li> <li>• The percentage of households served under FHPAP prevention goal who do not enter shelter within 6 month of program exit**</li> <li>• The percent of clients in the program who kept their housing 12 months after enrolling in the program.</li> </ul>

	<p><b>How Outcomes are Measured:</b></p> <p>**Data on ‘The number of households served under Prevention and Homeless Assistance Goals who will not enter shelter’ will be captured through the HMIS Return to Shelter Report and reviewed during the Annual Report.</p>
<b>King County</b> Seattle, WA  Best Start for Kids(c)  Housing Stability Program (d)	<p><b>Outcomes for: Best Start for Kids homelessness prevention initiative</b></p> <ul style="list-style-type: none"> <li>• Percentage of renters paying less than 50 percent of their income for housing</li> <li>• Percentage of renters paying less than 30 percent of their income for housing</li> </ul>
	<p><b>How Outcomes are Measured:</b></p> <p>Individual programs awarded funding will develop systems for measuring outcomes.</p>
	<p><b>Outcomes for: Housing Stability Program</b></p> <ul style="list-style-type: none"> <li>• All households retaining their housing six months after receiving assistance</li> <li>• Veterans households retaining housing at 6 months following initial stabilization</li> <li>• All households retaining housing at 1 year following initial stabilization</li> <li>• Veterans households retaining housing at 1 year following initial stabilization</li> </ul>
<b>Multnomah County</b> Portland, OR  Home Forward Short Term Rent Assistance Program (STRA) (e)	<p><b>How Outcomes are Measured:</b></p> <p><b>King county uses a data source call “report card”</b></p>
	<p><b>Outcomes for: Short Term Assistance Program</b></p> <ul style="list-style-type: none"> <li>• Percentage of households in unsubsidized rental housing at end of STRA assistance</li> <li>• Percentage of households in subsidized housing/program at end of STRA assistance</li> <li>• Percentage of households retain their housing at 3 months after their assistance ends</li> <li>• Percentage of households retain their housing at 6 months after their assistance ends</li> <li>• Percentage of households retain their housing at 12 months after their assistance ends</li> </ul>
<b>Snohomish County</b> Everett, WA	<p><b>How Outcomes are Measured:</b></p> <p>Each agency providing services tracks and reports on outcomes.</p>
	<p><b>Outcomes for: Ending Homelessness Program</b> (Sample Outcomes from RFP)</p> <p>Housing Stability 1: Increase the percentage of participants remaining in permanent housing for at least 6 months or longer</p>

Locally funded and Subcontracted (f)	<p>Housing Stability 2: Increase the percentage of participants remaining in permanent housing for at least 1 year or longer</p> <p><b>How Outcomes are Measured:</b> Each agency providing services tracks and reports on outcomes.</p>
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- (a) Telephone interview with Daphne McCabe, MBA MSW. Contracts & Data Manager. Boulder County Housing and Human Services.
- (b) Hennepin County Fact Sheet: Homeless prevention and rapid rehousing (January, 2016). Accessed at: <http://www.hennepin.us/-/media/hennepinus/your-government/projects-initiatives/documents/homeless-prevention-rapid-rehousing.pdf?la=en>
- (c) Best Start for Kids. <http://www.kingcounty.gov/elected/executive/constantine/initiatives/best-starts-for-kids.aspx>
- (d) King County IMPLEMENTATION PLAN 2012 – 2017 Veterans and Human Services Levy: Activity 2.3 Housing Stability Program  
[http://www.kingcounty.gov/~/media/operations/DCHS/Levy/2012\\_Updated\\_Imp\\_Plans/2-3\\_HSP\\_2012\\_Implementation\\_Plan\\_final.ashx?la=en](http://www.kingcounty.gov/~/media/operations/DCHS/Levy/2012_Updated_Imp_Plans/2-3_HSP_2012_Implementation_Plan_final.ashx?la=en)
- (e) Home Forward Rental Assistance Program. <https://multco.us/file/15113/download>

## Assessment Tools

The term “screening” usually refers to a first-level decision about whether the potential client is eligible for a program and/or would have a priority for those services. “Assessment” is a somewhat deeper level of inquiry into the actual problem and the client’s strengths and needs related to solving the problem. Screening determines who receives assistance; assessment information determines the expected type, intensity and duration of assistance. The National Alliance to End Homelessness (2009) advocates for a screening and assessment process that carefully considers the least amount of information needed to determine the best responses at the time the family or individual is requesting assistance. The organization further identifies that asking for too much information can be intrusive and may confuse both staff and client about the purpose and plan for assistance.

Across the counties assessment tools have similarities and differences not only in the tool itself, but when to pursue using the assessment tool. A county may decide that all requests for short-term rental assistance requires a lengthy application and family assessment, another county only requires the assessment tool be used if the families need for assistance will continue after a three month period. Snohomish County and Multnomah County both use the Service Prioritization Decision Assistance Tool (SPDAT).<sup>12</sup> The SPDAT is an evidence-informed approach to assessing an individual’s or family’s acuity. The tool, across 15 components, prioritizes who to serve next and why, while concurrently identifying the areas in the person/family’s life where support is most needed to promote housing stability.

Appendix A includes samples of forms used in the remaining three counties. The Boulder County Self-Sufficiency Matrix evaluates stability in 21 domains using a five point scale ranging from “in-crisis” to “thriving”. The accompanying training manual for the Boulder County Self-Sufficiency Matrix is available online at:

<http://www.bouldercounty.org/doc/hhs/final-ssmtraining.pdf>. Hennepin County has developed an 18 domain self-sufficiency matrix and the King County Family Assessment forms packet includes a number of questions specific to military service and the Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT), (Appendix A).

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<sup>12</sup> <http://www.orgcode.com/product/spdat/>

## **Management Information Systems**

**Table 8. Management Information Systems**

<b>County</b>	<b>System</b>	<b>Comments</b>
Boulder County	Customized System Tableau used to analyze data	Deloitt worked with the county to create the system
Hennepin County	HMIS* (ServicePoint) and MAXIS (Minnesota Case Management System)	Unable to track the program outcomes with HMIS.
King County	HMIS	Uses HMIS data to generate reports
Multnomah County	HMIS ServicePoint	
Snohomish County	HMIS  Goals of HMIS:  Beyond meeting HUD requirements, it is our goal that the HMIS will assist agencies to record and track client service data, generate reports, and provide information helpful to funders, planners, and policy makers, and increase coordination among provider agencies.	

