

One Family, Inc.

Housing First

Prevention / Triage Training

**YWCA Family Center
Community Shelter Board
Columbus, OH**

Basics of the Housing First Model

- Acknowledge that housing is a basic right
– not a reward
- Housing is seen as the first step
- Once housed, families can gather the support, services and community assets that enable them to stay housed

Emergency Shelter: Goals of Housing First

Three fundamental goals:

- Assess and address immediate housing need of all
- Provide safe, supportive temporary housing
- Assure all admitted have plan for and are assisted in obtaining permanent housing as quickly as possible.

What are people asking for?

- A safe, affordable place to live
- Community
- Services appropriate to their needs
- Choice
- Money enough to live on
- A role in the community and in their families
- A chance for their children and them to get ahead

What do we see as the barriers for getting housing as quickly as possible”?

- Medical needs
- Substance abuse
- Behavioral problems with children
- Mental Health issues
- Trauma
- Disruptions of school and employment
- Difficulty with social skills
- Poverty

Basics of the Housing First Model ...

- Acknowledge that housing is a basic right – not a reward
- Housing is seen as the first step
- Once housed, families can gather the support, services and community assets that enable them to stay housed

Emergency Shelter: Key Concepts

- **Not every family who presents for shelter needs shelter**
 - Effective crisis assessment (Diversion Tool)
 - Divert to prevention and stabilization assistance whenever possible
- **Temporary shelter should be as temporary as possible**
 - Some families will exit with minimal assistance
- **Assess needs, identify housing options, target interventions**
 - Assess what's relevant, identify what's appropriate, and provide 'just enough'
 - Process efficiency
 - Re-assess and flex assistance as needed and appropriate
- **Focus on rapid re-housing and stabilization**
 - Ensure affordability-immediate, ongoing
 - Ensure supports are in place (formal, informal) for ongoing stability
 - Ensure plan to prevent future crisis and return to homelessness

Emergency Shelter: Key Concepts

Performance

- Set both output and outcome goals
 - Outputs (number served, cost/household, length of stay, etc.)
 - Outcomes (housing destination, recidivism, income changes, etc.)
- Goals should align with community/system/funder goals

Outcomes can be calculated consistently for all clients if, and only if:

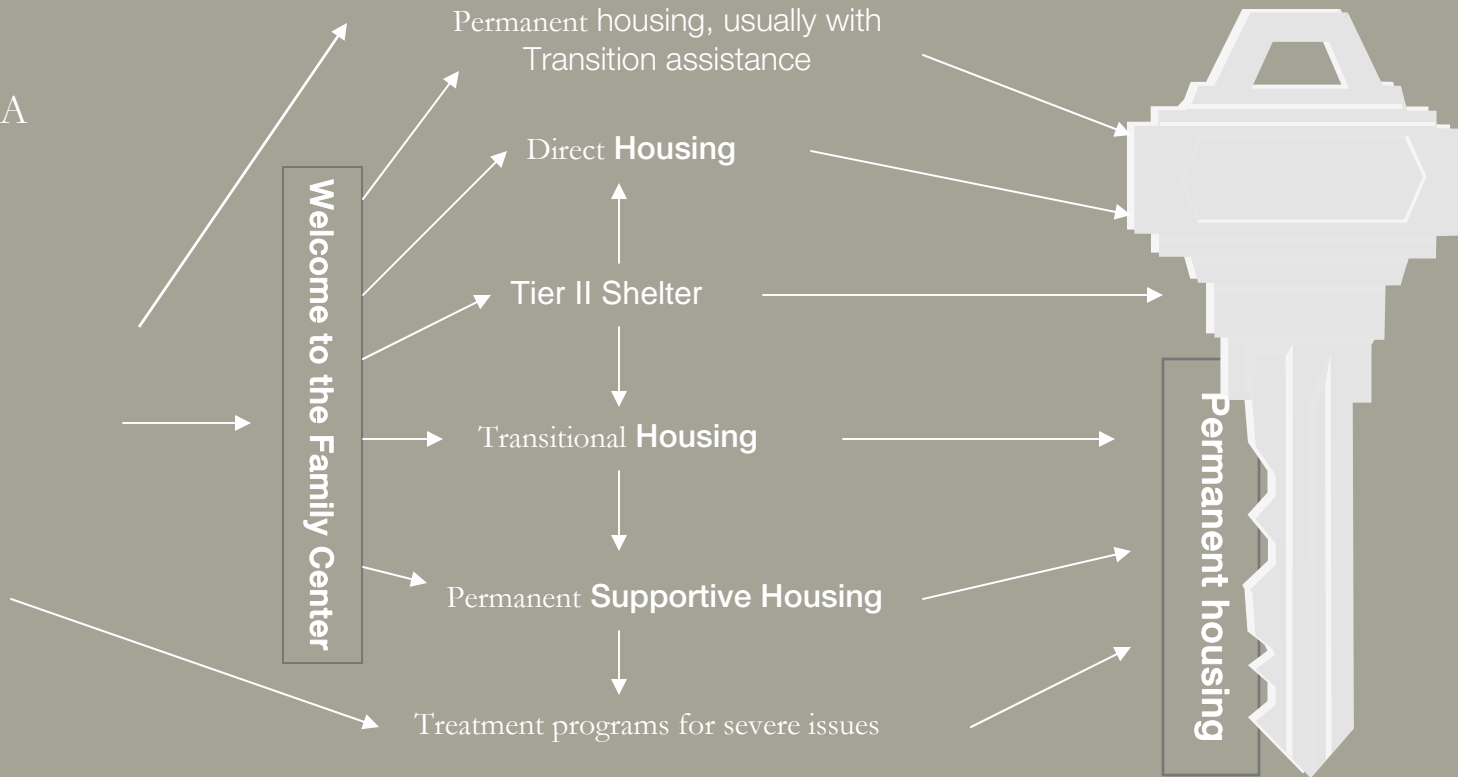
- Staff are collecting the required information at entry and exit for each client
- Staff are recording this information into the HMIS in a timely fashion (e.g., 4th business day of every month for prior month).
- The target population and corresponding goals are clearly defined.

