

Tribal Homelessness Prevention/Rapid Re-Housing Diversion Program

Section 1 Overview

For many families with limited incomes, a housing crisis is followed with protracted stays in homeless shelters, waiting for a housing subsidy and/or trying to save enough money for a security deposit and first month's rent. Even for households that have a housing subsidy or receive monthly benefits, it can take months to save enough money for a security deposit on a unit. In the absence of moving cost assistance, households may have to resort to a variety of undesirable shelter options (such as staying in a vehicle, camping, or living on the street). Of course, this is a highly disruptive situation which may lead to a whole host of additional (and costly) problems – difficulty finding or maintaining employment, difficulty keeping children in school, losing custody of children, loss of household possessions, etc.

The Homelessness Prevention and Diversion Program can play a significant role in helping clients overcome their housing barriers. The funds associated with this program can be used to help with security deposits, utility deposits and moving costs. In addition to direct financial assistance, these funds can be used indirectly to help clients overcome rehousing barriers. For example, staff can help clients locate units and/or negotiate payment of a security deposit over an extended period and overcome objections to a tenant's credit or rental history.

Budgets must be monitored and adjusted as the program is rolled out. Moving forward, careful and thoughtful assessment of each household's history, circumstances, and needs will be critical to at least estimate the amount of assistance the household will need. Throughout the course of the program, estimates should be compared to actual figures so that the program budget can be updated. The key objective of this program is for households to maintain stable permanent housing.

Purpose

- 1. Provide detail on client eligibility;
- 2. Outline the allowable activities; and
- 3. Provide standards for documenting services and ensuring compliance.

Section 2 Homeless System Responsibilities

Coordinated Entry

Program must maintain a coordinated entry (CE) system in which people experiencing homelessness or are at-risk of becoming homeless are assessed and referred to the services that are the most likely to help them obtain and maintain housing stability.

Coordinated Entry Requirements

At a minimum, CE systems must:

- 1. Use a standardized assessment tool that matches households with services that will help them exit homelessness or prevent them from becoming homeless AND prioritizes households with the greatest need.
- 2. Use a uniform decision-making process for using the assessment to prioritize households for programs. See Appendix F
- 3. Allow households that meet minimum housing status eligibility access to coordinated entry, regardless of additional program requirements.

Interested Landlord List

Program staff will be responsible for ensuring that an interested landlord list is created and maintained. The interested landlord list must include information on rental properties (including buildings with fewer than 50 units). The list must be updated at least once per quarter, and distributed to households seeking assistance.

Outreach to Landlords:

Program staff are responsible for ensuring that outreach to private rental housing landlords is conducted and documented at least quarterly. Outreach to private landlords includes information about opportunities to provide rental housing to people experience homelessness and educate about homelessness prevention.

Section 3 Allowable Interventions:

Targeted Prevention:

Targeted Prevention resolves imminent homelessness with housing-focused case management and temporary rent subsidies. The services are time-limited, and the household does not have to leave when services end.

Rapid Re-Housing

Rapid Re-Housing (RRH) quickly moves households from homelessness into permanent housing by providing move in assistance, temporary rent subsidies, and housing-focused case management. The services are time-limited, and the household does not have to leave when services end.

Section 4 Household Eligibility:

A household is one or more individuals seeking to obtain or maintain housing together. The entire household must be considered for eligibility determination and services.

Eligible households must be enrolled in a Federally recognized Indian Tribe, be homeless or at imminent risk of homelessness and at or below 30% of the Area Median Income (AMI) OR 80% of the AMI if enrolled using Native American Housing and Self-Determination Act (NAHASDA) funds.

Housing Status

Unsheltered Homeless:

- 1. Living outside or in a place that is not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a vehicle, park, abandoned building, bus or train station, airport or campground.
- 2. Fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions that relate to violence against the household member(s), including children, that have either taken place within the household's primary nighttime residence or has made the household member(s) afraid to return to their primary nighttime residence.

Sheltered Homeless

- 1. Overcrowded housing that affects family relationships, child development and education and health.
- 2. Residing in a temporary housing program including shelters, transitional or interim housing and hotels and motels paid for by charitable organizations or government programs.
- 3. Exiting a system of care or institution where they resided for 90 days or less AND who resided in an emergency shelter or place not meant for human habitation immediately before entering that system of care or institution.
- 4. Residing in a trailer or recreational vehicle that is parked illegally or in a location that is not intended for long-term stays (i.e. parking lots).

At Imminent Risk of Homelessness

Households are at imminent risk of homeless if they will lose their primary nighttime residence (including systems of care or institutions) within 14 days of the date of application for assistance, AND no subsequent residence has been identified, AND the household lacks the resources or support networks needed to obtain permanent housing.

Documentation of Housing Status

Must verify and document eligible housing status prior to program entry. (See **Appendix A** for documentation requirements). Documentation must be dated within 30 days of program entry.

Income Eligibility:

The combined household income must not exceed 30% of area median gross income or (80% if NAHASDA). Income limits are based on Area Median Income (AMI) which can be located for each county at: <u>www.huduser.gov</u> (Data Sets, Income Limits).

Income is money that is paid to, or on behalf of, any household member. Income includes the current gross income (annualized) of all adult (18 years and older) household members and unearned income attributable to a minor. Income eligibility determinations are based on the households at program entry. Households who are at risk of becoming homeless and who have household incomes at or below the Extremely Low (30%) Income Limits for their area are eligible.

Gross Income is the amount of income earned before any deductions (such as taxes and health insurance premiums) are made.

Current Income is the income that the household is currently receiving, income recently terminated should NOT be included.

Income inclusions and exclusions are listed in the Electronic Code of Feral Regulations, <u>www.ecfr.gov</u>, Title 24 – Housing and Urban Development: Subtitle A 0-99: Part 5: Subpart F: Section 5.609 Annual Income.

Households are no longer eligible for rent assistance when incomes exceed Extremely Low (30%) Income Limits (80% for NAHASDA) for the area in which they live.

When households are determined over income, landlords must be notified immediately. When these notices cannot meet a landlord's requirement of timely notification, payments for the current month and one additional month is allowed. While households may no longer receive rent assistance, case management services can continue for up to six (6) months.

Income Eligibility Exemptions

Households entering Rapid Re-Housing are exempt from income eligibility requirements for the first 60 days of program participation.