## **Innovation and Efficiencies in Service Delivery**

### **Case Management Specialization**

#### **Benefits Entitlement Services Team (BEST)**

Homeless persons experience a disproportionately high rate of disability; 36.8% of sheltered adults have a disability, compared to 24.6% of persons living in poverty and 15.3% of adults nationwide. Los Angeles County invested in specialized case managers to implement a Benefits Entitlement Services Team (BEST). The goal of BEST is to address common barriers to receiving disability and medical benefits for individuals experiencing homelessness, including the lack of medical evidence and difficulty navigating the disability application process. BEST staff addressed those barriers by serving as their clients' authorized representatives and providing medical evidence with completed applications.

Nationally, about 37% of SSI or SSDI applications are initially approved. However, for homeless persons without guidance during the application process, the acceptance rate is roughly 10–15%. LA staff identify individuals most likely to be eligible for benefits and help them to access those benefits. The vast majority of applicants in LA County have a mental impairment and no work history, and almost half of them have no high school diploma. Many individuals had made previous claims that were denied, and BEST case managers, acting as the authorized representative of the client, were able to obtain information from SSA about the claim, give the agency evidence to support the claim, and represent the applicant at interviews and hearings. LA BEST staff have recently experienced a benefits approval rate of 90% - 96%, greatly increasing the income of disabled individuals while decreasing their vulnerability to becoming homelessness again.<sup>13</sup>

In Multnomah County, there are two benefits acquisition programs serving vulnerable homeless populations: Homeless Benefits Recovery Program (HBR), funded by Multnomah County, and Benefit and Entitlement Specialty Team (BEST), funded by the City of Portland.

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<sup>13</sup> Kennedy, Elizabeth, and King, Laura. (2014). Improving Access to Benefits for Persons with Disabilities Who Were Experiencing Homelessness: An Evaluation of the Benefits Entitlement Services Team Demonstration Project. Social Security Bulletin, Vol. 74, No. 4, 2014, (<http://www.nasuad.org/sites/nasuad/files/v74n4p45.pdf>).

Both programs work with individuals who are homeless or at risk of homelessness to provide intensive coordinated assistance with applying for Social Security Disability and Medicaid benefits. From 2012-2013, the HBR/BEST program provided services to 356 individuals. Out of the 212 individuals who exited the program during that period, 156 of them (74%) secured disability benefits, compared with the national rate of just 30%. Clients who file for disability benefits with HBR/BEST are almost twice as likely to be approved on the first attempt than if they applied without using the program's services. The HBR/BEST investment of an average of 20 hours of specialized staffing assistance per client has a significant impact on clients' financial stability. At the start of services, HBR/BEST clients had an average income of just \$107 per month. At exit, incomes averaged \$788 per month, an increase of 636%.<sup>14</sup>

### **Legal Services**

A report distributed by the National Alliance to End Homelessness in July of 2009 identified the practice by homelessness prevention providers of requesting detailed information eviction filings in some states, i.e. Minnesota. Two legal services agencies access the evictions filings twice a week and mail each affected tenant a flyer describing services, income eligibility limits and how to get help. Lawyers also receive permission to set up a temporary office inside the courthouse when evictions are scheduled to be heard so people can consult with an attorney before going to court. Legal services lawyers are successful at negotiating financial settlements with landlords for past due rent or ask the judge to allow additional time before the tenant must move out so the tenant can find alternate housing to avoid homelessness.<sup>15</sup>

### **Using HMIS Data to Prioritizing Service Delivery**

Advocates agree that there should be a process to ensure that people being targeted for homelessness prevention assistance would likely become homeless without assistance. A number of organizations use emergency shelter information from the HMIS data to identify characteristics of individuals and families entering the shelter system for the first time and then target for assistance similar families or individuals seeking emergency assistance. Another approach is to regularly review shelter admission data to analyze who received prevention

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<sup>14</sup> Multnomah County Department of County Human Services Community Services Division. 2014: Poverty in Multnomah County. Available at: <https://multco.us/file/34343/download>

<sup>15</sup> National Alliance to End Homelessness, Homeless Prevention: Creating Programs that Work July 2009 [http://www.endhomelessness.org/page/-/files/2451\\_file\\_Prevention\\_Guide\\_July\\_2009.pdf](http://www.endhomelessness.org/page/-/files/2451_file_Prevention_Guide_July_2009.pdf)

assistance but still became homeless, and to identify who was not provided assistance and became homeless, in effect linking the eligibility for homeless prevention services to the HMIS information.

In the absence of good information about the characteristics of homeless people in the community, targeting should be based on risk factors identified by research in other communities, including people who—

- Have income below 15 percent of area median income
- Are families with children and a secondary tenant (doubled up)
- Have experienced 2 or more moves in the past year
- Have a young child (under age 2)
- Are under age 24 and were in foster care at some point
- Have a prior episode of homelessness
- Have an eviction from public or assisted housing
- Have experienced domestic violence in the past 30 days
- Have a history of non-compliance (e.g. missed appointments with caseworkers)
- Have a severe and persistent mental illness<sup>16</sup>

A study published in the journal *Science* by William Evans, James Sullivan, and Melanie Wallskog, *The Impact of Homelessness Prevention Programs on Homelessness*, found that temporary financial assistance to families at imminent risk of homelessness reduces the likelihood that they will enter a homeless shelter by 76 percent. Using data from the Chicago area emergency services the study compared families that call for emergency assistance when funds are available with those who call when they are not. The availability homelessness prevention assistance fluctuates from day to day for a number reasons, including openings in counselors' schedules at local agencies and inconsistent or unpredictable funding streams. This fluctuation means that not all eligible callers received help. The authors compared the shelter outcomes for eligible callers who received assistance to those who did not. The study found that

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<sup>16</sup> National Alliance to End Homelessness Solutions Brief. (March, 2009). Creating a Plan for the Homelessness Prevention Fund. Accessed at: <http://www.endhomelessness.org/library/entry/creating-a-plan-for-the-homelessness-prevention-fund>

those calling when funding is available experience a 76 percent less likelihood of entering a homeless shelter within 6 months after receiving the assistance. Emergency assistance eligibility is based on four criteria: 1. The client must be able to demonstrate self-sufficiency after they receive assistance; 2. The client must have an eligibility crisis 3. The client must face imminent risk of homelessness and 4 the current crisis must be solvable by the financial assistance provided.<sup>17</sup>

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<sup>17</sup> Evans, W. Sullivan, J., and Wallskog, M. (2016). The impact of homelessness prevention programs on homelessness. Science Magazine Vol. 353, Issue 6300 12 august 2016. Available at: <http://nlihc.org/article/homelessness-prevention-programs-improve-outcomes-and-save-money>

## **Appendix A: Assessment Tools**

## **Boulder County**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_ Program: \_\_\_\_\_ Is  
this a baseline, follow-up or exit? \_\_\_\_\_

### **Self Sufficiency Matrix - Only**

**Domain Name:** Food

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	<b>Not Enough Information at This Time</b>
No food or means to prepare it. Relies to a <u>significant</u> degree on other sources of free or low-cost food.	A majority of the household food is purchased with food assistance (SNAP). Household relies significantly on other sources of free or low cost food.	Can meet basic food needs, but requires <u>occasional</u> assistance from a supplemental food program.	Can meet basic food needs without assistance.	Ability to purchase food household desires.	

