

Supportive Services Intake Form

Name: _____ Date: _____

Income (ONLY if required by QP2 or QP4): _____ Number in Household: _____

Household Type: Single, Non-Elderly Elderly Single Parent Two Parents Other

New Household: Yes / No Veteran: Yes / No Hispanic: Yes / No

Race:

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> Black/African American & White |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> American Indian/Alaskan Native & Black/African American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian & White | |
| <input type="checkbox"/> American Indian/Alaskan Native | | |
| <input type="checkbox"/> Other Multi-Racial | | |

QP1: Homeless

- Homeless
- Imminent Risk of Homelessness
- Homeless Under Other Federal Statutes

QP2: At Risk of Homelessness

- Individuals & Adult Families (**Requires income verification**)
- Unaccompanied Children & Youth
- Families with Children & Youth

QP3: Domestic Violence, etc.

- Imminent Risk of Harm

QP4: Other Populations

- Other Families Requiring Services or Housing Assistance to Prevent Homelessness
- At Greatest Risk of Housing Instability (**Requires income verification**)
- Low Income & At Risk of Homelessness (**Requires income verification**)

*I certify that the information on this form is accurate and complete. I understand that I must fill out and include a copy of this form in the Client's file which **MUST** include my certification that the Client qualifies as QP1, QP2, QP3, or QP4 **AND** the required documentation listed in the Required Documentation section of this form.*

Name

Date

QP1: Homeless

- Homeless:** An individual or family who lacks a fixed regular, and adequate nighttime residence (select one).
 - Primary nighttime residence that is a public or private place not designed for regular sleeping accommodations for human beings.
 - Living in an emergency shelter.
 - Living in an institution where they resided for 90 days or less and resided in an emergency shelter or place not meant for human habitation immediately prior to entering that institution.
 - Living in a hotel/motel that is paid for by a charitable organization or governmental agency (the Client may qualify as *QP2: At Risk of Homelessness* if they are paying for the hotel themselves).

- Imminent Risk of Homelessness: MUST** meet **ALL** three requirements listed below.
 - An individual or family who will imminently lose their primary nighttime residence within **14 days** of the date of application for assistance, **AND**
 - No subsequent residence has been identified, **AND**
 - Household lacks resources or support networks needed to obtain other permanent housing.

- Homeless Under Other Federal Statutes: MUST** meet **ALL** of the requirements below.
 - Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under the QP1 definition but who are defined as homeless under Section IV.A.1 of [HUD Notice CPD-21-10](#) (see the HOME-ARP Supportive Services Policies & Procedures for more information), **AND**
 - Have not had a lease, ownership interest, or occupancy agreement in permanent housing in the last **60 days**, immediately prior to applying for assistance; **AND**
 - Have experienced persistent instability as measured by two or more moves in the last **60 days**; **AND**
 - Can be expected to continue in such status for an extended period of time due to special needs or barriers (For example: chronic health or mental health conditions, substance addiction, or history of domestic violence or child abuse).

I certify that the Client / Household listed on this form qualifies for the HOME-ARP Supportive Services program as QP1, that they meet the HOME-ARP Supportive Services eligibility requirements listed above, and that the information provided on this form is accurate. I understand that I must provide adequate documentation to prove the Clients eligibility.

Name

Date

Required Documentation

The following pages contain examples of how to document that an individual or family qualifies for HOME-ARP Supportive Services as QP1. Check which documentation is needed to certify that an individual or family is eligible. **Keep a copy of ALL documentation with the signed and dated intake form in each Client's file.**

QP1: Homeless

A person qualifies as QP1: Homeless if they are “Homeless”, at “Imminent Risk of Homelessness”, or “Homeless Under Other Federal Statutes.” See the HOME-ARP Supportive Services Policies & Procedures for more information.

QP1: Homeless (at least one of the following)

Third Party Verification (Preferred)

- A written, dated and signed observation describing the conditions where the individual or family was living issued by an outreach worker, a shopkeeper, police officer, **OR**
- A written, dated and signed referral by another housing or service provider, **OR**
- Records from the Homeless Management Information System (HMIS) demonstrating enrollment in homeless services program, **OR**
- Evidence that a **charitable organization** or **governmental entity** is paying for hotel/motel, **OR**
- For individuals exiting an institution one of the forms of evidence above **AND** discharge paperwork or written/oral referral, dated and signed, from a social worker, case manager, or other appropriate official of the institution which includes start and end times of time residing in institution

Intake Worker Observation (when third party verification is unavailable)

- Written, signed, and dated intake worker observation

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

Required Documentation

QP1: Homeless

QP1: Imminent Risk of Homeless

Less than **14 days** from losing primary residence **AND** exhibit lack of resources. **MUST** provide documentation for **BOTH** *Timeline* and *Lack of Resources* sections below.

Timeline

Third Party Verification (Preferred)

- Court eviction documentation or equivalent notice
- Hotel bill showing that the **household** paid for hotel

Intake Worker Observation (when third party verification is unavailable)

- Written, signed, and dated intake worker observation

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

Lack of Resources

Third Party Verification (Preferred)

- Letter dated and signed from family member stating they cannot support or house individual or family
- Records of savings that demonstrate the household is unable to continue paying for hotel/motel for more than 13 days

Intake Worker Observation (when third party verification is unavailable)

- written, signed, and dated intake worker observation

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance

Required Documentation

QP1: Homeless

QP1: Homeless Under Other Federal Statues

Meets “Other Federal Definition” (see the HOME-ARP Supportive Services Policies & Procedures for more information) **AND** have a history of living situation **AND** have special needs or barriers. **MUST** provide documentation for **ALL 3** sections below.

Meets Other Federal Definition

Must provide Third Party Verification. Intake Worker Observation and Self-Certification are not acceptable to meet the “Other” definition.

- Dated and signed letter that must come from 3rd party responsible for administering the program using the other federal definition of homelessness.

History of Living Situation: Intake Worker Observation is not an acceptable verification for this criterion

Third Party Verification (Preferred)

- Attempt to seek documentation to support self-certification regarding at least 2 moves and no lease in last 60 days. The attempts must be documented

Self-Certification (when third party verification is unavailable)

- Self-certification by the individual or head of household seeking assistance

Presence of Special Needs or Barriers

Third Party Verification (Preferred)

- Dated and signed documentation from licensed professional regarding disability
- SSI/SSDI award letter

Intake Worker Observation (when third party verification is unavailable)

- Intake staff observations of potential two or more barriers as appropriate, dated and signed

Self-Certification (when both third party and intake observation are unavailable)

- Self-certification by the individual or head of household seeking assistance