Community Shelter Board – Family System

Family System Diversion

First contact
between YWCA
Family Center
and family:

- Triage
- Referral
- Assessment
- Services
- Guidance



- **System Framework:**
 - Prevention & diversion
- **Single point of contact: “front-door” shelter**
 - Supply expands to meet demand
 - Triage before intake
 - Housing First design
 - Coordinated with all housing resources
- **Minimize shelter stay/move to appropriate housing quickly** -- 70% of families gain “a home in three weeks”
- **Measures results and manage for outcomes**

Crisis to Stability: Back Door Options

- **No Assistance**
 - Family able to exit on own, with own resources
- **One-Time Assistance**
 - Family able to maintain housing after one-time move-in assistance
 - May be subsidized/unsubsidized.
 - Permanent housing placement-information, linkage, advocacy, etc.
 - Financial assistance for move-in, arrears, etc.

Crisis to Stability: Back Door Options

- **Short-Term/Medium Term Assistance**

- Family able to maintain housing with one-time move-in and transitional assistance (typical range: 2 to 18 months)
 - May be subsidized/unsubsidized
- Permanent housing placement-information, linkage, advocacy, etc.
- Financial assistance-move-in, arrears, rent subsidy (shallow, graduated, etc.)

- **Transitional Housing**

- Family able to later move to permanent housing after site-based transitional housing/services (typical range: 6 to 24 months)
 - Need rationale for placement in transitional housing versus other permanent options
- Transitional services and housing (family moves at termination)
- Permanent housing placement assistance upon completion (various types)

- **Permanent Supportive Housing**

- Family able to maintain permanent housing with ongoing access to site-based supportive services (not time-limited)
 - Need rationale for placement in permanent supportive housing versus other permanent options
- Permanent housing (tenant typically holds lease)

Does Housing First work?

Seattle Housing First Project

- 92% fewer nights in emergency shelter
- 87% fewer admissions to sobering centers
- 45% fewer bookings to county jail, and
- 41% fewer medical expenses

Other:

- 1/3 reduction in the # of days residents used alcohol to the point of intoxication
- Medical respite eliminated
- ER visits declined by 74%

www.naeh.org

YWCA Family Center

What it means
to be the Front Door...

We move quickly ...

Intake Process

If we determine through triage or appeals that a family is eligible for our program, we take them through an intense intake process including informing them of necessary housing documents and scheduling them for all of their required appointments within 24-48 hours of entering shelter. Also, proof of homelessness must be shown at time of entrance.

Appointments include: New Family Orientation, Youth Service Orientation (to get their child into childcare and their home school), Employment Resource Specialist, and their first appointment with their Family Advocate.