**Domain Name:** Housing

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/ individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	<b>Not Enough Information at This Time</b>
Currently homeless, in <u>temporary housing or shelter</u> , or involuntarily <u>doubling up</u> with others, or has an eviction notice.	In <u>substandard</u> housing, or receiving short-term rental assistance, or facing threatened eviction or foreclosure or monthly rent is 41% or more of monthly net (after taxes) income.	Living in steady subsidized <u>or transitional</u> housing, or monthly rent is 36-40% of monthly net (after tax) income.	Secure homeownership, or renting private housing with limitations of choice due to moderate income, and/or monthly rent is 31-35% of monthly net (after tax) income.	Homeownership or renting private housing in a neighborhood of choice and/or rent is 30% or below of monthly net (after tax) income.	

**Domain Name:** Income

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	<b>Not Enough Information at This Time</b>
No income. Basic needs are not met.	Income is <u>inadequate</u> for meeting basic needs.	Income is <u>adequate</u> for meeting basic needs.	Income is sufficient and stable, adequate for paying monthly bills, provides for <u>some saving</u> , ability to purchase occasional non- essential items.	Income is sufficient and stable, adequate for paying monthly bills, <u>and</u> provides for <u>substantive savings</u> and ability to purchase non-essential purchases often.	

**Domain Name:** Relationship Safety

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	<b>Not Enough Information at This Time</b>
Household is unsafe. Someone in the household feels unsafe in home at all times	Household safety is in jeopardy. Someone in the household feels unsafe in home <u>most of the time</u>	Feels safe in household <u>some of the time</u>	Feels safe in household <u>most of the time</u> .	Household always feels safe	

**Domain Name:** Transportation

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	<b>Not Enough Information at This Time</b>
Does not have transportation needs met and has no access to available public transportation, a car or a regular ride.	<u>Rarely</u> has transportation needs met through public transportation, a car, or a regular ride.	Has transportation needs met <u>some</u> of the time through public transportation, a car, or a regular ride.	Has transportation needs met <u>most</u> of the time through public transportation, car, or a regular ride.	Always has transportation needs met through public transportation, a car, or a regular ride.	

**Domain Name:** Employment

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/ individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	N/A <b>Not applicable</b>	<b>Not Enough Information at This Time</b>
No Job.	Temporary, seasonal or part-time employment with <u>inadequate</u> pay and no <u>benefits</u> .	Employed full-time (or for as many hours per week as desired) but <u>inadequate</u> pay with few or no <u>benefits</u>	Employed full-time (or for as many hours per week as desired) with adequate pay and benefits.	Maintains <u>permanent employment</u> (for as many hours per week as desired) with adequate income and benefits.	N/A – Does not apply. Individual is not employable due to <u>disability</u> or <u>age</u> .	

**Domain Name:** Health Care Access

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/ individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	Not Enough Information at This Time
No medical coverage and immediate need exists for any member of the household.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some family members (e.g. children) have medical coverage but adults lack coverage.	All family members have medical coverage and can access care when needed but may strain budget.	All members are covered by affordable, adequate medical, vision and dental health care coverage and can access care when needed.	

**Domain Name:** Adult Education

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/ individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	N/A <b>Not Applicable</b>	NotEnough Information at This Time
No GED or high school diploma and <b>is not</b> enrolled in literacy, high school or GED program and/or has not learned to read or write in any language and perform basic math.	No GED or high school diploma and <b>is</b> enrolled in literacy and/or high school or GED program and has basic reading, writing, and math skills in primary language.	Has high school diploma or GED and basic use of English and/or is enrolled in ESL program if applicable.	Enrolled in post high school vocational education, technical or professional training, or some college credits.	Obtained a professional certification or training, and/or obtained an Associates, Bachelors, Masters, or Doctorate degree.	N/A – Education level may not apply to this individual due to <u>disability</u> or <u>age</u>	

**Domain Name:** Child Education

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family move toward stability</b>	3 <b>Safe</b> <b>Family making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family is thriving!</b>	N/A <b>Not Applicable</b>	<b>Not Enough Information at This Time</b>
One or more school-aged children not enrolled in school.	One or more school-aged children enrolled in school, often has truancy or behavioral issues or not meeting academic expectations.	Enrolled in school, but one or more children has <u>occasional</u> truancy or behavioral issues and is still meeting academic expectations	Enrolled in school and attending classes most of the time <u>and</u> reports no challenges with truancy or behavior <u>and</u> is meeting academic expectations.	All eligible children enrolled in classes and attending most of the time. Children are <u>excelling</u> in school performance.	Does not apply. Family does not have school-aged children.	

**Domain Name:** Childcare

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/ individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	N/A <b>Not Applicable</b>	<b>Not Enough Information at This Time</b>
Needs childcare but none is available or accessible and/or child is not eligible	Childcare is <u>unreliable</u> , <u>unaffordable</u> and/or <u>inadequate</u> . Supervision is a <u>problem</u> for childcare that is available.	Affordable or subsidized childcare is available, but limited resources available to support narrow choices.	Reliable, affordable childcare is available. No need for subsidies.	Able to select quality childcare of choice. No need for subsidies. Changes to childcare can be made when desired. Backup childcare plan is developed.		

**Domain Name:** Parenting Skills

1  In-Crisis  Immediate support is critical (urgent situation)	2  Vulnerable  Support needed to help family/ individual move toward stability	3  Safe  Family/ individual making progress toward stable life situation	4  Stable  Family/ individual is stable, safe and moving toward thriving	5  Thriving  Family/ individual is thriving!	N/A  Not Applicable	Not Enough Information at This Time
Current known or suspected safety concerns regarding parenting skills	New to parenting and/or has <u>limited</u> parenting skills. Is not familiar with child development concepts, may have unrealistic expectations, still developing parenting skills. Could benefit from parenting classes.	Parenting skills are <u>adequate</u> and open to identified areas for growth. Willing to take parenting classes	Parenting skills are <u>solid</u> .	Parenting skills are <u>optimal</u> . Feels confident in knowledge about healthy/nurturing parenting.		