Documentation for Eligibility:

Program Staff are responsible for verifying and documenting the eligibility of all households prior to providing rental assistance. They are also responsible for maintaining this documentation in the households' files. (See **Appendix A** for documentation requirements).

There are various types of documentation that can determine eligibility, ranging from third party verification to applicant self-declaration. Minimum acceptable types of documentation vary depending on the type of income, housing status and circumstance being documented. General documentation standards, *in order of preference*, are as follows:

Written Third Party

Verification in writing from a third party (e.g., individual employer, Social Security Administration, Department of Social and Health Services (DSHS), emergency shelter provider, etc.) either directly to staff or via the applicant is most preferred. Written third party documentation may include standardized forms, such as verification of income statement

Oral Third Party

Verification from a third party (e.g., individual employer, Social Security Administration, Department of Social and Health Services (DSHS)) provided by the third party over the telephone or in-person directly to staff. Oral third-party verification is acceptable only if written third party verification cannot be obtained

Applicant Self-Declaration

Oncome and housing status as reported by the household is ONLY acceptable if written or verbal third party verification cannot be obtained. Self-declaration of housing status should be rare; it is always a reasonable choice for victims of domestic violence.

Self-Declaration of housing status for participant who are at-risk of losing housing is acceptable **ONLY** in very limited circumstances. For example, there may be some unusual case where a third party is not able to provide documentation that a participant is at-risk of losing housing (e.g., death of a landlord).

Annualizing Wages and Periodic Payments:

When calculating income based on hourly, weekly, or monthly payment information, add the gross amount earned in each payment period that is documented and divide by the number of payment periods. This provides an average wage per payment period. Depending on pay periods used by the employer of the schedule of periodic payments, the following calculations convert the average wage into annual income:

- 1. Hourly Wage multiplied by Hours Worked per Week multiplied by 52 weeks.
- 2. Weekly Wage multiplied by 52 weeks
- 3. Bi-Weekly (every other week) Wage multiplied by 26 bi-weekly periods
- 4. Semi-Monthly Wage (twice a month) multiplied by 24 semi-monthly periods
- 5. Monthly Wage multiplied by 12 months

Adjusted Income USE FOR NAHASDA FUNDS ONLY: See Appendix B

Income will be adjusted for the following categories:

- 1. Youths under the age of 18
- 2. Full Time Students over the age of 18
- 3. Persons with a Disability
- 4. Elder (62 Years or Older)
- 5. Medical and Attendant Expenses
- 6. Child Care Expenses
- 7. Earned Income of Minors
- 8. Travel Expenses

Documentation of a Disability

Program staff must verify and document the disability prior to program entry. Acceptable documentation of the disability must include one of the following:

- 1. Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual's ability to live independently.
- 2. Written verification from the Social Security Administration;
- 3. Disability check receipt (Social Security Disability Insurance check or Veteran Disability Compensation).
- 4. Other documentation approved by the Department of Commerce or Housing and Urban Development.

If unable to document disability at program entry with the above methods, program staff must record observation of disability. Required documentation (above) must be obtained within 45 days of program enrollment.

Section 5 Eligible Activities and Expenses:

Assistance is not intended to provide long-term support for households, nor will it be able to address all the financial and supportive services needs of households that affect housing stability. Rather, assistance should be focused on housing stabilization, linking households to community resources and mainstream benefits, and helping them develop a plan for future housing stability.

Rent payments and other housing costs must be paid directly to a third party on behalf of the household

Rent Payments

- 1. Monthly rent and any combination of first and last months' rent. Rent may only be paid one month at a time, although rental arrears, pro-rated rent, and last month's rent may be included with the first month's payment. Rent assistance is limited to six (6) months per episode.
- 2. Rental arrears and associated late fees for up to three (3) months. Rental arrears may be paid if the payment enable the household to obtain or maintain permanent housing. If funds are used to pay rental arrears, arrears must be included in determining the total period of the household's rental assistance.
- 3. Lot rent for RV or manufactured home.
- 4. Costs of parking spaces when connected to a unit.
- 5. Security deposits for households moving into new units.
- 6. Hotel/Motel expenses for up to 30 days if (1) Subsequent rental housing has been identified but is not immediately available for move-in and (2) No appropriate shelter beds are available.
- 7. Hotel/Motel is used as permanent housing.
- 8. Utilities which are included in rent.

Other Housing Cost

- 1. Utility payments for households receiving rental assistance.
- 2. Utility arrears (see utility-only assistance below) for up to three months. Utility arrears may be paid if the payment enables the household to obtain or maintain permanent housing. If funds are used to pay utility arrears, arrears must be included in determining the total period of the household's financial assistance.
- 3. Utility-only assistance (including arrears) can be provided when no other utility assistance, such as Low-Income Housing Energy Assistance Program (LIHEAP) is available to prevent a shut-off, and documented using the Utility-Only Assistance Form. Household must confirm and provide documentation that no other utility assistance is available.
- 4. Utility deposits for a household moving into a new unit.
- 5. Application fees, background check fees, credit check fees, utility deposits, and cost of urinalyses for drug testing of household members if necessary/required for housing.
- 6. Relocating to a unit that is less expensive allowing family to save money on housing cost.

Flexible Funding

Flexible Funding is the provision of goods or payments of expenses which directly help a household to obtain or maintain permanent housing or meet essential household needs. Essential household needs mean personal health and hygiene items, cleaning supplies, transportation passes and other personal need items. Households are eligible for Flexible Funding up to \$500 per household. Flexible Funding payments must be paid directly to a third party on behalf of the household and noted in a household's housing stability plan.

Ineligible expense for Flexible Funding

Retailer or merchant gift cards, vouchers or certificates that can be exchanged for cash or that allow the receipt to purchase alcohol or tobacco products.

Program Expenses

- 1. Intake and assessment, including time spent assessing a household, whether or not the household is determined eligible.
- 2. Housing Stability Services. This includes developing an individualized housing and service plan, monitoring and evaluating household progress, identifying creative and immediate housing solutions outside of the traditional homeless service system (diversion), SSI/SSDI Outreach, Access and Recovery (SOAR) and assuring the households rights are protected.
- 3. Housing Search and Placement Services. This includes services or activities designed to assist households in locating, obtaining and retaining suitable housing, tenant counseling, assisting households to understand leases, inspections, securing utilities, making moving arrangements, and representative payee services concerning rent and utilities.
- 4. Mediation and outreach to property owners/landlords related to locating or retaining housing.