Within the 1st Week

- Families are expected to get all of their housing documents and necessary appointments complete.
- We do this to ensure the client will be able to obtain housing or connections with other agencies within 3 weeks.
- By the end of the first week, we know what families need and can successfully plan a goal for their housing. In fact, we are connecting to our partners within 3 – 7 days.

Asking the experts ... what our Family Advocates are saying works for them.

- Ask people where they want to be in 5 years
- Connect people to dreams and goals for their families to housing as the first step
- Educate people about available housing options and expectations of each
- Identify skills and supports needed to maintain chosen housing option
- Establish housing access or housing stability as a primary goal
- Assist people to secure income

What I might add ...

- Prepare for the housing expectations of each housing opportunity.
- Plan for and assist in maintaining housing (paying rent, apartment maintenance and upkeep, complying with the lease and following house rules, accessing after care services and support).

In the first meeting ...

Goal Based Assessment

- Explore what the families choice means
- History (i.e. housing, employment)
- Preferences
- Financial issues
- Implications of disabilities or service needs and how this relates to goal
- Long term goals, particularly as relate to children

At the same time, we begin removing barriers ...

- Behavioral problems with children
- Disruptions of school and employment
Medical needs
- Poverty
- Mental Health issues
- Substance abuse
- Trauma
- Difficulty with social skills

We remove barriers ...

Child Care Services

- Of the 5,000 children served since opening, over **50%** have had the opportunity to be in formal day care at the Family Center. 85% of the children currently at the shelter are enrolled.
- **98%** of children were able to remain in their home school.
- **84%** of the children enrolled in our Safe & Sound program for at least 10 days demonstrate increases in at least two developmental areas. -KidsClub and Teen Center were awarded the Hannah Dillard Award for Excellence in Afterschool Programming
-**53** AmeriCorps members have provided **57,500** hours of service and we have been rated a top AmeriCorps[®]1 program.

Partnerships (Children)

- Nationwide Children's Hospital - Behavior Health
- Columbus Public Schools
- Project Connect

Provides tutoring, enrollment and transportation assistance, educational assessments for school age children, and assistance for parents negotiating the IEP process. This year Project Connect also provided an Early Childhood Advocate who completed developmental screens for all of the children enrolled in our program.

- Ohio Youth Advocate Program
- Help Me Grow
- FCCS
- Children's Hunger Alliance
- CB Richard Ellis (Birthday Cakes!)

We remove barriers ...

Transportation Services

- We have 2 full-time staff committed to driving families to:
- Obtain all housing documents including criminal background checks, birth certificates, ID's, etc.
- Find and interview for jobs and job fairs
- Find and move into housing

Partnerships (Medical)

- Mount Carmel Mobile Van
- Health Care for the Homeless
- OSU School of Nursing
- South East Mental Health Mobile Van
- BREA

Partnerships (Employment and Benefits)

- COWIC
- Goodwill
- Job Leaders
- “Charity Newsies” and “Dress for Success”
- Benefit Bank
- Impact
- Legal Aid Society
- Department of Veterans Affairs

We provide ... After Care Services

- Check in at 3 and 6 months.

The Community Support us ...

Volunteers

- We have wide variety of volunteers from sororities, ministers, universities, churches, etc. Since opening, over **16,000** volunteers have donated over **100,000** hours of service
- Volunteers have helped us prepare and serve meals, provide childcare, assist with employment training, offer support groups, do crafts and storytelling with kids, maintain the garden, etc.
- Our volunteers have also kept our babies dry with over **70,000** donated diapers.

A recap ...

The Miller Family

Questions?

To learn more ...



Community Shelter Board
<http://www.csb.org>



YWCA Columbus
<http://www.ywcacolumbus.org>

YWCA Family Center Triage Form

Revision effective 08-07-09

Staff name: _____ Date: ___/___/___ Time: _____AM/PM Phone Call Walk-In

In order to determine your eligibility for our program, the YWCA Family Center needs to collect data and information about you and your household. This information collected, both on paper and electronically, is considered confidential and privileged and the YWCA will only use this information for planning purposes, in conjunction with its funder, the Community Shelter Board. Are you willing to provide this information? Yes No

1. What is your name (Confirm Spelling?) _____ Any other name(s): _____

DOB: ___/___/___ Gender: _____ SS#: ___/___/___

Race: Black White Native American Asian Hispanic Employed: Yes No

Other adult in household(Confirm Spelling?) _____ Any other name(s): _____

DOB: ___/___/___ Gender: _____ SS#: ___/___/___

Race: Black White Native American Asian Hispanic Employed: Yes No

2. Do you have minor children with you now? Yes No If so, do you have legal custody of them? Yes No
How many children? _____ Ages? _____ 0-2 years _____ 3-7 years _____ 8-12 years _____ 13-17

