

HOMEBASE RAPID RE-HOUSING ASSESSMENT

Date: _____

The following should be completed by the Homebase case manager at the first meeting with the client.

Client Information

Name: _____
 Last *First* *M.I.*

DOB: _____ Social Security Number: _____

Telephone Number: _____ Alternative Number: _____

Current Address: _____
 Hotel *Unit Number*

Case composition: Adults: _____ Children (17 years old and under): _____

Housing History

1. What is the reason for your shelter application?
2. How long have you resided at your previous address? _____ What Borough?
3. Have you applied to shelter before?
 No Yes When: _____
4. Can you return to your last address if the primary tenant knows there is an agency working with you?
 No Yes If yes, contact information: _____
5. Do you have a relative or friend you can stay with while we work on your housing plan?
 No Yes If yes, contact information: _____
6. Can you return somewhere out of state/country if you had assistance to get there?
 No Yes If yes, contact information: _____
6. Have you ever received any type of housing subsidy? (i.e. FEPS, Section 8, HSP, Advantage)
 No Yes If yes, what subsidy and when was it last active?
7. Do you owe rental arrears? No Yes Amount: _____
8. Have you ever been evicted from public housing (projects) or any other kind of housing?
 No Yes If yes, when and what was the reason for eviction: _____

Income/Employment Information

9. Are you or co-applicant currently employed?
 No Yes Salary: _____ per _____ Weekly Hours:
10. Does the applicant or co-applicant have any previous work experience?
 No Yes Salary: _____ per _____ Weekly Hours:
11. Do you currently have any limitations that prevent you from working?
 No Yes If yes, what are the limitations: _____
12. If you do not receive Public Assistance, have you ever applied for PA or Single Issuance?
 No Yes If yes, when and which center?
13. Have you or your co-applicant ever served on active duty in the United States Armed Forces?
 No Yes

14. Check all that apply and complete amount and frequency:

Type of Income	Amount	Frequency	Type of Income	Amount	Frequency
<input type="checkbox"/> Public Assistance			<input type="checkbox"/> Wages		
<input type="checkbox"/> Disability			<input type="checkbox"/> Pension/Retirement		
<input type="checkbox"/> Interest/dividends			<input type="checkbox"/> Child Support		
<input type="checkbox"/> Social Security/SSI			<input type="checkbox"/> Foster Care Payment		
<input type="checkbox"/> Unemployment			<input type="checkbox"/> Alimony Payments		
<input type="checkbox"/> Workers Compensation			<input type="checkbox"/> Armed Forces		

What is the total annual income? _____

Housing Risks	
15. Are you involved with any other agencies? (i.e. ACS, APS) If yes, please list:	<input type="checkbox"/> No <input type="checkbox"/> Yes
16. Do you or any members of your household suffer from any medical issues? If yes, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes
17. Do you or any members of your household suffer from any mental health issues? If yes, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes
18. Are you or your co-applicants on any medications? If yes, please list:	<input type="checkbox"/> No <input type="checkbox"/> Yes
19. Did substance abuse issues contribute to your housing loss? If yes, describe:	<input type="checkbox"/> No <input type="checkbox"/> Yes
20. Did domestic violence issues contribute to your housing loss?	<input type="checkbox"/> No <input type="checkbox"/> Yes
21. Do you have any other concerns you would like me to know about?	

General Guide to Developing a Housing Plan (see Field Guide for program eligibility criteria)				
Work Advantage Employed or can become employed	Fixed Advantage Anyone in household receiving SSI/SSD or other fixed benefit	Children Advantage Has an open ACS case, approved by ACS for move	Short Term Advantage Working but over 150% poverty or has other long term resources	Unsubsidized Alternative housing resources

22. Do you have a subsidy certification letter?	<input type="checkbox"/> No <input type="checkbox"/> Yes, list:
23. Are you working with a real estate agent?	<input type="checkbox"/> No <input type="checkbox"/> Yes, list:
24. Have you been seeing apartments?	<input type="checkbox"/> No <input type="checkbox"/> Yes
25. When can you best be reached?	

HPRPDoes income exceed 50% Area Median Income? (refer to chart) No Yes

Household	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
50% AMI	\$26,900	\$30,700	\$34,550	\$38,400	\$41,450	\$44,550	\$47,600	\$50,700

Household income is budgeted by HRA: No Yes

If no, Homebase must obtain Income documentation, please refer to the HPRP Desk Guide: Income Documentation Requirements.

Case manager should check all that apply and sign below.

 NO APPROPRIATE HOUSING OPTIONS

This is to certify that the above named individual's household options have been evaluated and the undersigned staff has found no appropriate (safe, affordable, available) subsequent housing options.

 NO FINANCIAL RESOURCES AND SUPPORT NETWORKS

This is to certify that the above named individual's household lacks the financial resources (checking/savings accounts, investment accounts, cash value of trust that may be withdrawn, retirement savings account, lump sum of cash) and support networks (friends, family) needed to obtain immediate housing or remain in existing housing.

(Title)_____
(Print Name)_____
(Signature)_____
(Date)

Screening Brief Intervention & Referral to Treatment Form Self-Report

Date: _____

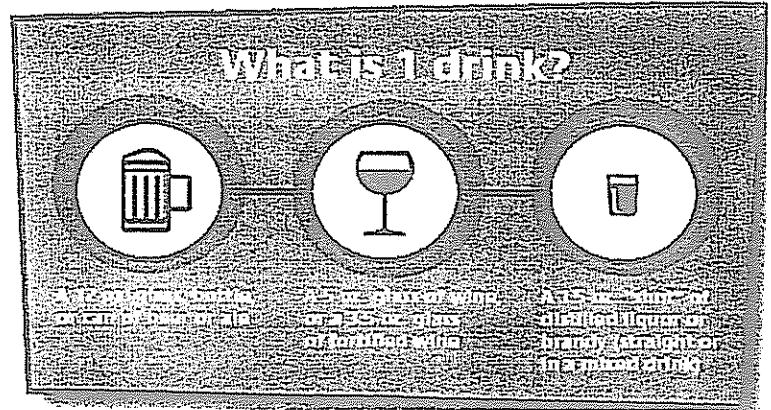
Gender: Male Female

Country of Origin: _____

Race: White Black Hispanic/Latino
 Asian Other Non-Hispanic

DOB: ____/____/____

Site: _____



The Alcohol Use Disorders Identification Test – Questionnaire

Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week	
2. How many standard drinks containing alcohol do you have on a day when you are drinking?	1 or 2	3 or 4	5 or 6	7, 8, or 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured as a result of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
Interviewer' Name						TOTAL SCORE:

**Screening Brief Intervention & Referral to Treatment Form
Self- Report and Intervention**

Date: _____
 Interviewer/Initials: _____ Site: _____
 Gender: Male Female DOB: ____/____/____
 Country of Origin: _____
 Race: White- Black- Hispanic/Latino Asian Other
 Non-Hispanic Non-Hispanic Non-Hispanic Non-Hispanic Non-Hispanic

Drug Abuse Screening Test (DAST-10) Questionnaire

The following questions are about your involvement with drugs other than alcohol and tobacco during the past 12 months. Carefully read each question and decide if your answer is "Yes" or "No", then **X** that box.

"Drug abuse" is the use of prescribed or over-the-counter medications either in excess of the directions and/or for non-medical use. Drugs abused may include but are not limited to: cannabis (marijuana or hash), solvents (gas or paints etc.), tranquilizers (valium), barbiturates, cocaine, and stimulants (speed), hallucinogens (LSD) or narcotics (heroin). Be sure to answer every question. Choose the response which is mostly right.

These Questions Refer to the Past 12 Months and does not include alcohol or tobacco.

Place **X in the Yes or No box for your answer.**

Questions	No	Yes	Points
1. Have you used drugs other than those required for medical reasons?	No	Yes	
2. Do you abuse more than one drug at a time?	No	Yes	
3. Are you always able to stop using drugs when you want to?	No	Yes	
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes	
5. Do you ever feel bad or guilty about your drug use?	No	Yes	
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes	
7. Have you neglected your family because of your use of drugs?	No	Yes	
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes	
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes	
10. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding)?	No	Yes	
TOTAL SCORE:			

Scoring

- (a) "Yes" = 1 point (except for question 3)
- (b) "NO" = 1 point for question 3.
- (c) "Yes" = 0 points for question 3.
- (d) Add up your points. Check Your Risk Level.



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HOMEBASE

A Program Operated by CAMBA, Inc. in Partnership with NYC
Department of Homeless Services

Agreement and Release

I hereby state the information I have given you in connection with the services I am receiving are true and correct to the best of my knowledge. I understand that CAMBA, Inc., or any employee thereof, may use this information to conduct an inquiry or obtain information to better assist me. I further agree to promptly notify CAMBA, Inc. of any material changes in the information I have furnished.

I understand that I am receiving service from CAMBA-HomeBase. I understand that CAMBA or its employee(s) may obtain information from other agencies to assist in the delivery of services to my family.

Client Signature: _____

Date: _____

Client Print Name: _____

Staff Signature: _____

Date: _____

Staff Print Name: _____

Supervisor Signature: _____

Date: _____

Homelessness Prevention and Rapid Re-Housing Program (HPRP)



STAFF CERTIFICATION OF ELIGIBILITY FOR HPRP ASSISTANCE

Purpose: This form serves as documentation that: (1) the program participant named below meets all eligibility criteria for HPRP assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

Instructions: This form must be completed for each program participant upon the determination of his or her eligibility for HPRP assistance. This form must be signed and dated by the HPRP staff person who makes this determination and that person's supervisor and must be kept in the program participant's case file. This form will remain valid, unless a different staff person re-determines the program participant's eligibility, in which case a new form will be required.

Head of Household Name:
Names of Household Members* :

* All members in household that will benefit from HPRP assistance should be listed here.

Required certifications: Each person signing below certifies to the following: (1) To the best of my knowledge, the program participant named above meets all requirements to receive assistance under the Homelessness Prevention and Rapid Re-Housing Program (HPRP). (2) To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (3) I am not related to the program participant through family, business or other personal ties. (4) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (5) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. (6) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

HPRP Staff Signature: _____ Date: _____

HPRP Supervisor Signature: _____ Date: _____



HOUSING STATUS, HOUSING OPTIONS, FINANCIAL RESOURCES & SUPPORT NETWORKS

Head of household: _____

Names of household Members: _____

Instructions: To be eligible for HPRP assistance, the household must be homeless or at-risk of homelessness "but for" HPRP assistance. To ensure compliance, complete each section below, and maintain supporting documentation in the case file.

HOUSING STATUS

Housing status assessment summary and justification/household need for receiving HPRP services (financial assistance and/or housing stabilization services)

NO APPROPRIATE SUBSEQUENT HOUSING OPTIONS

Enter summary of assessment below. To be eligible for HPRP, household must have no appropriate (safe, affordable, available) subsequent housing options.

NO FINANCIAL RESOURCES AND SUPPORT NETWORKS

Enter summary of assessment below. To be eligible for HPRP, household must lack financial resources (checking/savings accounts, investment accounts, cash value of trust, retirement savings account, lump sum of cash) and support networks (friends, family) to assist with maintaining current housing or obtaining other housing.

This is to certify that the above named individual's household has been assessed and determined by the undersigned HPRP staff to remain or become homeless but for HPRP assistance, that the individual's household lacks housing options, financial resources needed to obtain immediate housing or remain in existing housing.

Program Staff Signature: _____

Date: _____

Appointment/Referral Reminder

This notice serves as a reminder for the following (circle one):

Appointment

Referral

CLIENT NAME: _____

DAY: _____

DATE: _____

TIME: _____

LOCATION: _____

PURPOSE: _____

This is the ___ attempt to complete this action.
Failure to attend will result in non-compliance with ILP.