**Domain Name:** Support System

1  In-Crisis  Immediate support is critical (urgent situation)	2  Vulnerable  Support needed to help family/ individual move toward stability	3  Safe  Family/ individual making progress toward stable life situation	4  Stable  Family/ individual is stable, safe and moving toward thriving	5  Thriving  Family/ individual is thriving!	Not Enough Information at This Time
Has no personal support systems <u>and</u> no knowledge of available community supports.	Has no personal support system, but knows where to go in the community for help when experiencing a need or a crisis	1-3 personal supports and basic community networks are available in times of need	3-5 personal supports available and is connected with at least one community support network (i.e. non- profit, church, support group, etc.)	Has 5 or more personal supports readily available and is able to give support in return; is active and/or highly knowledgeable about community support networks	

**Domain Name:** Substance Use

<b>1 In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	<b>2 Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	<b>3 Safe</b> <b>Family/ individual making progress toward stable life situation</b>	<b>4 Stable</b> <b>Family/individual is stable, safe and moving toward thriving</b>	<b>5 Thriving</b> <b>Family/ individual is thriving!</b>	<b>Not Enough Information at This Time</b>
Severe alcohol abuse and/or chemical dependence; institutional living or hospitalization may be necessary.  Help not sought	Significant abuse of substances, resulting in chronic family/work difficulties.	Occasional abuse of substances. Use has a tendency to lead to an abuse pattern and negative consequences.  Currently participating in substance abuse services.	Occasional use of substances but no evidence of dangerous or continued use.	No drug use. May use alcohol minimally and prescription drugs as prescribed.	

**Domain Name:** Physical Health

<b>1 In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	<b>2 Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	<b>3 Safe</b> <b>Family/ individual making progress toward stable life situation</b>	<b>4 Stable</b> <b>Family/individual is stable, safe and moving toward thriving</b>	<b>5 Thriving</b> <b>Family/ individual is thriving!</b>	<b>Not Enough Information at This Time</b>
Untreated and chronic medical and life threatening conditions, with inconsistent to minimal follow-up care.	Chronic medical conditions, potentially life threatening, with inconsistent follow-up care.	Chronic illness generally well managed and attempting to make and keep routine medical and dental appointments.	No chronic illness or stable chronic illness and maintaining good preventive medical and dental care practices.	No chronic illness and maintaining pro- active preventive medical and dental care practices.	

**Domain Name:** Mental Health

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	<b>Not Enough Information at This Time</b>
Experiencing severe difficulty in day-to-day life due to mental health challenges. Mental health needs are not being met. Doesn't know where to go to get help.	Feels that mental health symptoms may get in the way of daily living. Not sure what to do or where to go for help Could benefit from mental health services.	Identified mental health need and working towards getting them met. Is accessing mental health services.	Mental health needs are being managed. Only minimal symptoms that are expected responses to life stressors.	Feels good about mental health—does not need any assistance in this area. Knows where to go for affordable assistance if help was needed.	

**Domain Name:** Workplace Skills

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/ individual is stable, safe and moving toward</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	N/A <b>Not Applicable</b>	<b>Not Enough Information at This Time</b>
<u>Negative</u> or no work history, unable to obtain and retain employment in any industry	<u>Limited</u> or <u>inconsistent</u> work history of less than 1 year.	Established work history of 1-2 yrs and some skills that offer potential for obtaining a comparable position.	Established work history of 2-5 yrs and skills that offer potential for obtaining a comparable position.	<u>Established</u> work history of 5+ years at a single place of employment or single occupation	N/A – Does not apply. Individual is not employable due to <u>disability</u> or <u>age</u> .	

**Domain Name:** Functional Ability

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/ individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	<b>Not Enough Information at This Time</b>
Because of functional disabilities, current living situation is unsafe and individual is unable to live alone. Assistance is not available.	Because of functional disabilities, individual is at risk living alone. Requires limited assistance or supervision. Assistance is not available.	Not able to perform ADL (activities of daily living) but is in a safe and supportive environment; <u>or</u> requires extensive or total assistance and assistance is available with back-up support.	Fully able to perform most ADL's; <u>or</u> fully able to perform ADL's with assistance or support and assistance is available with back-up support.	Fully able to perform all ADLs without assistance or support.	

**Domain Name:** Criminal Justice System

1 <b>In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	2 <b>Vulnerable</b> <b>Support needed to help family/ individual move toward stability</b>	3 <b>Safe</b> <b>Family/ individual making progress toward stable life situation</b>	4 <b>Stable</b> <b>Family/ individual is stable, safe and moving toward thriving</b>	5 <b>Thriving</b> <b>Family/ individual is thriving!</b>	<b>Not Enough Information at This Time</b>
Current outstanding warrants or tickets; <u>or</u> has had a felony conviction or arrest in the past year.	Current charges/trial pending; noncompliance with probation/parole; <u>or</u> has <u>extensive criminal history</u>	Currently on probation/parole and is fully compliant; <u>or</u> has <u>moderate criminal history</u>	Has successfully completed probation/parole within past 12 months with no new charges filed; <u>or</u> has <u>minor criminal history</u>	No criminal history.	

**Domain Name: Legal (non-criminal)**

<b>1 In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	<b>2 Vulnerable</b> <b>Support needed to help family move toward stability</b>	<b>3 Safe</b> <b>Family making progress toward stable life situation</b>	<b>4 Stable</b> <b>Family is stable, safe and moving toward thriving</b>	<b>5 Thriving</b> <b>Family is thriving!</b>	<b>Not Enough Information at This Time</b>
Has significant legal problems and is not addressing them or does not understand that the problem involves legal issues.	Has identified legal problems but is unable to proceed without legal assistance.	Has responded to legal issues with appropriate legal assistance.	Has legal representation and issues are moving towards resolution.	No legal issues or legal issues have been fully resolved.	

**Domain Name: Money Management**

<b>1 In-Crisis</b> <b>Immediate support is critical (urgent situation)</b>	<b>2 Vulnerable</b> <b>Support needed to help family move toward stability</b>	<b>3 Safe</b> <b>Family making progress toward stable life situation</b>	<b>4 Stable</b> <b>Family is stable, safe and moving toward thriving</b>	<b>5 Thriving</b> <b>Family is thriving!</b>	<b>Not Enough Information at This Time</b>
No knowledge or implementation of money management skills	Knows it is important to understand basic money management matters, has limited <u>knowledge</u> and implementation of <u>money management</u> skills	<u>Some knowledge</u> and implementation of money management skills	Able to save sporadically; <u>solid knowledge</u> and implementation of money management skills	Able to save consistently; <u>comprehensive knowledge</u> & full implementation of money management skills	

Domain Name: Life Skills (Household Management)

<b>1 In-Crisis <b>Immediate support is critical (urgent situation)</b></b>	<b>2 Vulnerable <b>Support needed to help family move toward stability</b></b>	<b>3 Safe <b>Family making progress toward stable life situation</b></b>	<b>4 Stable <b>Family is stable, safe and moving toward thriving</b></b>	<b>5 Thriving <b>Family is thriving!</b></b>	<b>Not Enough Information at This Time</b>
Has not learned skills and has significant challenges managing household.	Has limited skills or capacity to manage household.	Has some skills and capacity to manage household; or requires extensive or total assistance and assistance is available with back-up support.	Has solid skills and capacity to manage household; <u>or</u> support and assistance is available with back-up support.	Has comprehensive skills and capacity to manage household.	