- A. If the answer is yes to both, proceed to next question.
- B. If the caller does not have minor children please refer to an appropriate single system provider and record referral
- C. If the caller does not have legal custody of their children please explain our policy and offer appropriate resources and record referral

3. Where are you calling from? _____ Is there a phone number there? _____ Alternate contact #: _____

4. Last address where you had housing in your name? _____ Zip Code: _____ When? _____

5. What is the situation there? _____

- If facing eviction, ask "Have you received an eviction notice?" Yes No - If Yes when is the court date? _____
- If a landlord or other legal problem, ask "Have you contacted Legal Aid?" Yes No
- If a utilities problem, ask "Have you talked to the utility company?" Yes No
- If housing is condemned, ask "Have you contacted the City/County for assistance?" Yes No

6. Where did you stay last night? _____ Zip Code: _____

7. Is that in Franklin County? Yes No If no, where?: _____

- A. If the caller was a resident of Franklin County prior to becoming homeless, proceed to next question.
- B. If the caller is from out of county, ask "What is your housing plan for Franklin County?"

- C. If the caller has no feasible plan, state: "The YWCA Family Center provides temporary shelter and/or services to families who were living in Franklin County prior to becoming homeless. Do you have housing or resources in _____ (county where last housing was)? Yes No
 - If yes, assist family with accessing resources in their community. If necessary, you may seek approval from a YFC director to authorize an overnight courtesy stay while we assist them. If no, proceed to next question.

8. Have you ever been in a shelter program before? Yes No What program? _____ When: _____

- A. If no, please verify in CSP and move to next section. Does CSP show past stays? Yes No, if Yes proceed to B
- B. If yes, please verify in CSP and record date of all previous entries: _____
Outcome of last shelter stay: _____

9. Are you or anyone one in your household a registered sex offender? Yes No

- A. If no, move to next section.
- B. If yes, family isn't eligible for our program, explain our policy and offer appropriate resources and record referral

10. Are you safe right now? Yes No If no, why? _____

- If the caller is safe right now, proceed to next question.
- A. If the caller is not safe due to domestic violence, assess immediate risk and make appropriate referrals and record.
- B. If the caller is not safe due to some other condition, make appropriate referral and record.

11. Is there anyone else you and your family could stay with for at least the next two business days so that it may be determined if you are eligible for other services and/or supports that may prevent your entry into emergency shelter: Yes No

12. Has anyone in your home including adults ever been involved in Child Protective Service: Yes No if yes, who: _____

- A. If the answer is no, proceed to next section
- B. If the answer is yes, determine eligibility for Stable Families (if caller expresses support but not able to get there please problem-solve transportation with family as needed) and make appropriate referrals and record. Cab Voucher provided: Yes No

Stable Families:

Staff: Did the family answer yes to questions 10 and 11 or was the family's most recent permanent address or their current address located in one of the following zip codes: 43203, 05, 06, 13, 20? If the family meets either of these qualifiers and can remain where they are and prevent their need to enter shelter for at least the next two business days they are an appropriate referral. If the family is willing to participate in a screening to determine eligibility proceed with the following request for consent:

“We are an agency partner of the Community Shelter Board who is sponsoring a prevention program, Stable Families, for families in Franklin County experiencing a housing crisis. If you would like the YWCA Family Center to refer your family to this program so that someone will contact you to determine eligibility for case management and limited financial support we will need your verbal consent? Do you give the YWCA Family Center your consent to refer your family to the Stable Families program? Yes No
If yes, contact Stable Families by e-mail and/or phone and fax a copy of the Triage form, if no, proceed with Eligibility and Outcome