In the event you cannot make this appointment, contact Homebase as soon possible: -

Comments:

Objective:		Initiated Date:	Completed Date:
Outcome:		Assignee:	
Action description:			
Target date:	Status:	Completed date:	
Action outcome:			

Objective:		Initiated Date:	Completed date:
Outcome:		Assignee:	
Action description:			
Target date:	Status:	Completed date:	
Action outcome:			



HOMEBASE
Homeless Prevention Program

HOMEBASE RAPID RE-HOUSING

CONTACTS AND NOTES

Type:	With:	Date
Regarding:	Status:	Case Manger:
Related Objective :		
Notes:		

Type:	With:	Date:
Regarding:	Status:	Case Manger:
Related Objective :		
Notes:		

Type:	With:	Date:
Regarding:	Status:	Case Manger:
Related Objective :		
Notes :		



HOMEBASE
Homeless Prevention Program

HOMEBASE RAPID RE-HOUSING

CONTACTS AND NOTES

Type:	With:	Date
Regarding:	Status:	Case Manger:
Related Objective :		
Notes:		

Type:	With:	Date:
Regarding:	Status:	Case Manger:
Related Objective :		
Notes:		

Type:	With:	Date:
Regarding:	Status:	Case Manger:
Related Objective :		
Notes :		

Homeless Prevention and Rapid Re-Housing Program (HPRP)

HOMELESS CERTIFICATION

HPRP Applicant Name: _____

Household without dependent children (complete one form for each adult in the household)

Household with dependent children (complete one form for household)

Number of persons in the household: _____

This is to certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and signature indicating their current living situation.

Check only one box and complete only that section

Living Situation: place not meant for human habitation (e.g., cars, parks, abandoned buildings, streets/sidewalks)

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus station, airport, or camp ground.

Description of current living situation:

Homeless Street Outreach Program Name: _____

This certifying agency must be recognized by the local Continuum of Care (CoC) as an agency that has a program designed to serve persons living on the street or other places not meant for human habitation. Examples may be street outreach workers, day shelters, soup kitchens, Health Care for the Homeless sites, etc.

Authorized Agency Representative Signature: _____ Date: _____

Living Situation: Emergency Shelter

The person(s) named above is/are currently living in (or, if currently in hospital or other institution, was living in immediately prior to hospital/institution admission) a supervised publicly or privately operated shelter as follows:

Emergency Shelter Program Name: _____

This emergency shelter must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Emergency Shelter).

Authorized Agency Representative Signature: _____ Date: _____

Living Situation: Transitional Housing

The person(s) named above is/are currently living in a transitional housing program for persons who are homeless. The persons(s) named above is/are graduating from or timing out of the transitional housing program:

Transitional Housing Program Name: _____

This transitional housing program must appear on the CoC's Housing Inventory Chart submitted as part of the most recent CoC Homeless Assistance application to HUD or otherwise be recognized by the CoC as part of the CoC inventory (e.g. newly established Transitional Housing program).

Immediately prior to entering transitional housing the person(s) named above was/were residing in:

emergency shelter OR a place unfit for human habitation

Authorized Agency Representative Signature: _____ Date: _____

CASE FILE ELIGIBILITY DOCUMENTATION CHECKLIST

Head of Household: _____ Client Type: _____

Date of Eligibility Assessment/recertification: _____

INCOME

(Note: For Rapid Re-housing clients ONLY, if the household is receiving PA and income is documented in CTS, income documentation does not have to be collected while the household resides in shelter; however, income documentation MUST be collected if the household continues to receive HomeBase assistance after placement).

- Household income is at or below 50% AMI. Income documentation for each adult household member, including unearned income for minors (e.g. SSI) is in case file and supports income eligibility.
- Income documentation is dated within 30 days of eligibility assessment date. For public assistance benefits (e.g., Cash Assistance, SSI, SSD), benefits statement must be within 12 months of the eligibility assessment date and reflecting current benefits.

HOUSING STATUS (COMPLETE SECTION A AND B BELOW)

A. HS-1

- For all clients, all sections of HS-1 completed at initial and subsequent 90 day recertification(s) (if applicable), form is signed, dated, and maintained in case file.

B. Documentation Housing Status

- If Community client*, supporting documentation to support risk of homelessness (e.g. copy of lease, eviction notice, foreclosure notice, etc.)
- If Aftercare or Diversion client*, CTS has been checked to verify shelter history
- If Rapid Re-housing client*, CTS has been checked to verify homeless status

STAFF CERTIFICATION OF ELIGIBILITY

- HUD's Staff Certification of Eligibility form completed, signed and dated by staff member who conducted assessment AND supervising staff (once the case file has been reviewed and client eligibility is substantiated and documented in case file). If a new staff person recertifies client eligibility, that staff person and supervisor must complete, sign and date a new form.

LENGTH OF SERVICES

- Household has not received a cumulative total of more than 18 months of HPRP assistance. If the household was enrolled prior to July 21st, 2009, HPRP assistance began July 21st, 2009. For households enrolled after July 21st, 2009, HPRP assistance began on eligibility assessment date.

Program Staff Signature: _____ Date: _____



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**CAMBA-HOMEBASE RAPID REHOUSING PROGRAM
EXIT STRATEGY
WORK ADVATAGE PROGRAM**

Exit strategy for the _____ Family from the HomeBase Rapid Re-Housing Program for permanent housing.

Date of engagement _____ Date of Eligibility: _____

Case #: _____ Date of Exit Strategy Conference: _____

Exit Strategy Date: _____

As part of your Temporary Housing Assistance each family serviced by CAMBA HomeBase Rapid Re-housing Program must have an Exit Strategy to move out of shelter.

CAMBA HomeBase Rapid Re-Housing Program Staff will work with you to ensure that you are achieving the tasks/goals in order to secure permanent housing.