The following expenses are NOT ELIGIBLE:

- 1. More than six (6) months of rent and utility assistance.
- 2. Transportation costs for household members (i.e. bus, train and airplane tickets) related to initial move-in or for any subsequent moves.
- 3. Furniture.
- 4. Pet Deposits. **NOTE:** It is an unfair practice for a landlord to charge a tenant with a disability using a dog guide or service animal a pet deposit, in additional to any standard cleaning or damage deposit charged to all tenants. (RCW 162-38-100)
- 5. Portability. Households may not transfer their rent assistance to areas outside of the County in which they reside.
- 6. Funds cannot be provided to eligible individuals or families for the same period and for the same cost types that are being provided through another federal, state, or local housing subsidy program. Therefore, if a participant is receiving rental assistance under another program regardless of whether it's a full or partial subsidy these funds may not be used for rental assistance during that same time.

Section 6 Service Delivery

1. Voluntary Services

Programs must not terminate or deny services to households based on refusal to participate in supportive services. Supportive services are helping or educational resources that include support groups, mental health services, alcohol and substance abuse services, life skills or independent living skills services, vocational services and social activities.

2. Progressive Engagement

- a. Whenever possible, households experiencing a housing crisis should be diverted from entering homeless housing programs through problem-solving conversations, linkages to mainstream and natural supports, and/or flexible, and light-touch financial assistance.
- b. Initial assessment and services address the immediate housing crisis with the minimal services needed.
- c. Frequent re-assessment determines the needs for additional services.
- d. Services are individualized and responsive to the needs of each household.
- e. Households exit to permanent housing as soon as possible.
- f. Having already received assistance does not negatively impact a household's eligibility if they face homelessness again.

3. Assessment and Housing Stability Planning

A problem-solving diversion conversation should occur prior to a full, standardized assessment. Staff must assess each household's housing needs and facilitate planning with the goal of obtaining or maintain housing stability. Housing stability planning must be housing-focused and client-driven.

Assessments and housing stability planning must be documented.

4. Homelessness Management Information System (HMIS)

Staff must enter client data into HMIS for all housing interventions regardless of funding source. Data must be entered into HMIS within 14 calendar days following the date of enrollment.

5. Identified Records

Personal identifying information (PII) must not be entered into HMIS unless all adult household members have provided informed consent.

Informed consent must be documented with a signed copy of the Client Release of Information and Informed Consent Form.

Section 7 Rental Assistance Model

The rent assistance model is a Graduated/Declining subsidy. Different households will have different needs, and a one-size-fits-all approach is unlikely to be successful. The maximum amount of assistance any household may receive is six (6) months.

The subsidy will decline in "steps" based upon a fixed timeline or when the individual has reached specific goals and the household can assume full responsibility for monthly housing cost. The steps are known in advance and act as deadlines for increasing income.

The target population for assistance is households that will be able to sustain housing once the assistance period ends. While several people may seek rental assistance because they are unemployed (and may therefore need a deep subsidy to begin), it is reasonable to expect that a majority will find employment during the course of the assistance period. It may take them a period of months to financially "catch up" and get stabilized, but a graduated subsidy will help reduce the destabilizing cliff effect of a deep subsidy suddenly ending. Declining subsidies allow the household to gradually take over responsibility for payment, building both a cushion and confidence along the way. All households receiving assistance will be reassessed every three months. This frequent contact will allow staff to closely monitor a household's progress towards goals, enabling them to adjust the subsidy level in a way that preserves stability.

Rental Agreements:

Client files must contain one of the following types of agreements if rent assistance is pailed on their behalf: Intent to Rent, Lease or Certification of Payment Obligation.

If the rent assistance paid is move-in costs (security deposits, first and last month's rent) only, an Intent to Rent form is allowable. If the rent assistance will exceed move-in costs to include on-going rent, a lease or Certification of Payment Obligation is required.

Intent to Rent

- a. Name of Tenant
- b. Name of Landlord
- c. Address of rental property
- d. Rent rate
- e. Signature of Landlord/date

Lease Requirements

To receive rental assistance, a Lease (or rent agreement) must be between the household and the landlord. A copy of the lease must be retained in client files.

Lease must include the following:

- a. Names of tenant
- b. Name of Landlord
- c. Address of rental property
- d. Occupancy (who gets to live at the rental)
- e. Termination of Agreement (Lease start and end date)
- f. Rent rate and date due
- g. Deposits (if any and what for)
- h. Signature of Tenant and date
- i. Signature of Landlord and ate
- j. Unit address

Certification of Payment Obligation

A Certification of Payment Obligation/Potential Eviction from Friend or Family Form is required for rent subsidies paid to a friend or family member who is not in the business of property management. This form must be kept in the client file.

Rent Reasonableness - See Appendix C

Rent reasonableness means that the total rent charged for a unit must be reasonable in relations to the rents being charged for comparable units in the private unassisted market during the same time. Staff must determine, and document rent reasonableness for all units for which rent assistance (including arrears) is provided.

This requirement applies when participants are moving into units and when there is a current lease in place.

Rent reasonableness determined from other homeless programs is allowable and must be documented and kept in the client file.

Rent Limit/Payment Standard

In conjunction with determining Rent Reasonableness, Staff must follow the Fair Market Rent Documentation System for each unit size based on the number of bedrooms. (Rent Reasonableness helps you determine the market rate, and the Fair Market Rent Documentation System sets a limit for what we will pay.)

When rent amounts exceed the Fair Market Rent limits, staff will be required to submit the rationale to the Housing Director for approval.

Washington Residential Landlord-Tenant Act

Tenants should be made aware of the Washington Residential Landlord-Tenant Act, RCW 59.18, and be informed on how to use this law when problems arise. Copies will be provided upon request.

Housing Inspections (24 CFR 982.401) - See Appendix D

Before any rental assistance can be provided, there will be an initial inspections of housing units. All units must meet Housing Quality Standards (HQS) performance requirements.

The HQS consist of the following Performance requirements:

- a. Sanitary facilities;
- b. Food preparation and refuse disposal;
- c. Space and security;
- d. Thermal environment;
- e. Illumination and electricity;
- f. Structure and materials;
- g. Interior air quality;
- h. Water supply;
- i. Lead-based paint See Appendix E
- j. Access;
- k. Site and neighborhood;

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- l. Sanitary condition; and
- m. Smoke detectors.

