

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

QP2: At Risk of Homelessness

- **Individuals and Adult Families: MUST** meet all requirements below.

Income: _____

- Less than 30% AMI (**Requires income verification.** See *HOME Income Limits*); **AND**
- Does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place listed in *QP1: Homeless*; **AND**
- Meets **ONE** of six (6) following conditions:
 - Has moved because of economic reasons two or more times during the **60 days** immediately preceding the application for HOME-ARP Supportive Services.
 - Is living in someone else's home because of economic hardship.
 - Has been notified in writing that their right to occupy their current housing or living situation will be terminated within **21 days** after the date of application for assistance.
 - Lives in a hotel or motel and the cost of the hotel or motel stay is **NOT** paid by charitable organizations or by federal, State, or local government programs for low-income individuals (if the hotel/motel is paid for by a charitable organization or governmental agency, the individual qualifies as *QP1: Homeless*).
 - Two (2) or more people living in a single-room occupancy (SRO / studio) or efficiency apartment unit **OR** people living in a larger housing unit with more than 1.5 people per room. **Note: overcrowding is measured by ROOMS – excluding kitchen and bathrooms – not BEDROOMS.** (E.g. A 2-bedroom unit that has a living room and dining room has **4 ROOMS**. This unit can have up to 6 people living in it before it is considered “overcrowded.” To qualify as QP2 with this condition, the unit in question would need to house 7 or more people).
 - Is living in a publicly funded institution, or system of care.
- **Unaccompanied Children & Youth:** A child or youth who does not qualify as “homeless” as outlined in *QP1: Homeless*, but qualifies as “homeless” under section 387(3) of the Runaway and Homeless Youth Act ([42 U.S.C. 5732a\(3\)](#)), section 637(11) of the Head Start Act ([42 U.S.C. 9832\(11\)](#)), section 41403(6) of the Violence Against Women Act of 1994 ([42 U.S.C. 14043e-2\(6\)](#)), section 330(h)(5)(A) of the Public Health Service Act ([42 U.S.C. 254b\(h\)\(5\)\(A\)](#)), section 3(m) of the Food and Nutrition Act of 2008 ([7 U.S.C. 2012\(m\)](#)), or section 17(b)(15) of the Child Nutrition Act of 1966 ([42 U.S.C. 1786\(b\)\(15\)](#)) (see *HOME-ARP Supportive Services Policies & Procedures or the listed federal statues for additional information*).
- **Families with Children & Youth:** A child or youth who does not qualify as “homeless” under the homeless definition but qualifies as “homeless” under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)) and the parent(s) or guardian(s) of that child or youth if the parent(s) or guardian(s) live with them. (see *HOME-ARP Supportive Services Policies and procedures or the listed federal statues for additional information*).

QP2: At Risk of Homelessness

I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP2, they meet eligibility requirements for HOME-ARP Supportive Services listed above, and 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 QP2. 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.**

QP2: At Risk of Homelessness

Individuals and Adult Families

Meets income requirements **AND** exhibits lack of resources **AND** evidences housing instability according to *Housing Instability Conditions* as outlined at the end of this document. **MUST** provide documentation for **ALL 3** sections below.

- Income (less than 30% AMI): Intake Worker Observation is not an acceptable verification for this criterion**

Third Party Verification (Preferred)

- Wage Statements, pay stubs, unemployment compensation, public benefits statement, bank statement; documented calculation to show household eligibility

Self-Certification (when third party is unavailable)

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

- Lack of Resources and Support: Intake Worker Observation is not an acceptable verification for this criterion**

Third Party Verification (Preferred)

- Notice of termination of employment, unemployment compensation statement, bank statement, health-care bill showing arrears

Self-Certification (when third party is unavailable)

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

- Evidence of Housing Instability (See Housing Instability Conditions at the end of this document for documentation examples for each condition)**

Third Party Verification (Preferred)

- Source documents that prove one or more of the conditions listed in *Housing Instability Conditions* at the end of this form.