## **Minnesota HMIS Self-Sufficiency Matrix**

### **1. Matrix Summary**

Assessment Date      /      /      (circle one)      Initial/Entry      Interim      Exit

Program Name (*for HMIS entry*)

### **2. Client Information**

First Name      MI      Last Name      Suffix

Client ID (ServicePoint Assigned)

3. Self-Sufficiency Matrix

Instructions:

- Complete this form for all adults and unaccompanied youth at: 1) entry, 2) every 6 months while in the program for permanent supportive housing and 3) exit
- Select one and only one level in each of the 18 areas below by marking the box next to the appropriate level
- Level categories: 1 = In Crisis, 2 = Vulnerable, 3 = Safe, 4 = Building Capacity, 5 = Empowered/Thriving

Assessment

1. Housing

- 1. Homeless or threatened with eviction
- 2. In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable
- 3. In stable housing that is safe but only marginally adequate
- 4. Household is safe, adequate, subsidized housing
- 5. Household is safe, adequate, unsubsidized housing

2. Employment

- 1. No Job
- 2. Temporary, part-time or seasonal; inadequate pay; no benefits
- 3. Employed full-time; inadequate pay; few or no benefits
- 4. Employed full-time with adequate pay and benefits
- 5. Maintains permanent employment with adequate income and benefits

3. Income

- 1. No Income
- 2. Inadequate income and/or spontaneous or inappropriate spending
- 3. Can meet basic needs with subsidy; appropriate spending
- 4. Can meet basic needs and manage debt without assistance
- 5. Income is sufficient, well managed; has discretionary income and is able to save

4. Food and Nutrition

- 1. No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost
- 2. Household is on food stamps
- 3. Can meet basic food needs but requires occasional assistance
- 4. Can meet basic food needs without assistance
- 5. Can choose to purchase any food household desires

5. Childcare

- 0. N/A
- 1. Needs childcare, but none is available/accessible and/or child is not eligible
- 2. Childcare is unreliable or unaffordable; inadequate supervision is a problem for childcare that is available
- 3. Affordable subsidized childcare is available but limited
- 4. Reliable, affordable childcare is available; no need for subsidies
- 5. Able to select quality childcare of choice

6. Children's Education

- 0. N/A
- 1. One or more eligible children not enrolled in school
- 2. One or more eligible children enrolled in school but not attending classes
- 3. Enrolled in school, but one or more children only occasionally attending classes
- 4. Enrolled in school and attending classes most of the time
- 5. All eligible children enrolled and attending on a regular basis

7. Adult Education

- 1. Literacy problems and/or no high school diploma/GED are serious barriers to employment
- 2. Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to

- employment
- 3. Has high school diploma/GED
  - 4. Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society
  - 5. Has completed education/training needed to become employable. No literacy problems

#### 8. Health Care Coverage

- 1. No medical coverage with immediate need
- 2. No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health
- 3. Some members (e.g. children) on AHCCCS
- 4. All members can get medical care when needed but may strain budget
- 5. All members are covered by affordable, adequate health insurance

#### 9. Life Skills

- 1. Unable to meet basic needs such as hygiene, food, activities of daily living
- 2. Can meet a few but not all needs of daily living without assistance
- 3. Can meet most but not all daily living needs without assistance
- 4. Able to meet all basic needs of daily living without assistance
- 5. Able to provide beyond basic needs of daily living for self and family

#### 10. Family/Social Relations

- 1. Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect
- 2. Family/friends may be supportive but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect
- 3. Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support
- 4. Strong support from family or friends; household members support each other's efforts
- 5. Has healthy/expanding support network; household is stable and communication is consistently open

#### 11. Transportation/Mobility

- 1. No access to transportation, public or private; may have car that is inoperable
- 2. Transportation is available but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.
- 3. Transportation is available and reliable but limited and/or inconvenient; drivers are licensed and minimally insured
- 4. Transportation is generally accessible to meet basic travel needs
- 5. Transportation is readily available and affordable; car is adequately insured

#### 12. Community Involvement

- 1. No community involvement; in "survival" mode
- 2. Socially isolated and/or no social skills and/or lacks motivation to become involved
- 3. Lacks knowledge of ways to become involved
- 4. Some community involvement (advisory group, support group) but has barriers such as transportation, childcare issues
- 5. Actively involved in community

#### 13. Parenting Skills

- 0. N/A

- 1. There are safety concerns regarding parenting skills
- 2. Parenting skills are minimal
- 3. Parenting skills are apparent but not adequate
- 4. Parenting skills are adequate
- 5. Parenting skills are well developed

**14. Legal**

- 1. Current outstanding tickets or warrants
- 2. Current charges/trial pending; noncompliance with probation/parole
- 3. Fully compliant with probation/parole terms
- 4. Has successfully completed probation/parole within past 12 months; no new charges filed
- 5. No felony criminal history and/or no active criminal justice involvement in more than 12 months

**15. Mental Health**

- 1. Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems
- 2. Recurrent mental health symptoms that may affect behavior but not a danger to self/others; persistent problems with functioning due to mental health symptoms
- 3. Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems
- 4. Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning
- 5. Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns

**16. Substance Abuse**

- 1. Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary
- 2. Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities
- 3. Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems that have persisted for at least one month
- 4. Client has used during last 6 months but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use
- 5. No drug use/alcohol abuse in last 6 months

**17. Safety**

- 1. Home or residence is not safe; immediate level of lethality is extremely high; possible CPS involvement
- 2. Safety is threatened/temporary protection is available; level of lethality is high
- 3. Current level of safety is minimally adequate; ongoing safety planning is essential
- 4. Environment is safe, yet future of such is uncertain; safety planning is important
- 5. Environment is apparently safe and stable

**18. Disability/Disabling Condition (not currently available in HMIS)**

- 1. In Crisis- acute or chronic symptoms affecting housing, employment, social interactions, etc.
- 2. Vulnerable-sometimes or periodically has acute or chronic symptoms affecting housing, employment, social interactions, etc.
- 3. Safe- rarely has acute or chronic symptoms affecting housing, employment, social interactions, etc.
- 4. Building Capacity- asymptomatic, condition controlled by services or medication
- 5. Thriving/Empowered- no identified disability