Section 8 Right to Appeal

Causes for termination may include, but are not limited to, failure to abide by any agreed upon requirements and client fraud. Should you like to file a complaint or grievance, you may file an Appeal, by following the instructions listed below:

Time to File and Appeal

- a. An appeal of a Tribal Department's final decision by a tribal member must be received by the Tribal Offices within 30 days from the date the final decision was issued.
- b. No extensions of time for filing an appeal may be granted by the Board or Tribal Council.

How to File an Appeal

- a. A tribal member shall make an appeal of a final decision in writing.
- b. The written request shall include:
 - 1. A copy of the final decision;
 - 2. Detail the reason(s) the tribal member believes the decision of the Tribal Department was in error; and
 - 3. Include the address and telephone number where the tribal member may be contacted.
- c. The written request must indicate whether the tribal member desires a hearing before the board. If the tribal member does not request a hearing, the decision of the board will be based solely on the documents submitted by the tribal member and the tribal department.
- d. The written request for an appeal and a hearing (if requested) shall be mailed or delivered to the Tribal Administrative Offices at P.O. Box 217 Anacortes, WA. 98221 and be labeled "Confidential Administrative Appeal"

Section 9 Confidentiality of Client Records

As a client of Samish Indian Nation's Housing Program, you have the following rights regarding the confidentiality of your personal information and communications:

- 1. The information that you provide to the Housing Department will be kept confidential to the greatest extent allowed by law.
- 2. The information that you provide to the Housing Department, including your name, address, phone number, and other personal information will not be shared with other individuals or agencies without your permission.
- 3. Persons employed with Samish Indian Nation's Housing Department are mandatory reporters that MUST make a report if they have reason to believe that

the abuse, abandonment, neglect, or financial exploitation of a vulnerable adult has occurred or has reasonable cause to suspect that a minor has been abused or neglected. Staff will inform you of any reporting requirements prior to having conversations with you. They will tell you when they must make a report and what information will be shared. Even when these reports are made, staff should not share information beyond what is required by law.

- 4. Some general information about the types of services provided and overall demographics (e.g., age and income ranges, average number of children, ethnicities) of people that use Housing services must be shared with the agencies that fund our program. However, information that specifically could identify *you* as someone who used [Program/Agency Name] services will never be shared unless specifically authorized in writing by you.
- 5. After your initial intake into the Housing department, you may choose to be referred to other agencies for additional help and support. You can decide how much or how little of your personal information the Housing Department will or will not be shared with each partner agency.

You will be told, in general, what each partner's obligations are to keep your information confidential. If you choose to have the Housing department share some of your personal information with an agency we partner with, you will be told exactly *how* much and *what* the type of information that will be shared. If you later decide that you don't want the information you have provided to be shared with any of the housing departments partners, let us know in writing and we won't share any more information with those partners.

6. If you have any questions or concerns about this notice or your rights, or if you have a concern that your confidential information was not treated appropriately, please contact the Samish Indian Nation Housing Director at (360) 899-5282.

APPENDIX A Verification of Household Eligibility and Income

| Situation | | Required Documentation | | |
|--|---|--|--|--|
| | Unsheltered (place not meant for human habitation) | Third party verification, including outreach workers – Use Form OR Self-declaration signed and dated by applicant stating what type of place they were staying the night before. | | |
| Homeless (Completion of Section 5 is also | Residing in a temporary housing program | Letter signed and dated from the provider of the temporary housing. OR A telephone call to the provider of temporary housing that is documented, signed, and dated by the case manager making the call. OR Current HMIS record from homeless housing program, including dates of stay. | | |
| required for PSH clients only) | Exiting a system of care and previously homeless | Letter signed and dated by system of care representative. Letter must include: a statement verifying current stay of household member(s), and must indicate household member(s) have no available housing option after exiting and that household was homeless prior to entering the system of care | | |
| | Fleeing domestic violence, sexual assault, stalking, etc. | Signed and dated self-declaration by applicant (complete Self-Declaration form). | | |
| At Imminent Risk of Homelessness- Losing Housing Within 14 Days (Completion of Section 4 is also | Staying with friends/family or hotel/motel | Letter signed and dated from the provider of the temporary residence. Letter must include: (Use Certification of Payment Obligation/Potential Eviction Form) a. Statement verifying the applicant's current living situation, and b. Date when the household must vacate the temporary housing. OR Copy of Certification of Payment Obligation/Potential Eviction for Friend/Family form. OR A telephone call to the provider of temporary housing that is documented, signed, and dated by the case manager making the call. OR | | |
| required) | Renting | Written and signed notice from the landlord that includes the date when the household must vacate within 14 days. AND Copy of lease naming household member as lease holder or other written occupancy agreement identifying them as legal tenant of unit. | | |
| | Exiting a system of care | Letter signed and dated by system of care representative. Letter must include: a. Statement verifying current stay of household member(s), and b. Indicate household member(s) have no available housing option after exiting. | | |

Housing Status Verification:

| Type of | Entry Date: | Recert Date: | Recert Date: | Recert Date: | Required Documentation |
|---|----------------|-----------------|-----------------|-----------------|---|
| Income | | | | | Required Documentation |
| No Income | | | | | Self-declaration signed and dated by applicant (complete Self-Declaration form). |
| Wages and Salary Income | | | | | Copy of most recent pay stub(s). OR Dated mail, fax, or email verification from employer that includes name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation. OR Oral verification from employer that includes name of employer, client name, pay amount and frequency, average hours worked per week, amount of any additional compensation (complete Third Party Oral Verification form). OR Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). <i>Case manager must document attempts to obtain written and oral verification.</i> |
| Self- Employment and Business Income | | | | | Copy of most recent federal and state tax return, profit and loss report from applicant's accounting system, or bank statement. OR Self-declaration that includes source of income, income amount and frequency of income (complete Self-Declaration form). |
| Interest and Dividend Income | | | | | Copy of most recent interest or dividend income statement. OR Copy of most recent federal and state tax return. |
| Pension/ Retirement Income | | | | | Copy of most recent payment statement, benefit notice from Social Security, pension provider or other source. OR Dated mail, fax, or email verification from Social Security, pension provider, or other source that includes name of income source and income amount. OR Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form. |

