

****For Housing Assistance, please use this HAF Fax Checklist**

FAX

TO: Advancing Connecticut Together- Client Assistance, Fax # 860-761-6711

FROM: _____ Email: _____

DATE: _____ PAGES: _____ (including cover)

RE: **ACT Housing Assistance Request**

Required Checklist

Service Category:

- First Months Rent

- Ongoing Rental Subsidy

- Arrearage / One Time Housing
 - Two Page Use of Funds Form
 - Rental Verification Form Signed & Dated by LandLord/Business
 - W-9 Signed by Property Owner/Management Company

- Emergency Housing
 - Emergency Housing Request Form
 - Signed Emergency Housing Agreement
 - ROI to Carrier Motor Lodge/Little Village Motel

Intake Packet:

- Signature of Medical Case Manager & Supervisor
- CAREWare Referral
- CAREWare Demographic Report & Up-to-date Annual Review
- Signed Eligibility Worksheet and Income Verification (or Zero Income Affidavit)
- Release of Information to ACT
- Signed ACT Bill of Rights
- Signed Ryan White Consent
- Signed ACT CAREWare Consent for Sharing
- Lab report of CD4 and/or Viral Load within the past 12 months

Emergency Housing Request

Please fill out the following form along with standard Ryan White Client Intake Form and attach all necessary supporting documentation. Failure to submit a complete application and required documentation may result in request being denied and returned to applying case manager.

I. Client Information

Household Income: _____

of Adults: _____ Age(s) and Sex: _____ # of Children: _____ Age(s) and Sex: _____

II. Is the applicant currently receiving, on a waiting list or been denied for other forms of housing assistance (indicate date or N/A)?

Receiving (Date) Waiting List (Date) Ineligible (Date)

Supportive Housing/Section 8/Other _____ _____ _____

Please note: Coordinated Access Network (CAN) Intake is mandatory for Emergency Housing Assistance. If not yet completed, client's MUST call 211 to schedule an appointment.

Date of CAN Apt: _____

If the person is not currently receiving a subsidy or on a waiting list for other housing assistance, explain why:

Clearly describe the reason for emergency need:

III. Attach all of the following information. Applications without complete documentation will be denied.

Verification of Income/ Zero Income Affidavit for all members of household.

Documentation to support request (if applicable).

Signatures: client signatures on Housing Agreement Form, Motel ROI; case manager and supervisor signatures on application form .

I acknowledge that all information contained in this application is true and correct to the best of my knowledge. I authorize my case manager to discuss the information contained in this application with representatives of the Housing Assistance Fund. I also promise to immediately inform my case manager of any and all changes to my income or housing status.

Client Name (please print): _____

Client Signature: _____ Date: _____

Case Manager Name (please print): _____

Case Manager Signature: _____ Date: _____

Agency: _____ Phone: _____ Fax: _____

Address: _____

Supervisor's Signature: _____ Date: _____

Emergency Housing Client Agreement

This Emergency Housing Policy has been implemented to ensure the safety of all clients while being temporarily housed.

As participants of ACT's Emergency Housing Program, you will:

- **Maintain the room in an orderly condition**
- **Not have pets or other animals**
- **Not use Illegal drugs or alcohol while occupying the space**
- **Refrain from disturbing other guests, and if there is an issue with another guest notify motel management**
- **Not bring guests to your room, unless previously approved by ACT**
- **Work in conjunction with your case manager to secure alternate forms of housing prior to assistance ending, including attending any CAN appointments**
- **Check out at assigned date/time and remove belongings. Any belongings left in the room after checkout will be handled according to the motel's policy. Refusal to leave at assigned date and time will result in further action as deemed appropriate by the motel.**

Client Name

Client Signature/Date

Case Manager Signature

Emergency Housing Request

AUTHORIZATION TO RELEASE INFORMATION

This is to certify that I hereby give my consent to, and authorize:

AIDS Connecticut _____

(name of agency)

_____ (case manager/counselor)

to release a copy of the following information in their possession, including oral disclosure, consisting of but not limited to the following: *(INSTRUCTIONS: Client must initial to signify approval, or write "NO" to signify disapproval. All blanks must be filled in or marked "N/A", not applicable)*