Referral Type:	Referral Source and Contact:	Referral Made:
Prevention Pilot – CSB	Stable Families – 268-2472 ext. 22 Fax 268-4260 Julie Holston (e-mail; jholston@ciskids.org)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shelter for Single Men	Faith Mission – 224-6617 Faith on 8 th - 299-3192 Friends of the Homeless (FOH) – 253-2770 Volunteers of America – 224-0128	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Shelter for Single Women	Nancy’s Place (Faith Mission) – 224-6617 Rebecca’s Place (FOH) – 253-2770	<input type="checkbox"/> Yes <input type="checkbox"/> No
Out of County	Firstlink – 221-2255 or 211	<input type="checkbox"/> Yes <input type="checkbox"/> No
Domestic Violence – (Single women and women w/children)	CHOICES – 224-4663	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alcohol / Drug Treatment	Amethyst - Maryhaven Engagement Center – 449-1530 (Men) 324-5413 (Women)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mental Health Services	Netcare – 276-2273	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rental Assistance	Homeless Prevention Program – Gladden Community House – 2217801 Donna Woods	<input type="checkbox"/> Yes <input type="checkbox"/> No
Landlord Mediation and Resolution	Legal Aid – 241-2003	<input type="checkbox"/> Yes <input type="checkbox"/> No
Utility Assistance	HEAP 800-686-1557	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please list other resources provided: _____

Eligibility and Outcome

If the caller meets eligibility for entry into the program and has no other options, please provide a brief description of our program model, rules, and expectations, and schedule an Intake. 1) YFC is a temporary emergency shelter program for families in housing crisis. 2) Target stay is 14-21 days. 3) The family will be required to meet with an assigned Family Advocate at least 2-3 times per week, and create and follow through on their housing goal plan, including securing next step housing. 4) The YFC is an alcohol and drug free facility. 5) Curfew is 6:00 every night unless you have verifiable employment.

12. Eligibility Determination (Please attach additional documentation, case notes, or incident reports as necessary.)

- A. Does caller meet eligibility for entry into the program? Yes No
- B. If no, why not? _____
 If Applicable was family informed of their right to Appeal this decision: Yes No
- C. Was family scheduled for Appeals? Yes No If yes, when? Date: _____ Time: _____
 Re-Entry Yes No Self requested due to ineligibility Yes No
- D. Was family scheduled for Intake? Yes No If yes, when? Date: _____ Time: _____

Notes: _____

Office use:

Did family enter program? Yes No If yes, date family entered: _____

Staff name: (print) _____ Staff signature: _____

This data has been entered into CSP Yes No Staff Initials: _____

YWCA FAMILY CENTER INTAKE INFORMATION

(FOR INTAKE SUPERVISOR ONLY: Intake Audit Complete Date: _____ Staff Initial: _____)

Intake Date: _____ **Time:** _____ Intake Staff: _____ Translator needed? Y N Language? _____

Pre-Entry Overflow? Y N

Will family be driving? Y N Vehicle make, model, color, license plate # _____

Have you stayed in any shelter program before? Y N When? _____

(FOR STAFF ONLY: If yes, does date or number # of stays required Appeals? Y N)

HEAD OF HOUSEHOLD INFORMATION

Last Name: _____ **M/I:** _____ **First Name:** _____ **Cell Ph#:** _____

Disabled? Y N **Type:** _____ **Social Security Number:** ___ - ___ - ___ **Date of Birth:** _____ **Age:** _____

Gender: Male Female **Veteran:** Y N **Race:** Black White Native American Asian Hispanic

Marital Status: Single Married Separated Divorced Widowed

Citizenship: U.S. Citizen Resident Alien Immigrant Unknown

Last Grade Completed: _____ (enter last grade completed or highest educational level)

Has HOH been arrested or served time in jail/prison? Yes No If yes, what was your crime? _____

Any Dietary Restrictions? Y N Explain: _____

SECOND ADULT INFORMATION: Spouse Significant Other Other (Explain: _____)

Last Name: _____ **M/I:** _____ **First Name:** _____ **Cell Ph#:** _____

Disabled? Y N **Type:** _____ **Social Security Number:** _ - _ - _ **Date of Birth:** _____ **Age:** _____

Gender: Male Female **Veteran:** Y N **Race:** Black White Native American Asian Hispanic

Marital Status: Single Married Separated Divorced Widowed

Citizenship: U.S. Citizen Resident Alien Immigrant Unknown

Last Grade Completed: _____ (enter last grade completed or highest educational level)

Has SO stayed in any shelter program before? Y N When? _____

Has SO been arrested or served time in jail/prison? Yes No If yes, what was your crime? _____

Any Dietary Restrictions? Y N Explain: _____

EMERGENCY CONTACT INFORMATION: (Please provide TWO *local contacts* if possible)

1) Name: _____ Relationship: _____ Day Ph: _____ Cell Ph: _____

2) Name: _____ Relationship: _____ Day Ph: _____ Cell Ph: _____

MEDICAL INFORMATION:

HOH Name: Social Security Number: - -

Tuberculosis Assessment

Has any member of your family exhibited any of the following conditions?