**Other/Optional : Describe:**

- 1. In Crisis
- 2. Vulnerable
- 3. Safe
- 4. Building Capacity
- 5. Thriving/Empowered

## **KingCounty**

### **Homeless Management Information System (HMIS) Client Consent for Data Collection and Release of Information**

#### **What is the HMIS?**

The HMIS is a data system that stores information about homelessness services. Bitfocus, Inc. manages the HMIS for King County. The purpose of the HMIS is to improve services that support people who are homeless to get housing, and to have better access to those services, while meeting requirements of funders such as the

**U.S. Department of Housing and Urban Development (HUD).**

#### **What is the purpose of this form?**

With this form, you can give permission to have information about you collected and shared with Partner Agencies that help King County provide housing and services. A current list of Partner Agencies is at <http://kingcounty.hmis.cc/participating-agencies/>

**BY SIGNING THIS FORM, I AUTHORIZE** King County and Bitfocus to share HMIS information with Partner Agencies. The HMIS information shared will be used to help me get housing and services. It will also be used to help evaluate the quality of housing and service programs. I understand that the Partner Agencies may change over time.

The information to be collected and shared includes:

- Name, birthday, gender, race, ethnicity, social security number, phone number, address
- Basic medical, mental health, substance use, and daily living information
- Housing Information
- Use of crisis services, hospitals and jail
- Employment, income, insurance and benefits information
- Services provided by Partner Agencies
- Results from assessments
- My photograph or other likeness (if included)

**BY SIGNING THIS FORM, I UNDERSTAND THAT:**

- King County, Bitfocus and Partner Agencies will keep my HMIS information private using strict privacy policies. I have the right to review their privacy policies.
- There is a small risk of a security breach, and someone might obtain my information and use it inappropriately.
- If I have questions about my privacy rights, my HMIS information, or am concerned that my information has been misused, I can contact my HMIS systems administrator at (206) 444-4001 x2.
- I can receive a copy of this Consent and the Client Information Sheet

- I may refuse to sign this Consent. If I refuse, I will not lose any benefits or services.
- This Consent will expire 7 years from my last HMIS recorded activity.

- I may revoke this Consent earlier at any time in writing to:

Bitfocus, Inc.

ATTN: King  
County HMIS

548 Market St  
#60866

San Francisco, CA 94104-5401

- The revocation will take effect upon receipt, except to the extent others have already acted under this Consent.
- My HMIS information may be viewed by auditors or funders who review work of the Partner Agencies, including HUD, The Department of Veteran Affairs, The Department of Health and Human Services, and The Washington State Department of Commerce. I understand that the list of auditors and funders may change over time.
- My HMIS information may be shared to coordinate referral and placement for housing and services.
- My HMIS information may be further shared by the Partner Agencies to other agencies for care coordination, counseling, food, utility assistance and other services.
- My HMIS information will be combined with other information from the Washington State Department of Social and Health Services (DSHS) to help evaluate the quality of social services.
- My HMIS information may be used for research; however, my identity will remain private.

Important: Personal information is not entered in HMIS for people who are 1) receiving services from domestic violence agencies; 2) fleeing or in danger from domestic violence, dating violence, sexual assault or stalking situation or 3) have revealed information about being HIV positive or having AIDS. If one of these situations applies to you, DO NOT agree to have your personal identifying information collected.

SIGNATURE:

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Signature of Patient/Client or Representative:

Date

---

PRINTED NAME

*For Agency Use Only:*

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*Witness Staff & Agency)*

---

*Date*

## FAMILY ASSESSMENT

Use block letters for text and mark appropriate boxes with an "X". Complete a separate form for each household member.

### SURVEY ADMINISTRATION INFORMATION

#### ASSESSOR INFORMATION (All Assessments)

First							
Last							
Agency							
Survey Locatio							

### UNIVERSAL DATA ELEMENTS FOR CLIENT CREATION

#### DATE [All Clients]

---

— | — | - | — | - | — |

Month

Day

Year

## SOCIAL SECURITY NUMBER [*All Clients*]

			-			-				
--	--	--	---	--	--	---	--	--	--	--

## QUALITY OF SOCIAL SECURITY

<input checked="" type="radio"/>	Full SSN reported	<input checked="" type="radio"/>	Client doesn't know
<input checked="" type="radio"/>	Approximate or partial SSN reported	<input checked="" type="radio"/>	Client refused
		<input checked="" type="radio"/>	Data not collected

**CURRENT NAME** [*All Clients*]

NI  
A

## **QUALITY OF CURRENT NAME**

<input checked="" type="radio"/>	Full name reported	<input checked="" type="radio"/>	Client doesn't know
<input checked="" type="radio"/>	Partial, street name, or code name reported	<input checked="" type="radio"/>	Client refused

**DATE OF BIRTH All Clients**

	<u>  </u>	<u>  </u>	Age:
Month	<u>  </u>	<u>  </u>	Year

## QUALITY OF DATE OF BIRTH

<input checked="" type="radio"/>	Full DOB reported	<input checked="" type="radio"/>	Client doesn't know
<input checked="" type="radio"/>	Approximate or partial DOB reported	<input checked="" type="radio"/>	Client refused
		<input checked="" type="radio"/>	Data not collected

## GENDER [All Clients]

<input type="radio"/>	Female	<input type="radio"/>	Other
<input type="radio"/>	Male	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Transgender male to female	<input type="radio"/>	Client refused
<input type="radio"/>	Transgender female to male	<input type="radio"/>	Data not collected
Specify "Other" <input style="width: 100px; margin-left: 10px;" type="text"/>		<b>I</b>	

RACE {select all that apply} *All Clients*

<input type="radio"/>	American Indian or Alaskan Native	<input type="radio"/>	White/Caucasian
<input type="radio"/>	Asian	<input type="radio"/>	Client does not know
<input type="radio"/>	Black/African American	<input type="radio"/>	Client refused

<input type="radio"/> Hawaiian or Other Pacific Islander	<input type="radio"/> Data Not Collected
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ETHNICITY *{All Clients!}*

<input type="radio"/>	Non-Hispanic/ Non-Latino	<input type="radio"/> Client doesn't know
		<input type="radio"/> Client refused
<input type="radio"/>	Hispanic/Latino	<input type="radio"/> Data not collected

RELATIONSHIP TO HEAD OF HOUSEHOLD *All Clients]*

<input type="radio"/>	Self  Head of household's child  Head of household's spouse or partner	<input type="radio"/> Head of household's other relation member
		<input type="radio"/> Other:non-relation member

HOUSING STATUS AT ENTRY *j' [Head of Household and Adults]*

<input type="radio"/>	Homeless  At imminent risk of losing housing  Homeless only under other federal statutes	<input type="radio"/> Fleeing domestic violence	<input type="radio"/> Client doesn't know
		<input type="radio"/> At-risk of homelessness	<input type="radio"/> Client refused
		<input type="radio"/> Stably housed	<input type="radio"/> Data not collected

CLIENT CONTACT INFORMATION		Can we leave a message for you?	Identify preferred contact method
Phone:		Yes / No	<input type="radio"/>
Alternate phone:		Yes <input checked="" type="checkbox"/> No	<input type="radio"/>
Text:		Yes <input checked="" type="checkbox"/> No	<input type="radio"/>
Email:		Yes / No	<input type="radio"/>
Other (Facebook (name/unique hyperlink) social media, etc):		Yes <input checked="" type="checkbox"/> No	<input type="radio"/>

Last Permanent Zip Code:
Additional Contacts?