Income Verification and Recertification (All adult household members. Check the box for valid documentation at entry.

| entry. | Entry | Recert | Recert | Recert | |
|---|-------|--------|--------|--------|---|
| Type of Income | Date: | Date: | Date: | Date: | Required Documentation |
| Unemployment and Disability Income | | | | | Copy of most recent payment statement or benefit notice. OR Dated mail, fax, or email verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount. OR Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form.). |
| TANF/ Public Assistance | | | | | Copy of most recent payment statement, benefit notice, or Department of Social and Health Services (DSHS) Benefits Verification System (BVS). OR Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form). |
| Alimony, Child Support, Foster Care Payments or Per Capita | | | | | Copy of most recent payment statement, notices, or orders. OR Dated mail, fax, or email verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount. OR Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form). OR Self-declaration signed and dated by applicant that includes source of income, income amount, and frequency of income (complete Self-Declaration form). <i>Case manager must document attempts to obtain written and oral verification</i> . |
| Armed Forces Income | | | | | Copy of pay stubs, payment statement, or other government issued statement indicating income amount. OR Dated mail, fax, or email verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount. OR Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form). |
| Student Financial Aid | | | | | Copy of student financial assistance award letter or other educational institution issued statement indicating amounts. OR Dated mail, fax, or email verification from financial aid office or other source that includes name of income source and income amount. OR Oral verification from source that includes name of income source and income amount (complete Third Party Oral Verification form). |

| Please describe how the household lacks the financial resources and support networks necessary to obtain other permanent housing, and that no other housing options have been identified. | |
|---|--|
| Client Signature | |
| Caseworker Signature | |
| Date | |

Section 5 – Documentation of a Disability (required for permanent supportive housing for a household member). This requirement is in addition to housing status documentation.

| | Permanent Supportive Housing Required Documentation | | |
|------------|--|--|--|
| One of the | | | |
| | Written verification of the disability from a professional licensed by the state to diagnose and treat the disability and his or her certification that the disability is expected to be long continuing or of indefinite duration and substantially impedes the individual's ability to live independently. | | |
| | Written verification from the Social Security Administration. | | |
| | Disability check receipt (Social Security Disability Insurance check or Veteran Disability Compensation). | | |
| | Other documentation approved by Commerce, describe: | | |
| | Program staff observation of disability. And one of the required documentations (listed above) must be obtained within 45 days of program enrollment. Documentation obtained. Type: Date: | | |

APPENDIX B

Adjusted Income

| General Category | Amount to be deducted/Description |
|---------------------------|--|
| Youths | \$480 – under the age of 18 |
| Full Time Students | \$480 – over the age of 18 |
| Persons with a Disability | \$480 – Not the head of household or Spouse of the head of household |
| Person with a Disability | \$400 – Head of Household or Spouse of the head of household |
| Elder | \$400 – 62 Years of age + |
| Medical and Attendant | The amount by which 3 percent of the annual income for the family is exceeded by the aggregate of Medical Expenses in the case of an elder or person with a disability. Reasonable attendant care and auxiliary apparatus expenses for each member who is a person with a disability, to the extent necessary to enable any member of the family (including a member who is a person with a disability) to be employed. |
| Child Care Expenses | To the extent necessary to enable another member of the family to be employed or to further his or her education. |
| Earned Income of Minors | The amount of any earned income of any member of the family who is less than 18 years of age. |
| Travel Expenses | Excessive travel expenses, not to exceed \$25 per family per week, for employment or education related travel. |

Appendix C

Determining and Documenting Rent Reasonableness:

Determining and documenting rent reasonableness is required. Below describes the methodology, staffing, data sources, documentation requirements and special circumstances that can be used.

Methodology: Methodologies for obtaining comparable rents include:

- Obtaining documentation from property owners/managers on current rents charged in comparable unassisted units;
- Obtaining comparable rents on a unit-by-unit basis from other data sources (shown in the data sources section below).

You must compare at least **3** units and will document its rent reasonableness using the Rent Reasonableness Checklist and Certification form.

Rent reasonableness will consider the following: location, quality and condition of the unit, size, unit type, age of the unit, amenities, housing services, maintenance, and utilities.

Staffing:

The responsibility of determining and documenting rent reasonableness should be assigned to program staff in the following order of preference:

- 1. Staff conducting the housing inspection will be responsible for determining and documenting rent reasonableness
- 2. The case manager will be responsible for determining and documenting rent reasonableness.

Rent Limit/Payment Standard:

Funds will not be used to pay rents that are higher than the Fair Market Rent documented for each county.

Data Sources: Acceptable data sources used in determining rent reasonableness include the following:

<u>Real Estate Advertisements and Contacts:</u> Ads in newspapers or online are simple ways to find comparable rents. The following are potential sources of information:

- Newspaper ads (including internet versions of newspaper ads);
- Classified Ads;
- Weekly or monthly neighborhood or shopper newspapers that have rental listings;
- "For Rent" signs in windows or on lawns:
- Real estate agents;
- Property management companies that handle rental property; and
- Rental Listing websites including:
 - o <u>www.apartmentguide.com</u>
 - o <u>www.apartments.com</u>
 - o <u>www.forrentmag.com</u>
 - o <u>www.move.com/apartment/main.aspx</u>

Data in Rural Areas: While there may be fewer rental units in rural areas than in urban and suburban areas, it is possible to find comparable rents or establish rent payments standards for different unit types located in these areas.

- One source of rental housing data for rural areas may be the US Department of Agriculture's Rural Development Agency. USDA provides direct and guaranteed loans for single and multi-family housing development in rural areas as well as for farm laborers. Contact information for Rural Development State and Local Offices or USDA Service Centers is available at http://www.rurdev.usda.gov/recd_map.html. Each Rural Development Office, if it has a Rural Housing component, should have information on the types of rental housing available in various communities throughout the state, as well as unit sizes and rents.
- Another potential source of comparable rent data are real estate agents. Local real estate agents are not only knowledgeable about real estate prices but often are a source of information on rental housing in the area. They may be able to draw conclusions on comparable rent based on the general cost of housing in the area. To find real estate agents active in particular communities, you can consult the National Association of Realtors on the web at http://www.realtor.org. For demographic information on the housing stock, market trends, etc., access http://www.realtor.org/research.