____ Location
____ Destination
____ Name
____ Phone number

OF: _____
(client name)

Date of Birth: _____

TO: CARRIER MOTOR LODGE / LITTLE VILLAGE MOTEL / BESTWAY INN

For the Purpose of: Emergency Housing

I authorize release of information, including oral disclosure between agencies, of the above-cited information to access services:

(Initial to signify approval, or write "NO" to signify disapproval)

_____ This agency only

All records are confidential pursuant to Connecticut General Statutes §§ 19a-583. I understand that I may revoke this authorization for release at any time by notifying the above-authorized person in writing, except to the extent that information has already been shared. If not revoked by me, I understand this release is valid for **eighteen** months from the date it was signed. By signing this form,

(Signature of client or legal representative)

(Witness)

(Date signed)

PROHIBITION OF REDISCLOSURE: This information is disclosed to you from records of persons whose confidentiality is protected by Federal and State law. State law and regulations prohibit you from making any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by said law. A general authorization for the release of medical or other information is NOT sufficient for this purpose. *Please honor a mechanical reproduced copy of this release.*

Revised 4/16HFTDTGA

ACT Emergency Housing Resources & Next Steps

I. Purpose of Funds

The purpose of ACT's Emergency Housing program is to provide temporary assistance in order to prevent homelessness and gain access to medical care. Due to the fact that Ryan White is a funder of last resort, Emergency Housing is designed for *short-term transitional shelter, and is not intended for ongoing supportive housing.*

II. Eligibility Requirements

- a. On the Emergency Housing Request Form, Case Managers must clearly describe the reason/needs for emergency housing. *Examples include: recent release from prison or jail, loss of housing due to fire or eviction, loss of housing due to hospitalization, etc.*
- b. Clients MUST call 211 and document a date for an intake through the local Coordinated Access Network (CAN) prior to being placed in shelter. Please include the CAN appointment date on the Emergency Housing Request Form.
- c. Client's must sign the Emergency Housing Agreement and abide by ACT's safety standards throughout the duration of their stay.

III. Explanation of Assistance

The client cap for Emergency Housing Assistance is **14 days of shelter at a partnering ACT motel, with the option of a 8 (weekly) extension.** With the funder's approval, ACT may grant further extensions on a case-by-case basis.

Standard rooms accommodate two individuals, affected or infected. Shelter *cannot* be provided to individuals with: service/emotional support animals, multiple family members, or those in need of handicap accessible rooms.

IV. How to apply for Emergency Housing Extensions

To provide extended shelter to those in need, ACT is required to obtain special approval from RW funders *prior* to granting further assistance. Case Managers must clearly demonstrate a subsequent housing plan, in order to guide the client's linkage to permanent housing.

The determination process for Emergency Housing extensions is as follows:

1. Upon the client's first approval (which includes 14 days), case managers will be sent a formal letter outlining the dates of stay. Client's in need of subsequent housing must submit a reason for an extension, at least TWO DAYS prior to their check-out date.

2. To apply for extensions, case managers must send a detailed email to cafhaf@act-ct.org and CC Housing Coordinator Megan Aretta mauretta@act-ct.org outlining the client's updated housing plan and any/all progress made while in shelter.

Causes for denial of extensions may include but are not limited to:

- Client's failure to keep CAN appointments
- No effort to find subsequent housing/ progress made towards stable housing
- Breach of Housing Agreement

V. Next Steps

CAN/ 211 Referral

- a. MCMs should work with their clients in calling 211 / getting them to the CAN Hub at Mercy Housing and Shelter so that the client may be assessed for eligibility and have a CAN intake completed.
- b. From this step in the process – clients have the opportunity to be diverted (Example: client has an aunt living in New Jersey, CAN may assist with getting client transportation to stay with their aunt in New Jersey)
- c. Clients could be moved to emergency shelters or onto the Shelter List. When a client has been verified literally homeless (living in a place not meant for human habitation – car, under a bridge, in a park, etc) they are put on the By Name List. Once clients are on the By Name List – they may be brought up in the Housing Solutions Meeting where they could be matched with a housing program.