DISABLING CONDITION *{All Adults}*

<input type="radio"/>	No  Yes	<input type="radio"/> Client doesn't know
		<input type="radio"/> Client refused
		<input type="radio"/> Data not collected

VETERAN STATUS *{All Adults}*

<input type="radio"/>	No	<input type="radio"/> Client doesn't know
		<input type="radio"/> Client refused

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Data not collected
<b>F"YES" TO VETERAN STATUS</b>			
Year entered military service (year)			
Year separated from military service (year)			
Theater of Operations: World War II			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected
Theater of Operations: Korean War			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected
Theater of Operations: Vietnam War			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected
Theater of Operations: Persian Gulf War (Desert Storm)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected
Theater of Operations: Afghanistan (Operation Enduring Freedom)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected
Theater of Operations: Iraq (Operation Iraqi Freedom)			
<input type="checkbox"/>	No	<input type="checkbox"/>	Client doesn't know
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	Client refused
		<input type="checkbox"/>	Data not collected
Theater of Operations: Iraq (Operation New Dawn)			

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

Theater of Operations: Other peace-keeping operations or military interventions (such as Lebanon, Panama, Somalia, Bosnia, Kosovo)

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused
		<input type="radio"/>	Data not collected

Branch of the Military

<input type="radio"/>	Army	<input type="radio"/>	Coast Guard
<input type="radio"/>	Air Force	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Navy	<input type="radio"/>	Client refused
<input type="radio"/>	Marines	<input type="radio"/>	Data not collected

Discharge Status

<input type="radio"/>	Honorable	<input type="radio"/>	Dishonorable
<input type="radio"/>	General under honorable conditions	<input type="radio"/>	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/>	Client doesn't know
		<input type="radio"/>	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/>	Data not collected

## VISPDAT-F FOLLOW-ON QUESTIONS

I'd also like to ask you some questions to help us better understand homelessness and improve housing and support services.

ARE YOU A VETERAN -

IF NOT COLLECTED ABOVE OR ALREADY IN SYSTEM *FAii Aduts l*

<input type="radio"/>	No	<input type="radio"/> Ci	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/> Ci	Client refused
		<input type="radio"/> Ci	Data not collected

### IF YES, Military Service Era

<input type="radio"/>	Post September 11, 2001 (September 11, 2001 - Present)	<input type="radio"/> D	Korean War (June 1950-January 1955)
<input type="radio"/>	Persian Gulf Era (August 1991 - September 10, 2001)	<input type="radio"/> O	Between WWII and Korean War (August 1947 - May 1950)
<input type="radio"/>	Post Vietnam (May 1975 - July 1991)	<input type="radio"/> D	World War II (September 1940-July 1947)
<input type="radio"/>	Vietnam Era (August 1964 - April 1975)	<input type="radio"/> O	Client doesn't know
		<input type="radio"/> O	Client refused
<input type="radio"/>	Between Korean and Vietnam War (February 1955 - July 1964)	<input type="radio"/> O	Data not collected

### IF YES, Discharge Status

<input type="radio"/>	Honorable	<input type="radio"/> O	Dishonorabl e
<input type="radio"/>	General under honorable condions	<input type="radio"/> O	Uncharacterized
<input type="radio"/>	Other than honorable conditions (OTH)	<input type="radio"/> O	Client doesn't know
		<input type="radio"/> O	Client refused
<input type="radio"/>	Bad Conduct	<input type="radio"/> O	Data not collected

### CITIZENSHIP STATUS

<input type="radio"/>	Citizen	<input type="radio"/> O	_____
<input type="radio"/>	Legal Resident	<input type="radio"/> O	Client refused
<input type="radio"/>	Undocumented	<input type="radio"/> O	Data not collected

WHERE DID YOU LIVE PRIOR TO BECOMING HOMELESS? \_\_\_\_\_

<input type="radio"/> This City	<input type="radio"/> Client doesn't know
<input type="radio"/> King County	<input type="radio"/> Client refused
<input type="radio"/> Another part of the State	<input type="radio"/> Data not collected
<input type="radio"/> Somewhere else	

HAVE YOU EVER BEEN IN FOSTER CARE?

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

HAVE YOU EVER BEEN IN JAIL?

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

HAVE YOU EVER BEEN IN PRISON?

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

DO YOU HAVE A PERMANENT DISABILITY THAT LIMITS YOUR MOBILITY?

(ie, wheelchair, amputation, unable to climb stairs?)

<input type="radio"/> No	<input type="radio"/> Client doesn't know
<input type="radio"/> Yes	<input type="radio"/> Client refused <input type="radio"/> Data not collected

WHAT TYPE OF HEALTH INSURANCE DO YOU HAVE, IF ANY?

<input type="radio"/> Medicaid	<input type="radio"/> Private Insurance	<input type="radio"/> Client doesn't know
<input type="radio"/> Medicare	<input type="radio"/> No Health Insurance	<input type="radio"/> Client refused
<input type="radio"/> VA medical	<input type="radio"/> Other	<input type="radio"/> Data not collected

ON A REGULAR DAY, WHAT TIME AND PLACE IS EASIEST TO FIND YOU?

Write in \_\_\_\_\_

KING COUNTY SPECIFIC-QUESTIONS

DO YOU HAVE A CRIMINAL BACKGROUND IN ANY OF THE FOLLOWING?