As part of this plan, you and other adult members in the family need to collectively meet with the CAMBA HomeBase Rapid Re-Housing Program Staff and must do the following:

1. The family must meet with *Social Service Staff* to develop an Independent Living Plan and meet every 14 days or more to move-out into permanent housing by (date) _____.
2. HRA/Public Assistance appointments must be kept in order to keep your Public Assistance Case Open and Active for all family members.
3. The family must follow *New York City Department of Homeless Services Client Rights and Client's Code of Conduct, all Hotel and HomeBase Rapid Re-Housing rules and regulations.*
4. The Head of Household and or other adults in the family must secure employment by _____ in order to obtain a Work Advantage Employment Voucher to move-out into permanent housing.
5. Once employed, you must submit pay stubs and a letter of employment to CAMBA HomeBase Rapid Re-Housing Program Staff on a weekly/bi-weekly basis in order to obtain a *Work Advantage Voucher.*
6. Once the family is in receipt of the *Work Advantage Voucher,* you will sign a *Housing Contract* and must meet *with CAMBA Relocation Staff* on a weekly basis to discuss your progress towards achieving permanent housing with apartment searches and must view at least 3 apartments per week, accept the first suitable apartment, sign lease and move out of shelter.

Head of Household Signature-Date

Other Adult Signature-Date

CAMBA HomeBase Program Staff Signature-Date

CAMBA HomeBase Program Supervisor Signature-Date



CAMBA-HOMEBASE RAPID REHOUSING PROGRAM
EXIT STRATEGY
Children Advantage Program

Exit strategy for the _____ Family from the HomeBase Rapid Re-Housing Program for permanent housing.

Date of engagement _____ Date of Eligibility: _____

Case #: _____ Date of Exit Strategy Conference: _____

Exit Strategy Date: _____

As part of your Temporary Housing Assistance each family serviced by CAMBA HomeBase Rapid Re-housing Program must have an Exit Strategy to move out of shelter.

CAMBA HomeBase Rapid Re-Housing Program Staff will work with you to ensure that you are achieving the tasks/goals in order to secure permanent housing.

As part of this plan, you and other adult members in the family need to collectively meet with the CAMBA HomeBase Rapid Re-Housing Program Staff and must do the following:

1. The family must meet with *Hotel Social Service Staff* to develop an Independent Living Plan and meet every 14 days or more to move-out into permanent housing by (date) _____.
2. HRA/Public Assistance appointments must be kept in order to keep your Public Assistance Case Open and Active for all family members.
3. The family must follow *New York City Department of Homeless Services Client Rights and Client's Code of Conduct, all Hotel and HomeBase Rapid Re-Housing rules and regulations.*
4. Once the family is in receipt of the Children Advantage Voucher, you will sign a Housing Contract and must meet with *CAMBA Relocation Staff* on a weekly basis to discuss your progress towards achieving permanent housing with apartment searches and must view at least 3 apartments per week, accept the first suitable apartment, sign lease and move out of shelter.

Head of Household Signature-Date

Other Adult Signature-Date

CAMBA HomeBase Program Staff Signature-Date

CAMBA HomeBase Program Supervisor Signature-Date

**CAMBA-HOMEBASE RAPID REHOUSING PROGRAM
EXIT STRATEGY**

Exit strategy for the _____ Family from the HomeBase Rapid Re-Housing Program into permanent housing.

Date of Admission _____ Date of Eligibility: _____

Case #: _____ Date of Exit Strategy Conference: _____

Exit Strategy Date: _____

As part of your Temporary Housing Assistance receiving social services assistance by CAMBA HomeBase Rapid Re-Housing Program, each family must have an Exit Strategy to move out of shelter.

CAMBA HomeBase Rapid Re-Housing Program Staff will work with you to ensure that you are achieving the tasks/goals in order to secure permanent housing.

As part of this plan, you and other adult members in the family need to collectively meet with the CAMBA HomeBase Rapid Re-Housing Program Staff and must do the following:

1. The family must meet with *Social Service Staff* to develop an Independent Living Plan and meet every 14 days or more to move-out into permanent housing by (date)_____.
2. HRA/Public Assistance appointments must be kept in order to keep your Public Assistance Case Open and Active for all family members.
3. The family must follow *New York City Department of Homeless Services Client Rights and Client's Code of Conduct, all Hotel and HomeBase Rapid Re-Housing rules and regulations.*
4. The Head of Household and or other adults in the family must secure employment by _____ in order to obtain a Work Advantage Employment Voucher to move-out into permanent housing.
5. Once employed, you must submit pay stubs and a letter of employment to CAMBA HomeBase Rapid Re-Housing Program Staff on a weekly/bi-weekly basis in order to obtain a Work Advantage Voucher.
6. Once the family is in receipt of the Work Advantage Voucher, you will sign a Housing Contract and must meet with *CAMBA Relocation Staff* on a weekly basis to discuss your progress towards achieving permanent housing with apartment searches and must view at least 3 apartments per week, accept the first suitable apartment, sign lease and move out of shelter.

Head of Household Signature-Date

Other Adult Signature-Date

CAMBA HomeBase Program Staff Signature-Date

CAMBA HomeBase Program Supervisor Signature-Date



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**CAMBA HOMEBASE RAPID RE- HOUSING PROGRAM
EXIT STRATEGY
Fixed Income Advantage Program**

Exit strategy for the _____ family from the CAMBA HomeBase Rapid Re-Housing Program for permanent housing.

Date of engagement _____ Date of Eligibility: _____
Case #: _____ Date of Exit Strategy Conference: _____

Exit Strategy Date: _____

As part of your Temporary Housing Assistance each family serviced by CAMBA HomeBase Rapid Re-housing Program must have an Exit Strategy to move out of shelter.

CAMBA HomeBase Rapid Re-Housing Program Staff will work with you to ensure that you are achieving the tasks/goals in order to secure permanent housing.