Strategies for Determining Appropriate Comparable Properties

Each and every certification of rent reasonableness must consider the following:

- Location: It is important that, not only are the properties close in proximity, but that they have similar access to services such as bus lines, grocery stores, etc.
- Quality and condition of the unit;
- Size;
- Unit type
- Age of the unit;
- Amenities;
- Housing services;
- Maintenance; and
- Utilities.

Appendix D

All units must meet the HQS performance requirements both at commencement of assisted occupancy and throughout the assisted tenancy.

Sanitary Facilities

(1) Performance requirements.

The dwelling unit must include sanitary facilities located in the unit. The sanitary facilities must be in proper operating condition, and adequate for personal cleanliness and the disposal of human waste. The sanitary facilities must be usable in privacy.

(2) Acceptability criteria.

- The bathroom must be located in a separate private room and have a flush toilet in proper operating condition.
- The dwelling unit must have a fixed basin in proper operating condition, with a sink trap and hot and cold running water.
- The dwelling unit must have a shower or a tub in proper operating condition with hot and cold running water.
- The facilities must utilize an approvable public or private disposal system (including a locally approvable septic system).

Food Preparation and Refuse Disposal

(1) Performance requirement.

The dwelling unit must have suitable space and equipment to store, prepare, and serve foods in a sanitary manner.

There must be adequate facilities and services for the sanitary disposal of food wastes and refuse, including facilities for temporary storage where necessary (e.g., garbage cans).

(2) Acceptability criteria.

- The dwelling unit must have an oven, and a stove or range, and a refrigerator of appropriate size for the family. All of the equipment must be in proper operating condition. The equipment may be supplied by either the owner or the family. A microwave oven may be substituted for a tenant-supplied oven and stove or range. A microwave oven may be substituted for an owner-supplied oven and stove or range if the tenant agrees and microwave ovens are furnished instead of an oven and stove or range to both subsidized and unsubsidized tenants in the building or premises.
- The dwelling unit must have a kitchen sink in proper operating condition, with a sink trap and hot and cold running water. The sink must drain into an approvable public or private system.
- The dwelling unit must have space for the storage, preparation, and serving of food.
- There must be facilities and services for the sanitary disposal of food waste and refuse, including temporary storage facilities where necessary (e.g., garbage cans).

Space and Security

(1) Performance requirement. The dwelling unit must provide adequate space and security for the family.

(2) Acceptability criteria.

- At a minimum, the dwelling unit must have a living room, a kitchen area, and a bathroom.
- The dwelling unit must have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.

- Dwelling unit windows that are accessible from the outside, such as basement, first floor, and fire escape windows, must be lockable (such as window units with sash pins or sash locks, and combination windows with latches). Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.
- The exterior doors of the dwelling unit must be lockable. Exterior doors are doors by which someone can enter or exit the dwelling unit.

Thermal Environment

(1) Performance requirement.

The dwelling unit must have and be capable of maintaining a thermal environment healthy for the human body.

(2) Acceptability criteria.

- There must be a safe system for heating the dwelling unit (and a safe cooling system, where present). The system must be in proper operating condition. The system must be able to provide adequate heat (and cooling, if applicable), either directly or indirectly, to each room, in order to assure a healthy living environment appropriate to the climate.
- The dwelling unit must not contain unvented room heaters that burn gas, oil, or kerosene. Electric heaters are acceptable.

Illumination and Electricity

- (1) Performance requirement.
 - Each room must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of occupants. The dwelling unit must have sufficient electrical sources so occupants can use essential electrical appliances. The electrical fixtures and wiring must ensure safety from fire.
- (2) Acceptability criteria.:
- There must be at least one window in the living room and in each sleeping room.
- The kitchen area and the bathroom must have a permanent ceiling or wall light fixture in proper operating condition. The kitchen area must also have at least one electrical outlet in proper operating condition.
- The living room and each bedroom must have at least two electrical outlets in proper operating condition. Permanent overhead or wall-mounted light fixtures may count as one of the required electrical outlets.

Structure and Materials

(1) Performance requirement.

The dwelling unit must be structurally sound. The structure must not present any threat to the health and safety of the occupants and must protect the occupants from the environment.

(2) Acceptability criteria.

- Ceilings, walls, and floors must not have any serious defects such as severe bulging or leaning, large holes, loose surface materials, severe buckling, missing parts, or other serious damage.
- The roof must be structurally sound and weathertight.
- The exterior wall structure and surface must not have any serious defects such as serious leaning, buckling, sagging, large holes, or defects that may result in air infiltration or vermin infestation.
- The condition and equipment of interior and exterior stairs, halls, porches, walkways, etc., must not present a danger of tripping and falling. For example, broken or missing steps or loose boards are unacceptable.
- Elevators must be working and safe.

Motion: 2017-12-012; Resolution: 2017-12-027

Interior Air Quality

(1) Performance requirement.

The dwelling unit must be free of pollutants in the air at levels that threaten the health of the occupants.

(2) Acceptability criteria.

- The dwelling unit must be free from dangerous levels of air pollution from carbon monoxide, sewer gas, fuel gas, dust, and other harmful pollutants.
- There must be adequate air circulation in the dwelling unit.
- Bathroom areas must have one openable window or other adequate exhaust ventilation.
- Any room used for sleeping must have at least one window. If the window is designed to be openable, the window must work.

Water Supply

- (1) Performance requirement. The water supply must be free from contamination.
- (2) Acceptability criteria.

The dwelling unit must be served by an approvable public or private water supply that is sanitary and free from contamination.

Lead-based paint performance requirement.

The Lead-Based Paint inspection requirement exists to protect vulnerable families from potential health hazards. To prevent lead-poisoning in young children, we will comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at **24 CFR 35, Parts A, B, M, and R**.

A lead-based paint visual assessment must be completed for all units that meet the three following conditions:

- 1. The household moving into or living in the unit is being assisted with funds for rental assistance.
- 2. The unit was constructed prior to 1978.
- 3. A child under the age of six is or will be living in the unit.

A visual assessment must be conducted prior to providing rental assistance to the unit and on an annual basis thereafter (as long as assistance is provided). Visual assessments must be conducted by a HUD-Certified Visual Assessor (see Appendix E), and must be documented and maintained in the client file.