<input type="radio"/>	Registered sex offender	<input type="radio"/>	Arson	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Meth production	<input type="radio"/>	Open warrant	<input type="radio"/>	Client refused
<input type="radio"/>	Class A felony w/in 12 mths			<input type="radio"/>	Data not collected

**ARE YOU INTERESTED IN BEING REFERRED TO PROGRAMS THAT SPECIALIZE IN SERVING THOSE WHO**

<input type="radio"/>	Identify as an immigrant or refugee	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Identify as Asian or Pacific Islander	<input type="radio"/>	Client refused
<input type="radio"/>	Identify as African American	<input type="radio"/>	Data not collected
<input type="radio"/>	Identify as Hispanic or Latino		

**TOTAL MONTHLY INCOME AND PERCENT AMI**

**Write in Total Income from all sources**

<input type="radio"/>	Under 30% AMI	<input type="radio"/>	Client doesn't know
<input type="radio"/>	31% to 50% AMI	<input type="radio"/>	Client refused
<input type="radio"/>	51% AMI and above	<input type="radio"/>	Data not collected

**DOES YOUR FAMILY NEED ANY SPECIAL ACCOMODATIONS OR AN ADA UNIT DUE TO MOBILITY NEED?**

**Write in**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused

**DO YOU OR SOMEONE IN YOUR FAMILY HAVE A MEDICAL CONDITION WHICH REQUIRES TREATMENT OR MEDICATION YOU CAN'T CURRENTLY MAINTAIN BECAUSE OF HOMELESSNESS?**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused

**DOES AT LEAST ONE ADULT IN THE HOUSEHOLD HAVE A DISABILITY?**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused

**DO YOU HAVE 51% (OR GREATER) CUSTODY OF AT LEAST ONE CHILD?**

<input type="radio"/>	No	<input type="radio"/>	Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/>	Client refused

**IF A VETERAN, ARE YOU REGISTERED WITH THE VA PUGET SOUND HEALTH CARE SYSTEM? \_\_\_\_\_**

<input type="radio"/>	No	<input type="radio"/> C. Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/> C. Client refused
		<input type="radio"/> C. Data not collected

**IF A VETERAN, ARE YOU ELIGIBLE FOR VA HEALTHCARE?**

<input type="radio"/>	No	<input type="radio"/> C. Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/> C. Client refused
		<input type="radio"/> C. Data not collected

**IF A VETERAN, HAVE YOU HAD AT LEAST ONE DAY OF ACTIVE DUTY?**

<input type="radio"/>	No	<input type="radio"/> C. Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/> C. Client refused
		<input type="radio"/> C. Data not collected

**ASSESSOR - FLAG CLIENT AS UNABLE TO COMPLETE VI-SPDAT?**

**Write in**

<input type="radio"/>	No	<input type="radio"/> C. Client doesn't know
<input type="radio"/>	Yes	<input type="radio"/> C. Client refused
		<input type="radio"/> C. Data not collected

## **Appendix B: Tax Proposals and Legislation**

## **King County Best Starts for Kids:**

# **Key Provisions of Proposed Ordinance**



### **Levy Amount**

A six-year levy lid lift at a rate of 14 cents per \$1,000 of assessed value, which would raise about \$58 million in the first year and a cumulative \$392.3 million, at a cost to the average King County homeowner of about \$56 per year.

### **Investing Early**

Fifty percent of the revenue would be invested in strategies focused on children under age five and pregnant women, including a modest investment to sustain and expand parent and child health services that are delivered through the county's Public Health Centers. The science and evidence shows us that the earlier we invest, the greater the return for both the child's development and our society.

### **Sustaining the Gain**

Thirty-five percent would be invested in strategies focused on children and youth aged five through twenty-four. The science and research tells us that the brain continues to develop during this time and that prevention strategies strategically addressed at key developmental stages or transition points in a young person's life help to sustain gains made earlier in life.

### **Communities Matter**

Nine percent would be invested in community-level strategies through expansion and sustainability of the partnership between King County and The Seattle Foundation on Communities of Opportunity (COO). COO is based on the latest research and evidence regarding the impact of place on a child's success and the importance of supporting communities in building their own capacity to create positive change.

### **Outcomes-Focused and Data Driven**

Six percent would support evaluation, data collection and improving the delivery of services and programs for children and youth. This will ensure Best Starts for Kids strategies are tailored for children from every background in King County and that we deliver on the results for every child in King County.

### **Initial Collections**

Initial levy collections would be used to create a family and youth homelessness prevention initiative modeled on a successful pilot implemented by organizations serving survivors of

domestic violence, to fund additional scientific research to expand the reach of prevention strategies to all King County families, and to establish a reserve for the levy fund.

#### Advisory Boards

The ordinance proposes that the county establish advisory boards for Best Starts for Kids, with the existing governance group for COO acting as the advisory board for that portion of the levy funds. The King County Department of Community and Human Services will be accountable for financial oversight and reporting responsibilities.

#### Implementation

In order to reduce inequities in our County, Best Starts for Kids strategies are designed to be both universal and targeted, with the large majority of Best Starts for Kids levy funding competitively bid in outcomes-focused contracts to community-based organizations. This will help ensure that the strategies are implemented in a manner that is appropriate for all cultural and ethnic groups and that each child and her caregivers receive the tools and level of support they need. Should the council place this measure on the ballot and the voters approve it, the county will refine outcomes and indicators through development of a detailed implementation plan with input and consultation from the community.

### **Boulder County Human Service Safety Net**

In November 2010, Boulder County voters approved Ballot Initiative 1A, a temporary 0.9 mill levy increase on property taxes. The purpose of the increase is to help fill a void left by state and federal cuts to funding for housing and human services programs during a time when need has been skyrocketing by funding the Human Services Safety Net (HSSN).

Boulder County originally motivated county residents by documenting the need to assist with two natural disasters; a fire in 2010 that destroyed 169 homes and in 2013 flooding destroyed/damaged 10,500 homes. The estimated damage to homes and property from the flood, \$121.6 million and \$217 million in damage to homes from the fire. These disasters that impacted the community as a whole combined with the Great Recession gave the opportunity to motivate tax payers. The County was able to demonstrate a gradual decrease in state and federal funds combined with skyrocketing requests for assistance. The original request was for a two year tax increase that generated about \$5 million each year. The original HSSN was presented as a temporary measure scheduled to expire at the end of 2015. Boulder County Commissioners placed a proposed 15-year extension of the HSSN on the November 2014 ballot, the proposal passed. For the 2014 HSSN report go to:

<http://www.bouldercounty.org/doc/hhs/tsnreport2014.pdf>

### **Washington State Homeless Housing Assistance Act**

The 2005 session of the Washington State Legislature passed ESSHB 2163, the Homeless Housing Assistance Act. This act establishes an ongoing funding source collected through a document recording fee. Funds collected are used for services, capital and operating needs, specifically targeted at goals aimed at ending or preventing homelessness in Washington State under locally generated 10 Year Plans. The bill can be reviewed at the following site:

<http://lawfilesextract.leg.wa.gov/biennium/2005-06/Pdf/Bills/House%20Passed%20Legislature/2163-S2.PL.pdf>