As part of this plan, you and other adult members in the family need to collectively meet with the CAMBA HomeBase Rapid Re-Housing Program Staff and must do the following:

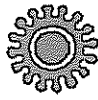
1. The family must meet with *Hotel Social Service Staff* to develop an Independent Living Plan and meet every 14 days or more to move-out into permanent housing by (date) _____.
2. HRA/Public Assistance appointments must be kept in order to keep your Public Assistance Case Open and Active for all family members.
3. You must provide an award letter regarding your "Fixed" income to HomeBase Rapid Re-Housing Program Staff.
4. The family must follow New York City Department of Homeless Services Client Rights and Client's Code of Conduct and all Hotel and HomeBase Rapid Re-Housing rules and regulations.
5. You must save a percentage of your "fixed" income which is \$_____.00 monthly and provide proof of accumulative saving to HomeBase Rapid Re-Housing Program Staff.
6. Once the family is in receipt of the Fixed Income Advantage Voucher, you will sign a Housing Contract and must meet *with CAMBA Relocation Staff* on a weekly basis to discuss your progress towards achieving permanent housing with apartment searches and must view at least 3 apartments per week, accept the first suitable apartment, sign lease and move out of shelter.

Head of Household Signature-Date

Other Adult Signature-Date

CAMBA HomeBase Program Staff Signature-Date

CAMBA HomeBase Program Supervisor Signature-Date



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HomeBase Employment Contract

Date / /
Client's Name _____
Address and Unit _____

A case conference was held with _____ and the HomeBase Case Manager on / / to discuss issues pertaining to employment.

Effective / / , the terms of this contract is as follows:

1. You **must** seek and maintain employment.
2. You **must** submit proof of all efforts to obtain employment. This includes names of potential employer, type of business, address and telephone number.
3. You **must** provide employment search log to the Case Manager on a bi-weekly basis.
4. Once employment is obtained, proof of income **must** be submitted to Public Assistance and the Public Assistance case **must** remain open in order to qualify for the Work Advantage Subsidy.
5. You **must** seek and maintain employment by / / . Employment (legal) **must** be at a minimum of 20 hours per week. Employment letter from your employer and/or paystubs **must** be submitted to CAMBA HomeBase Staff.
6. You are **required** to attend all employment referrals given by CAMBA HomeBase Staff and Hotel Social Service Staff.

BY SIGNING BELOW YOU UNDERSTAND THAT THIS IS A CONTRACT AND FAILURE TO COMPLY WITH THE TERMS MAY RESULT IN YOUR FAMILY BEING TRANSFERRED TO A NEXT STEP FACILITY. YOUR ABILITY TO MAINTAIN EMPLOYMENT WILL HAVE A HUGE IMPACT ON YOUR HOUSING STABILITY. WE TRUST THAT YOUR WILL AND DESIRE WILL SUPPORT YOUR EFFORTS IN EXITING SHELTER.

Client's Name: _____ Date: _____

Other Adult Signature: _____ Date: _____

CAMBA HomeBase Case Manager Date: _____

CAMBA HomeBase Program Supervisor Date: _____



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Employment Contract

Date ___ / ___ / ___

Client's Name _____

Address and Unit _____

A case conference was held with _____ and HomeBase case manager on ___ / ___ / ___ to discuss issues pertaining to employment.

Effective _____, the terms of this contract is as follows:

1. _____ must seek and maintain employment.
2. _____ must submit proof of all efforts to obtain employment. This includes, name of potential employer, type of business, address and telephone number.
3. _____ must provide employment search log to the Case Manager on a weekly basis.
4. Once _____ obtains employment proof of income must be submitted to Public Assistance and the Public Assistance case must remain open in order to qualify for the Work Advantage Program.
5. _____ must seek and maintain employment in order to qualify for the Work Advantage Program by _____. Employment must be at a

minimum of 20 hours per week (legal employment), an employment letter from the employer and/or paystubs must be submitted to HomeBase staff.

6. _____ is required to attend all employment referrals given by CAMBA's HomeBase Staff and Hotel Social Service Staff.
7. _____ must obtain housing a move out of the shelter 30 days after receiving WAP voucher is received.

_____ UNDERSTANDS THAT THIS IS A CONTRACT AND FAILURE TO COMPLY WITH THE TERMS OF THIS CONTRACT MAY RESULT IN YOUR FAMILY BEING TRANSFERRED TO A NEXT STEP FACILITY OR TERMINATION OF YOUR FAMILY'S TEMPORARY HOUSING ASSISTANCE.

Client's Name: _____

Date: _____

Client's Name: _____

Date: _____

Date: _____

CAMBA-HomeBase Case Manager

Date: _____

CAMBA-HomeBase Program Supervisor

CAMBA HomeBase Financial Assistance

INTRODUCTION

CAMBA HomeBase may provide financial assistance to either prevent families and individuals from becoming homeless or help those who are experiencing homelessness to be quickly re-housed and stabilized. We are responsible for assessing, verifying and documenting the eligibility of all financial assistance disbursements and for maintaining proper documentation in the participant case file to substantiate eligibility for assistance.

This document specifies policies and procedures related to providing financial assistance, participant program eligibility; eligibility of financial assistance type by corresponding funding source; policies and procedures for requesting DHS approval; and case file documentation requirements to substantiate program participant's eligibility to receive financial assistance.

ELIGIBILITY- PROGRAM

In order to receive financial assistance, a client must be eligible for the HomeBase program. Requirements for eligibility are as follows:

Assessment The household must receive at least an initial consultation and eligibility assessment with a case manager or other authorized representative who can determine eligibility and the appropriate type of assistance needed;

Income Household's total income must be at or below 50% Area Media Income (AMI) and;

Housing Status The household must be either homeless (for rapid re-housing assistance) **OR** at risk of losing its housing (for homelessness prevention assistance);

AND meet both of the following circumstances:

- No appropriate subsequent housing options have been identified; and
- The household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing

Ongoing Assistance An evaluation and certification of eligibility is required for program participants at **least once every 90 day** for all households receiving financial or other services lasting longer than 90 days (e.g., case management).