Exceptions to the Lead-Based Paint Visual Assessment Requirement

There are certain exceptions to the requirement. Visual assessments are not triggered under the following circumstances:

- It is a zero-bedroom or Single Room Occupancy (SRO) sized unit;
- X-ray or laboratory testing of all painted surfaces by certified personnel has been conducted in accordance with HUD regulations and the unit is officially certified to not contain lead-based paint;
- The property has had all lead-based paint identified and removed in accordance with HUD regulations;
- The unit has already undergone a visual assessment within the past 12 months obtain documentation that a visual assessment has been conducted; or
- It meets any of the other exemptions described in 24 CFR Part 35,115(a).

If any of the conditions outlined above are not met, the condition needs to be documented.

For a Step-by-Step Guide to Compliance see Appendix E.

Access performance requirement

The dwelling unit must be able to be used and maintained without unauthorized use of other private properties. The building must provide an alternate means of exit in case of fire (such as fire stairs or egress through windows).

Site and Neighborhood

(1) Performance Requirement.

The site and neighborhood must be reasonably free from disturbing noises and reverberations and other dangers to the health, safety, and general welfare of the occupants.

(2) Acceptability Criteria.

The site and neighborhood may not be subject to serious adverse environmental conditions, natural or manmade, such as dangerous walks or steps; instability; flooding, poor drainage, septic tank backups or sewage hazards; mudslides; abnormal air pollution, smoke or dust; excessive noise, vibration or vehicular traffic; excessive accumulations of trash; vermin or rodent infestation; or fire hazards.

Sanitary Condition

(1) Performance Requirement.

The dwelling unit and its equipment must be in sanitary condition.

(2) Acceptability Criteria.

The dwelling unit and its equipment must be free of vermin and rodent infestation.

Smoke Detectors Performance Requirement

Each dwelling unit must have at least one battery-operated or hard-wired smoke detector, in proper operating condition, on each level of the dwelling unit, including basement. Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards).

If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system, designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

For units assisted prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors prior to April 24, 1993 in compliance with HUD's smoke detector requirements, including the regulations published on July 30, 1992, (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e., the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit).

Appendix E

Step by Step Guide to Compliance with Lead Based Inspection Requirements

Childhood lead poisoning is a major environmental health problem in the United States, especially for lowincome families in poor living conditions. If not detected early, children with high levels of lead in their bodies can suffer from damage to the brain and nervous system, behavioral and learning problems (such as hyperactivity), slowed growth, hearing problems and headaches. To prevent lead-poisoning in young children, we must comply with the Lead-Based Paint Poisoning Prevention Act of 1973 and its applicable regulations found at **24 CFR 35, Parts A, B, M, and R**.

Disclosure Requirements

Disclosure requirements are required for ALL properties constructed prior to 1978. These requirements require that lessors (property owners or managers) provide tenants with:

- Disclosure form for rental properties disclosing the presence of known and unknown lead-based paint;
- A copy of the "Protect Your Family from Lead in the Home" pamphlet.

Both the disclosure form and pamphlet are available at:

http://www.hud.gov/offices/lead/enforcement/disclosure.cfm

While this relates to property owners/managers, sharing this information with your clients (or ensuring they have received it) is an easy thing to do. This is an important opportunity to educate clients about the potential hazards related to lead and their rights as tenants. Informed tenants are more likely to watch for potential problems in their home and proactively work with landlords to address any issues.

Visual Assessment

Visual assessments are only triggered under certain circumstances:

• The leased property was constructed before 1978;

AND

• A child under the age of six will be living in the unit occupied by the household receiving rent assistance.

Determining the Age of the Unit

Use formal public records, such as tax assessment records, to establish the age of a unit. These records include the year built or age of the property and are available online. If not available online, the information is public and can be requested from the local authorities.

Conducting a Visual Assessment

A visual assessment must be conducted (prior to providing rent assistance) to the unit and on an annual basis thereafter (as long as assistance is provided). Visual assessments must be conducted by a HUD- Certified Visual Assessor. It is important to note that a HUD-Certified Visual Assessor is not equivalent to a Certified Clearance Examiner. Anyone may become a HUD-Certified Visual Assessor by successfully completing a 20-minute online training on HUD's website at:

http://hud.gov/offices/lead/training/visualassessment/h00101.html

Motion: 2017-12-012; Resolution: 2017-12-027

The training teaches individuals how to identify deteriorated paint and how deteriorated paint must be treated. Program staff will be responsible for completing the visual assessments.

Making Assistance Determinations

If a visual assessment reveals problems with paint surfaces, the unit cannot be approved for assistance until the deteriorating paint has been repaired. At this point a decision can be made to work with the property owner/manager to complete needed paint stabilization activities and clearance; work with the household to locate a different (lead-safe) unit; or refer the client to a different program.

APPENDIX F Samish Indian Nation Housing Department

Vulnerability and Prioritization Tool

TOTAL SCORE: Assessment Date: HMIS ID # (If Applicable)/Name:

| HMIS ID # (If A | Applicable)/Name: |
|-----------------------|--|
| Category | Assessment Questions |
| Safety | 1. Have you ever been a victim of domestic violence? |
| (Maximum | Yes□ No□ Refused□ |
| Score: 4) | *if yes, add score of 1 |
| | 2. Are you currently fleeing domestic violence? |
| | Yes No Refused |
| | *if yes, add score of 2 |
| | 3. Where/when was your last contact with the abuser? |
| | 4. In the past six months, have you or anyone in your household used a crisis service or hotline including sexual assault, mental health, or suicide prevention? Yes No Refused <i>*if yes, add score of 1</i> |
| | Comments: |
| | *if household is currently fleeing domestic violence, refer to DVSAS or call DVSAS hotline before proceeding. |
| Unsheltered | 5. Is household currently unsheltered (in car, outside, etc.)? |
| (Maximum | Yes No Refused |
| score: 3) | *if yes, add score of 3 |
| | 6. Have you or anyone in your household been unsheltered in the last 30 days, or anticipate being unsheltered in the next 72 hours? |
| | Yes No Refused |
| | *if yes, add score of 1 |
| | Comments: |
| | *if head of household is unsheltered, the household is considered unsheltered. |
| Chronicity of | 7. For how long have you been continuously homeless? |
| Homelessness | |
| (Maximum score: 3) | 8. How many episodes of homelessness have you had in the past 3 years? |
| 50010. 5) | 8a. Added together, how many months do these episodes total? |
| | Comments: |
| | |
| | *if continually homeless 1 year or longer, OR 4 or more instances of homelessness in the last three years that equal a year or more, add score of 3. |
| Housing History | 9. Did you or any adult in your household experience homelessness under the age |
| (Maximum | of 18? |
| score: 2) | Yes□ No□ Refused□ |
| / | |