HOPWA CAN Waitlist Referral

- a. MCMs should complete a HOPWA application – found here:
<https://www.aids-ct.org/hopwa-can.html>
These applications can be faxed to 860-761-6711 with Attn: Megan OR securely emailed to HOPWACAN@act-ct.org
- b. The application will be reviewed and a response will be sent via email regarding whether the application is pending/approved for the waitlist
- c. If your client has been added – the email will include a prioritization number for your client
- d. See prioritization outline here:
<https://www.aids-ct.org/pdf/hopwa/prioritization-process-12-27-22.pdf>

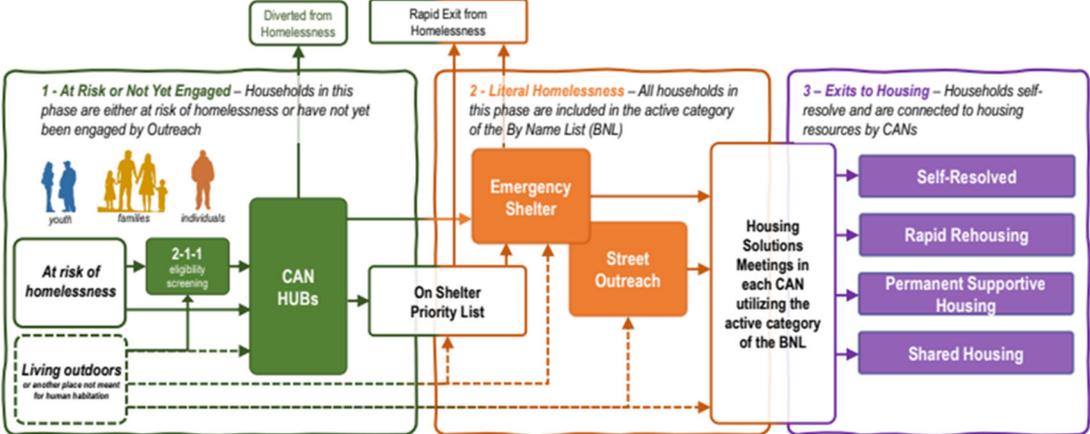
HOPWA CAN Matching meetings occur once per month

- a. If your client has been matched, you will receive an email connecting you with the proper contact person at the agency your client has been matched with. MCMs

should provide any needed documentation to the agency contact and help facilitate the housing process for their client.

CAN System Overview 2023

A high-level diagram of the coordinated access process from points of entry to points of exit



Written Example for Emergency Housing Extension Request

Send Email to: ACT CAF/HAF Funds Coordinator, Lauren Ciborowski at cafhaf@act-ct.org
Cc: Housing Program if applicable, MCM supervisor, ACT HOPWA Housing Coordinator, Megan Auratta at atmauretta@act-ct.org , ACT Sr. Program Manager Erika Mott at emott@act-ct.org

Subsequent Housing Plan / Extension Request Example:

“Good Morning, I am requesting an Emergency Housing Extension for (CLIENT URN). Below is an outline of their HOPWA Application Update and Subsequent Housing Plan:

- PT was placed in ACT Emergency Housing on (CHECK-IN DATE). They have a discharge date of (CHECK OUT DATE).
- PT has applied to three rental units. They have received one response from a specific landlord in Vernon Rockville area, but the application has not been approved. PT continues to make attempts to follow-up with Landlord. In the meantime, they are still searching for other apartments.
- PT has had difficulty with transportation, getting to/from to the locations they are hoping to reside. This is due to the fact they are disabled and use a motorized wheelchair.
- PT reports they have been saving money for a security deposit, once they find a suitable apartment.
- On (ENTER DATE) PT was matched with Mercy Housing PSH program. MCM has been in email contact with (ENTER HOUSING SPEACIALIST NAME/INFO). MCM is attempting to facilitate contact and a meeting between PT and the program at Mercy as soon as possible.
- PT continues to keep their medical appointments, remain in contact with MCM, and abide by directives and rules.

Should you need further information or have questions/concerns regarding this PT please contact me at (ENTER EMAIL AND PHONE NUMBER)”