ELIGIBILITY - BY FUNDING SOURCE

In addition to the above program eligibility criteria, clients must meet eligibility criteria by funding source, which is exclusively dependant on the type of financial assistance provided. Table 1 (page 6) describes eligible types of financial assistance by funding source.

Homelessness Prevention and Rapid Re-housing Program (HPRP)

Financial assistance provided through HPRP must:

- Be an eligible financial assistance type (see Table 1: Financial Assistance Approval Matrix)
- Financial assistance may not exceed 18 months
- Eligibility must be recertified every 90 days

Emergency Assistance for Family (EAF)/ Emergency Assistance for Adults (EAA)

Financial assistance provided through DHS funding must:

- Be an eligible financial assistance type (see Table 1: Financial Assistance Approval Matrix)
- Financial assistance may only be disbursed within the first 3 months of intake date
- Financial assistance may not exceed 3 months
- Family with children (EAF): No public assistance sanction
- Adult or adult family (EAA): Must be receiving SSI/SSD and no public assistance sanction

POLICIES - GENERAL

All financial assistance disbursements must be in accordance with the following policies.

Future ability	Household must be able to maintain itself beyond the period of assistance.
Client Engagement	Funds should be disbursed in conjunction with: <ul style="list-style-type: none">▪ A client's active participation and engagement in activities set forth in their service plan;▪ Recent (within 30 days of financial assistance request date) contacts with client documented in the database; and▪ A signed client contract that outlines the client's responsibilities.
Client Contribution	Programs may require program participants to share in the costs of rent, utilities, security and utility deposits, moving, hotel or motel, and other expenses as a condition of receiving financial assistance.
Home Visits	Home visits are expected to be completed for all clients receiving financial assistance. In cases where immediate assistance is needed, the home visit may be completed after the financial assistance has been dispersed, but no later than 2 days after the disbursement.
3rd Party	Unless authorized by DHS, financial assistance payments should not be made directly to a client. Payments should be made to a third party.
Conflict of Interest	Financial assistance payments should not be made to or on behalf of any employee of the agency. Furthermore, an assisted property may not be owned by the grantee, subgrantee or the parent, subsidiary or affiliated organization of the subgrantee.

Payer of Last Resort HomeBase is the “payer of last resort” and all appropriate public and private subsidies must be explored. Public subsidies and payment options include:

- Public Assistance (PA)
- Supplemental Security Income (SSI)
- Supplemental Security Income for the Disabled (SSD)
- Medicare
- Medicaid
- ACS Family Subsidy
- Jiggets/FEPS
- HRA One-Shot Deals
- Grants from Emergency Rent Coalition Members
- The Bridge Fund
- FEMA/ESFP grants
- Other Third Party

Other Subsidy Program Rental assistance payments cannot be made on behalf of eligible individuals or families for the same period of time and for the same cost types that are being provided through another federal, state or local housing subsidy program. Cost types are the categories of eligible HPRP financial assistance: rent, either the client portion or the subsidy; security deposits, utility deposits, utility payments, moving cost assistance, and hotel/motel vouchers.

POLICIES - RENTAL & UTILITY FINANCIAL ASSISTANCE

In addition to the above policies, rental and utility financial assistance disbursements must be in accordance with the following policies.

Arrears Rental and utility arrear payments may not exceed 6 months and includes;

- financial assistance requests for a period prior to household’s intake date; and/or
- financial assistance requests for a period that exceeds 90 days before the request date.

On-going Assistance A rental/utility assistance request for a period after the intake date may be considered on-going assistance if it meets the following conditions;

- is for a period that does not exceed 90 days before request date
- is for a period that does not exceed 90 days after request date

Eligibility Period Households must be in a period of program eligibility to be eligible to receive financial assistance. Therefore, any financial assistance request for a period that exceeds the eligibility period is not eligible. Furthermore, if the payment deadline (i.e. the date rent is due as stated in the lease/ sub-lease) exceeds the client’s program eligibility period and/or is subsequent to an upcoming eligibility recertification is not eligible.

Leaseholder A lease/sublease must be in place and the program participant must be on the lease/sublease in order to receive rental assistance.

TABLE 1: FINANCIAL ASSISTANCE APPROVAL MATRIX

	HRPR	EAF	EAA	Additional Policy (not all inclusive)
	May not exceed 18 months	Within the first 3 months of intake date, no PA Sanction	Within the first 3 months of intake date, receiving SSI/SSD	
Rental Assistance				
Rent Arrears *	x			-May not exceed 6 months, -Leaseholder, -Cost must meet HUD's Rent reasonableness standards, -Amount cannot exceed rental cost
Non Leaseholder Rent Contribution		x	x	-May not exceed 3 months
Leaseholder Rent Subsidy *	x			-Leaseholder, -Cost must meet HUD's Rent reasonableness standards, -Amount cannot exceed rental cost
Security Deposit *	x			-Leaseholder, -Cost must meet HUD's Rent reasonableness standards, -Amount cannot exceed rental cost
Broker's Fee		x	x	-May not exceed 1 month's rent
Landlord Incentive		x	x	
Utilities				
Utility Arrears *	x			-May not exceed 6 months
Utility Deposit *	x			
Utility Payment *	x			
Moving Costs				
Moving	x			
Storage	x			-May not exceed 3 months
Temporary Housing				
Temporary Housing		x	x	-May not exceed 90 days

Miscellaneous				
Food Voucher		x	x	
Unpaid Bill		x	x	
Furniture		x	x	
Repair		x	x	
Home Improvement		x	x	
Household/Personal Items		x	x	
Transportation		x	x	
Work Expense		x	x	
Child Care		x	x	
Education/Training		x	x	
Client Incentives		x	x	
Medical Expense		x	x	
Other		x	x	

* Subject to Inspection policies: see Habitability Standards and Lead-Based Paint section of this document.