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

QP2: At Risk of Homelessness

Unaccompanied Children & Youth

Meets Other Federal Definition **AND** Age. **MUST** provide documentation for **BOTH** sections below.

- Other Federal Definition:** *Third Party Verification is the only acceptable form of verification for this criterion*

Third Party Verification

- Dated and signed letter that must come from staff at an entity responsible for administering the program using the other federal definition of homelessness

- Age**

Third Party Verification (Preferred)

- School ID, Driver's License, birth certificate or any other document issued from state or local government with date of birth.

Self-Certification (when third party is unavailable)

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

Required Documentation

QP2: At Risk of Homelessness

Families with Children & Youth

Meets section 725(2) of the McKinney Vento Homeless Assistance Act AND age AND parent or guardian of child in household requirements. MUST provide documentation for **ALL 3** sections below.

- McKinney Vento Homeless Assistance Act: Third Party Verification is the only acceptable form of verification for this criterion**

Third Party Verification

- Dated and signed letter must come from staff at an entity responsible for administering the program using the federal definition of homelessness under McKinney Vento

- Age**

Third Party Verification (Preferred)

- School ID, Driver's License, birth certificate or any other document issued from state or local government with date of birth

Self-Certification (when third party is unavailable)

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

- Parent or Guardian of Child(ren) in Household**

Third Party Verification (Preferred)

- Birth certificate or court document showing custody of child

Self-Certification (when third party is unavailable)

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

Housing Instability Conditions

Housing Instability Condition is met when the client meets **ONE** of the following criteria.

- Has moved because of economic reasons two or more times during the last 60 days immediately preceding the application for homelessness prevention assistance**

Third Party Verification (Preferred)

- Letter from tenant/owner
OR
- Referral from housing/service provider
OR
- HMIS records

Intake Worker Observation (when third party verification is unavailable)

- Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

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

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

- Is living in the home of another because of economic hardship (“doubled-up”)**

Third Party Verification (Preferred)

- Letter from tenant/owner where the participant is residing,
AND
- Termination letter from employment, medical or utility bills in arrears

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

- Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance**

Third Party Verification (Preferred)

- Eviction notice, court order to leave within 21 days
OR
- If (doubled-up): eviction letter from tenant/homeowner

Intake Worker Observation (when third party verification is unavailable)

- Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

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

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

Housing Instability Conditions

- Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low- income individuals*

Third Party Verification (Preferred)

- Letter from hotel/motel manager

AND

- Cancelled check, credit card statements made to hotel, OR if paid in cash, letter from hotel/motel manager

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

- Lives in a severely over-crowded unit as defined by US Census Bureau (SRO/efficiency more than 2 people OR 1.5 people per room in larger housing)*

Third Party Verification (Preferred)

- Lease with unit size and number of people in unit

OR

- Unit details from Tax Assessor's Office

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

- Is exiting a publicly funded institution, or system of care*

Third Party Verification (Preferred)

- Discharge paperwork

OR

- Letters from referring provider

Intake Worker Observation (when third party verification is unavailable)

- Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

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

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

HOME Income Limits

SOURCE: HUD

MSA: Kennewick, Richland, Pasco, WA

ALL LIMITS EFFECTIVE: 6/15/2023

FY 2023 AREA MEDIAN INCOME (AMI): \$101,700

2023		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
EXTREMELY LOW-INCOME	30% AMI	\$19,400	\$22,200	\$24,950	\$27,770	\$29,950	\$32,150	\$34,350	\$36,600
VERY LOW-INCOME	50% AMI	\$32,350	\$37,000	\$41,600	\$46,200	\$49,900	\$53,600	\$57,300	\$61,000
PROJECT SPECIFIC	60% AMI	\$38,820	\$44,400	\$49,920	\$55,440	\$59,880	\$64,320	\$68,760	\$73,200
LOW-INCOME	80% AMI	\$51,750	\$59,150	\$66,550	\$73,900	\$79,850	\$85,750	\$91,650	\$97,550

**Calculate AMI for a more than 9-person household by adding 8% for each member over 4-person AMI (e.g., 9 person is 140% of 4-person AMI).*