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: _____

Last Updated 9/23

Advancing Connecticut Together

110 Bartholomew Ave, Suite 3050, Hartford, CT 06106 • 860-247-2437 • act-ct.org

Emergency Housing Client Agreement

This Emergency Housing Policy has been implemented to ensure the safety of all clients while being temporality housed. *Failure to adhere to policies will result in discharge from shelter.*

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

- Maintain the room in an orderly condition
- Not have pets or other animals (emotional support animals are not permitted in rooms)
- Not use illegal drugs or alcohol while occupying the space
- Refrain from disturbing other guests. If there is an issue with other guests notify motel management and case manager.
- Not bring guests into your room, unless previously approved by ACT
- Work in conjunction with your case manager to secure alternate forms of housing prior to assistance ending. This includes attending CAN appointments.
- Check out at assigned date/time and remove belongings. Any belongings left in the room after checkout will be handled according to motel's policy. Refusal to leave at assigned date/time will result in further action deemed appropriate by motel and you will be responsible to pay privately for your stay.

_____

Client Name

_____

Client Signature and Date

Emergency Housing Request

AUTHORIZATION TO RELEASE INFORMATION

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

Advancing CT Together _____ _____
(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: _____ Date of Birth: _____
(client name)

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

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.*

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.

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 7-day 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.

How to apply for Emergency Housing Extensions

1. Upon the client's first approval (which includes 14 days), case managers will be sent a formal letter outlining the dates of stay. MCM's must submit a written extension request 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 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

Next Steps

CAN/ 211 Referral

a. MCMs should work with their clients in calling 211 or to going to a Hub location to complete a CAN Assessment.

For more information on calling 211 and the Coordinated Access Network System please visit Journey Home's website linked below:
https://journeyhomect.org/coordinated-access/

CAN Appointment Info

Skip the 211 call line



In-person HUB locations

- **Mercy Housing** 117 Wethersfield Ave. Hartford, CT 860-573-0984
- **Hope Connection Center** 61 Arch Street New Britain, CT 860-829-9363

From this step in the process, clients have the opportunity to be diverted. They may be added to the following waitlist:

- **Shelter Priority List (SPL):** Clients are added to Greater Hartford or Centralized SPL. Once CAN Assessment is completed, Alexsys connects with Journey Home to add client to either list.
- **By Name List (BNL):** Utilized by Journey Home in Greater Hartford area. List contains client info and needs of person/family experiencing homelessness in Hartford TGA
- **HOPWA Waitlist:** HOPWA applications are reviewed by ACT's Housing Coordinator Alexsys Cooper and can be submitted same day as Emergency Housing applications. HOPWA sites are across Hartford TGA.

HOPWA CAN Waitlist Referral

a. MCMs should complete a HOPWA application – found here: https://act-ct.org/hopwa-can.html
   These applications can be faxed to 860-761-6711 with Attn: Alexsys Cooper 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 or approved for the waitlist.
c. If your client has been added, the email will include a prioritization number for your client. See prioritization outline here: https://act-ct.org/pdf/careservices/hopwa/prioritization-process-12-27-22.pdf

HOPWA CAN Matching meetings occur once per month. 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.

For other resources for individuals experiencing homelessness or at risk of homelessness, visit the Journey Home Rapid Response application below:
Rapid Response Request Form (See Rapid Response Check-list on page 7 & 8)



Rapid Response Fund Request-Check List

Eligibility *(Required for Everyone)*

- Homelessness (HUD Category 1)
  - HMIS Literally Homeless Program Enrollment
- Imminent Risk of Homelessness (HUD Category 2) (14 days or less from homelessness) Date of CAN appointment_____ (if applicable) (Diversion/HUB CAN Resources should be used first)
  - Eviction Execution Date Letter OR
  - Letter from landlord or head of household with date client must be out
  - HMIS Case Notes explaining the situation
- Fleeing Domestic Violence (HUD Category 4)
- **Copy of government Identification:** ID, social security card, birth certificate, or any form issued by a government with the tenant's name on it (no photo needed)

Rental Application Fees:

- Copy of the application with Company Name and application amount (OR)
- Link to the application website with screenshots of the full application

Rental Assistance & Security Deposit: (All documents below are required)

- Proof of Monthly Income
- Lease (must be signed and dated)
- Copy of government Identification: ID, social security card, birth certificate, or any form issued by a government with the tenant's name on it (no photo needed)
- Landlord Proof of Ownership/ Property Record Card
- W-9 (not required if Security Deposit Only)

Identifying/Vital Documents (Birth Certificates, ID):

- Application (Ensure that **all information** required to process the request is submitted)

Moving/Storage expenses: (All documents below are required)

- Invoice

Other fees required by lease such as: Amenity fees, Parking fees, holding fees, and Pet Deposit/ Fees/ Boarding (All documents below are required)

- Company Invoice
- W-9

Car Repairs if primary transportation to employment: (All documents below required)

- Company Invoice
- W-9
- Valid Driver's License on file
- Valid car Registration on file
- Valid car Insurance on file

Child Care:(All documents below required):

- Proof of Care 4 Kids Application or documentation of ineligibility
- Company Invoice
- W-9

Fare for public transportation (bus passes): (All documents below are required)

- Bus Pass Acknowledgment form signed

Utility Deposit, Arrears, Payments: (All documents below are required) *Cap $500*

- Current Bill
- If the client is being *diverted*, please submit an updated letter from the head of household of stay for at least 30 days

Please encourage the landlord to complete the ACH form for faster and more efficient payment processing.

If you don't see the specific need here that would remove barriers to housing, please contact anastacia.woolcock@journeyhomect.org to discuss the situation.

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GHCAN & CCAN CLIENT SUPPORT FLEX FUND GUIDE

Program	Rapid Response
Max Per Client	2k Individual, 4k Families
Allowable Items	Security Deposits *(when ineligible for other programs)*
	First Month's Rent *(when ineligible for other programs)*
	Utility Arrears *(when clients are ineligible for other programs)*
	Rental Arrears *(when clients are ineligible for other programs)*
	Vital Documents
	Application Fees
	Pet Fees/Deposits
	Pet boarding *(while owner is in shelter)*
	Holding Fees *(must be applied towards rent)*
	Childcare *(until Care for Kids kicks in)*
	Lost Keys
	Renter Insurance
	Moving & Storage Expense
	Transportation *(to support the Housing Stabilization Plan)*
	OTHER*(*If you do not see a specific need to address housing barriers, please anastacia.woolcock@journeyhomect.org to schedule a case conference).*
Eligibility	HUD Category 1, HUD Category 2, HUD Category 4
Required Docs.	Housing Stabilization Plan & Homeless Verification Required *See: Rapid Response CheckList for other required documentation
SmartSheet Request Form	Rapid Response Fund Request Form

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