| Income (Maximum score: 1) | *if yes, add score of 1 10. Have you or any adult in your household previously been evicted from rental housing? Yes No Refused *if yes, add score of 1 Comments: 11. Is household income below 30% AMI? Yes No Refused *if yes, add score of 1 | | | | | | |
|---------------------------------|--|--------------------------|--|--|--|--|--|
| | HH 1 2 3 4 5 6 7 8 Size 1 2 3 4 5 6 7 8 | | | | | | |
| | Income \$16000 \$18250 \$21330 \$25750 \$30170 \$34590 \$39010 \$4343 | 30 | | | | | |
| | Monthly \$1333 \$1520 \$1777 \$2145 \$2514 \$2882 \$3250 \$3619 |) | | | | | |
| Disability | *2019 Income Limits Comments: | | | | | | |
| (Maximum score: 3) | 12. Does anyone in your household have a physical or developmental disability? Yes, physical No Refused Yes, developmental No Refused HH Member: HH Member: "if yes to either, add score of 1 13. If yes, is this disability documented? Yes No Refused 14. Does this disability affect your ability to find OR maintain housing? Yes No Refused *if yes, add score of 2 Comments: | | | | | | |
| Chronic Health | 15. Does anyone in your household suffer from any chronic health conditions the | at | | | | | |
| Conditions (Maximum score | impact your ability to find OR maintain housing? Yes□ No□ Refused□ | | | | | | |
| varies per HH size) | HH Member Chronic Health Condition | Chronic Health Condition | | | | | |
| | *Add score PER HH MEMBER: 1-3 conditions=1pt, 4-6 conditions=2pts, 7+ conditions= 3pts 16. Does anyone in your household need access to LIFE SUSTANING medications, treatments or equipment, or assistance with activities of daily living due to accident, illness, or disease? | | | | | | |
| | Yes No Refused <i>*if yes, add score of 2</i> 17. Has anyone in your household been to the ER, ridden in an ambulance, been hospitalized in the past 6 months? | | | | | | |

| | Yes No Refused |
|----------------------------|---|
| | *if yes, add score of 1 |
| | |
| | Comments: |
| | |
| NC (111-1/1 | |
| Mental Health | 18. Have you or anyone in your household ever sought or received mental health treatment? |
| (Maximum | |
| score: 2 per HH member) | Yes, currently No Refused Yes, in the past No Refused |
| member) | Which HH Member(s):Which HH Member(s): |
| | 10 De very helieve very or envene in very hervesheld is in need of mental health |
| | 19.Do you believe you or anyone in your household is in need of mental health services? |
| | |
| | Yes \square No \square Refused \square |
| | Which HH Member(s): |
| | *add score of 1 for each HH member that answers yes to an above question. |
| | 20. Has anyone in your household been diagnosed with a mental health condition |
| | by a health care professional? |
| | $Yes \square No \square Refused \square$ |
| | Which HH Member(s): |
| | *add score of 1 for each HH member with a diagnosis. |
| | uui store of 1 for each 1111 member with a alagnosis. |
| | Comments: |
| | |
| Substance Use | 21. Is anyone in your household currently in recovery for drugs or alcohol? |
| (Maximum | Yes, alcohol \Box Yes, drugs \Box Yes, alcohol and drugs \Box No \Box Refused \Box |
| score: 2 per HH | Which HH Member(s): |
| member) | |
| | 22. Is there any concern about current drug or alcohol use by any household |
| | member? |
| | Yes, alcohol \Box Yes, drugs \Box Yes, alcohol and drugs \Box No \Box Refused \Box |
| | Which HH Member(s): |
| | |
| | 23. Last time used? |
| | |
| | 24. Are you currently receiving treatment services |
| | Yes, alcohol \Box Yes, drugs \Box Yes, alcohol and drugs \Box No \Box Refused \Box |
| | Which HH Member(s): |
| | |
| | Comments: |
| | |
| | *if yes to any above question, add score of 1. If use has occurred within the past year add an additional |
| | score of 1. |

| Dependents (Maximum score varies per HH size) | 25. How many dependents (under 18) do you have with you in your care? 26. Are any of your dependents in your care under the age of 5? Yes□ No□ Refused□ How many? 27. Has there been any CPS involvement in the past 6 months? Yes□ No□ Refused□ 28. Are you, or anyone in your household, pregnant? Yes□ No□ Refused□ |
|--|--|
| | 29. High risk pregnancy, 3rd trimester or child under 6 weeks of age? Yes□ No□ Refused□ *If yes, circle option and add score of 1 Comments: |
| Criminal History | 30. Have you or anyone in your household been convicted of a: |
| (Maximum | Felony Misdemeanor Open cases or warrants No Refused |
| score: 5) | Which HH Member(s) and when: |
| | *if yes, add score of 1 for each box checked. |
| | 31.Have you or anyone in your household been required to register as a sex offender? Yes□ No□ Refused□ Which HH Member(s) and level: *if yes, add score of 1. |
| | 32. Have you or anyone in your household talked to police or stayed one or more nights in holding cell, jail, or prison in the past 6 months? Yes No Refused |
| | Which HH Member(s): |
| | *if yes, add score of 1. |
| | Comments: |
| Senior and/or | 33. Is head of household over age 70? |
| Veteran Status | Yes□ No□ Refused□ |
| (Maximum | *if yes, add score of 1. |
| score: 2) | 34. Have you or anyone in your household served in the military? |
| | Yes□ No□ Refused□ Which HH Member(s): |
| | <i>*if yes, add score of 1 and complete V eterans forms as applicable</i> |
| | Comments: |
| | |

| Observation (Maximum score: 3) | 35. If the interviewer detects signs/symptoms of trauma, mental health, substance use issues, or other vulnerabilities NOT ADDRESSED PREVIOUSLY add score of 1 and explain: |
|--------------------------------------|---|
| | 36. Does this pose a significant safety risk Yes□ No□ *if yes, add score of 2 (rare) Comments: |

Additional Notes:

Staff Signature: _____