Policies - Financial Assistance Requests and Approvals

Providers are responsible for ensuring that financial assistance request, approvals and disbursements are timely and in accordance with the below policies.

Request for Approval

Financial assistance requests must be evaluated by the provider (prior to seeking DHS approval, if applicable). A determination must be made within 7 calendar days of the request date¹.

Disbursements

Providers are required to maintain a log of financial assistance disbursements, which includes recipient signature. Disbursements must be within 30 calendar days of financial assistance approval; any disbursement that exceeds 30 calendar days will be disallowed. Once financial assistance has been disbursed, providers must document in the DHS application by entering a check number. Documentation must occur within 7 calendar days of disbursement.

Providers must have written procedures for the tracking, distribution and safe guarding of financial assistance funds. Such procedures shall include, but not limited to, specifying staff allowed to disburse financial assistance funds, steps to document client's eligibility to receive a financial assistance payment, the authorization of a payment to be made to clients and others by the provider's supervisory staff, and the proper distribution of payments.

Providers are required to submit financial assistance request (FAR) to DHS once the financial assistance exceeds a defined amount. Amounts vary by client type and are described below.

Community & Aftercare

For community-based and aftercare clients, approval from DHS must be secured before granting financial assistance in the amount of \$2,000 or more. This applies to one time payments of \$2,000 or more, or payments that will total at least \$2,000 over the life of the short term assistance grant.

One time assistance

Payments typically may not exceed \$5,000. DHS can provide exceptions on a case by case basis.

Short - term assistance

Grants are limited to \$5,000. DHS can provide exceptions on a case by case basis.

Rapid Re-housing

For diversion and rapid re-housing clients, approval from DHS must be secured before granting financial assistance in the amount of \$5,000 or more. This applies to one time payments of \$5,000 or more, or payments that will total at least \$5,000 over the life of the short term assistance grant.

One time assistance

Payments typically may not exceed \$5,000. DHS can provide exceptions on a case by case basis.

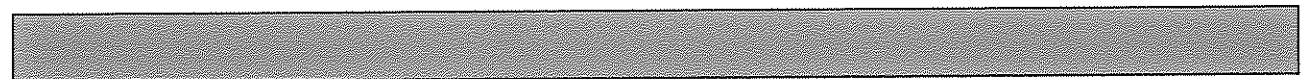
Short - term assistance

Grants are limited to \$5,000. DHS can provide exceptions on a case by case basis.

Financial Assistance Tracking Sheet		
Date		
Client Name		
Request Type		
CAMBA Contract & Code	<input type="checkbox"/> CAMBA 1	<input type="checkbox"/> CAMBA 2

Eligibility Period	Start Date:	End Date:
Assistance Period	Start Date:	End Date:

Previous funds disbursed	Total amount (including current request):		
Funding Source	<input type="checkbox"/> HPRP/ARRA	<input type="checkbox"/> EAA / EAF	<input type="checkbox"/> CITY TAX LEVY
Subsidy Type			



Fiscal Procedures

Fiscal procedures for authorization and distribution of financial assistance grants.

Purpose

To ensure compliance with Sponsor regulations; and to ensure understanding and compliance with CAMBA disbursement procedures

Applicability

Grants and contracts which have household assistance payments to/on behalf of eligible individuals and families

Chart of Authority

Prior to processing by the Accounts Payable Department, each request for financial assistance grant will require approval per the following chart of authority:

CREATING THE APPLICATION: HomeBase Staff

DOCUMENTING AND PACKAGING OF THE APPLICATION: Subsidy Specialists, Melissa Mowery, Program Director or in her absence Kathleen A. Masters, Deputy Executive Director & CAMBA General Counsel.

AUTHORIZATION OF THE PAYMENT: CAMBA HomeBase Fiscal Administrator and his or her supervisor

Types of Household Assistance

- a. The contractor may make Household Assistance payments in total of up to \$2000.00 for Aftercare and Prevention requests.
- b. **One-time payment** to be paid to an eligible individual or family which will ultimately lead to stabilization of the household. The payment typically may not exceed \$5,000.00, except that, higher amounts of financial assistance may be awarded with DHS prior written approval.
- c. **Short-term payments** to an individual or family in need of periodic assistance to maintain tenancy. The payments shall not exceed \$15,000.00 in total assistance. The payments may be made periodically **for a maximum period of eighteen months.**

Payment Supporting Documentation and Application Materials

- a. Only clients who **fulfill the eligibility requirement as stipulated by DHS will be considered for** financial assistance.
- b. It will be the responsibility of the case manager working with the client and Program Supervisors, or Program Managers to determine eligibility for financial assistance and build the case that assistance would stabilize the current living situation. The long term plan would address the factors contributing to the instability of the client's current housing.
- c. The financial assistance grant request package will include original documents and consist of the following:
 1. Documentation confirming that the client meets the basic program criteria

2. Proof that the client is receiving Public Assistance or the household income does not exceed **50% of the AMI**
3. Financial Assistance Request printout from the DHS Home Base database
4. Documentation that all other financial options have been exhausted.
5. Documentation for the reason that the case manager is seeking financial assistance and how the financial assistance will stabilize the clients housing.
6. **No payments will be made directly to the client, except for Advantage Savers, authorized by DHS.** Each payment will be made to a third party, specified and stipulated on the application package.
7. Supporting documentation ensuring that the case manager has worked with the client to secure all preventive subsidies and assistance for which they qualify.
8. Supporting documents will include housing court papers, benefits issuance histories from HRA and other pertinent documentation.
9. **Contingencies:** Where ongoing financial assistance is contingent upon the client agreeing to take a specific action (e.g., entering a job training program, receiving psychiatric services, formal mediation services or enrolling in a financial literacy workshop), it will be the responsibility of the case manager who presented the original request for the financial assistance grant to obtain confirmation, document that steps have been taken and the client is currently participating in the service agreement.

Fiscal Process

- A. The completed application package is forwarded to the fiscal administrator with responsibility for the program, located in the main CAMBA, Inc. office location. (This staff person is supervised by the Director of Finance)
- B. The accountant will review and approve the package for completeness. If the package is incomplete, a call will be placed to the CAMBA HomeBase Subsidy Specialist(s), requesting the missing documentation. If it is determined that the request cannot be processed, the fiscal administrator will notify the Subsidy Specialist (s), and return the package to the program.
- C. The completed application form, checklist and all backup original documents will be kept by the fiscal administrator with responsibility for the program in the main Fiscal department and a copy will be kept by the Subsidy Specialist(s) at the CAMBA HomeBase site. The Home Base case managers will keep working copies in the client's file.
- D. The complete package approved by the fiscal administrator with responsibility for the program and forwarded to CAMBA's Chief Financial Officer, who will review the package for completeness and authorize payment.
- E. The fiscal administrator will track the aggregate assistance provided to each client, and review documentation of DHS approval together with all supporting documentation before issuing or authorizing any checks.
- F. **CAMBA HomeBase's Subsidy Specialist(s) will keep track of aggregate disbursements. A data tracking system will be designed to track of all disbursements in accordance with the different funding sources (HPRP, EAA/EAF**

and City Tax Levy monies) each funding source will be assigned two codes, one for CAMBA I and CAMBA II respectively.

- G. The package will be forwarded to the Accounts Payable Department for processing. As stated, CAMBA fiscal will be able to provide clients who present with a **financial emergency** with expedited checks within **24 hours** and for **non-emergency** cases, CAMBA will provide clients with checks within 72 hours.
- H. Standard CAMBA disbursement procedures will be followed.
- I. Payment schedules-Checks will be issued per the regular A/P schedule (Generally on a daily basis) to the third party indicated in the approved financial assistance request package.

Fiscal Reporting

- A. The Fiscal department will provide an income statement on a monthly basis to reflect revenues, emergency restricted funds disbursed to clients and expenses incurred by this program.
- B. CAMBA Deputy Executive Director of CAMBA HomeBase updates the CAMBA Executive Director about contract performance, at a minimum, on a monthly basis. CAMBA HomeBase Program Director updates the Executive Deputy Director about contract performance, at a minimum, on a weekly basis.

CAMBA Deputy Executive Director works closely with the CAMBA HomeBase Program Director who oversees the operations of this program, and meets on a regular basis to review variance reports to monitor contract spending and discusses program spending patterns or other financial concerns that warrant their attention.

Banking

- A. To ensure that funds are not commingled, all funds will be held in two bank accounts separate from the general and other funds of CAMBA, Inc.
- B. All checks will require authorized signatures

Audit and Review

Fiscal will conduct internal audits of the application materials to ensure compliance with the funding criteria and the program requirements.

CAMBA Executive Director, CAMBA Chief Financial Officer, and the Executive Deputy Director/CAMBA General Counsel periodically review systems and procedures to ensure conformity with generally acceptable nonprofit accounting practices.

External Audits

1. CAMBA Chief Financial Officer or his designee meets with auditors from various city agencies to ensure CAMBA's compliance with accounting and quality assurance standards.
2. The Board's Finance Committee reviews financial statements four times a year and meets with the agency's auditors.
3. The Program is audited by the auditor's of the funder
4. CAMBA has an annual audit conducted by the CPA firm of Buchbinder Tunick & Company LLP. The firm also conducts the Federal A-133 Audit and prepares the Federal form 990. The outside auditors report to the CAMBA Board of Directors.

Going on My Own (G.O.M.O) Renters' Initiative

Syllabus

Objective: This program was designed to assist our clients to maintain stable housing through independent living skills: such as effective communication (with landlords), budgeting and problem solving. The emphasis of the program is on the budgeting component. Since our program no longer offers the opportunity for clients to obtain the Section 8 vouchers to subsidize their monthly rents. It is imperative that we equip them with the necessary financial skills that would enable them to manage on their own.

This service offered through interactive workshops and one-on-one counseling. We employ the use of our daily planner, which contains budget sheets, and tracking sheets, savings tips, and words of advice and encouragement. The daily planner supports our clients' ongoing budgeting efforts by serving, in part, as a friendly reminder of their financial responsibilities.

The workshops not only provide valuable information but also afford HomeBase clients an opportunity to meet and share common experiences, thus providing an informal support group

Content: **Money Management & Budgeting:**
Self Introspection: This exercise allows clients to look inside themselves analyze their current financial situation and answer the following questions:

1. Do I spend my money wisely?
2. What steps do I need to take to assess my financial situation
3. What are my financial goals for the next six months?

Failure to Control Finances = Inability to Control Life

This topic is intended to help clients understand the danger of living paycheck to paycheck. It emphasizes the danger of this situation, any unanticipated event could turn their lives upside down; therefore they will have no options in an emergency. For e.g. unexpected job loss could ultimately lead to homelessness. They will therefore have no ability to plan, hence their futures are insecure. The importance of saving is emphasized. Different strategies for savings are also discussed.

Barriers to financial stability

Here clients understand that the failure to set priorities and goals are the main barriers to becoming financially stable. The importance of making a plan and sticking to it is emphasized. They also learn to distinguish wants from needs and prioritize monthly expenditure.

Attitudes and Values about Money

Clearly, there are psychological, cultural, and religious influences that help explain our spending habits, and no one answer is correct. In a non process nonjudgmental process we ask clients to review the following question and then we encourage open discussions:

- ✓ Why do some people spend more than they can afford?
- ✓ Are they simply bad consumers?
- ✓ Or do they simply not have sufficient income?
- ✓ Do they think that spending will make them feel good?
- ✓ Do they simply want to impress others? Or at least keep up?
- ✓ Do some people feel that they're entitled to spend on whatever they want?
- ✓ Why are some people never content even though they have plenty?