- o Lost a lot of weight without trying? Y N If yes, who: _____
- o Sweat a lot or have chills during sleep? Y N If yes, who: _____
- o Coughing throughout the day for more than 3 weeks? Y N If yes, who: _____
- o Coughing up blood? Y N If yes, who: _____

Physical Health History

Physician's name: _____ Date of last visit: _____
 Primary hospital: _____ Medical insurance: _____

Allergies							
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Conditions							
None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sickle Cell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIDS/HIV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pregnancy

Is anyone in your family pregnant? Y N If yes, who: _____
 Is she receiving prenatal care? Y N If yes, who: _____
 Would you like information or a referral for pre-natal care? Y N If yes, who: _____

Mental Health History

Has anyone in your family ever received counseling? Y N If yes, who: _____
 Diagnosis: _____
 Worker: _____ Agency: _____ Phone: _____

Is anyone taking any medications for mental health reasons? Y N
 If yes Who: _____ What Medications: _____

Has anyone in your family expressed suicidal/homicidal or violent thoughts? Y N

If yes, Who: _____ When: _____

If Yes, Explain: _____

Drug and Alcohol Use

When was the last time you or anyone in your family used alcohol or illegal drugs? _____

If applicable, which family member ? _____

What substances did you or your family member use? _____

Have you or your family member ever been in treatment for substance abuse? _____

Are you currently interested in treatment for you or your family member? _____

CHILD WELFARE AGENCY INVOLVEMENT:

Have you ever been involved with a Children's Services agency in this or any other county/state? Y N

If yes, who was involved, when was case opened, and what were the circumstances? _____

Has this issue been resolved? Y N If yes Explain: _____

Worker: _____ Phone: _____

What issue/circumstance brought you to the YWCA Family Center?

CHILDREN'S INFORMATION: (list family members under 18 living with HOH only)

Last Name: [] M/I: [] First Name: []

Residing in Family Center? Y N

Disabled? Y N Type: _____ Social Security Number: ____ - ____ - ____

Date of Birth: _____ Age: _____ Gender: Male Female
Race: Black White Native American Asian Hispanic

Relationship to HOH: _____ School/Daycare Attending: _____ Grade: ____

Free/Reduced Breakfast? Y N Lunch? Y N Any dietary Restrictions? Y N Explain: _____

Last Name: [] M/I: [] First Name: []

Residing in Family Center? Y N

Disabled? Y N Type: _____ Social Security Number: ____ - ____ - ____

Date of Birth: _____ Age: _____ Gender: Male Female
Race: Black White Native American Asian Hispanic

Relationship to HOH: _____ School/Daycare Attending: _____ Grade: _____

Free/Reduced Breakfast? Y N Lunch? Y N Any dietary Restrictions? Y N Explain: _____

Last Name: [] M/I: [] First Name: []

Residing in Family Center? Y N

Disabled? Y N Type: _____ Social Security Number: ____ - ____ - ____

Date of Birth: _____ Age: _____ Gender: Male Female
Race: Black White Native American Asian Hispanic

Relationship to HOH: _____ School/Daycare Attending: _____ Grade: _____

Free/Reduced Breakfast? Y N Lunch? Y N Any dietary Restrictions? Y N Explain: _____

Last Name: [] M/I: [] First Name: []

Residing in Family Center? Y N

Disabled? Y N Type: _____ Social Security Number: ____ - ____ - ____

Date of Birth: _____ Age: _____ Gender: Male Female
Race: Black White Native American Asian Hispanic

Relationship to HOH: _____ School/Daycare Attending: _____ Grade: _____

Free/Reduced Breakfast? Y N Lunch? Y N Any dietary Restrictions? Y N Explain: _____

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Last Name: [] M/I: [] First Name: []

Residing in Family Center? Y N

Disabled? Y N Type: _____ Social Security Number: ____ - ____ - ____

Date of Birth: _____ Age: _____ Gender: Male Female
Race: Black White Native American Asian Hispanic

Relationship to HOH: _____ School/Daycare Attending: _____ Grade: _____

Free/Reduced Breakfast? Y N Lunch? Y N Any dietary Restrictions? Y N Explain: _____

Last Name: [] M/I: [] First Name: []

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Relationship to HOH: _____ School/Daycare Attending: _____ Grade: _____

Free/Reduced Breakfast? Y N Lunch? Y N Any dietary Restrictions? Y N Explain: _____

Last Name: [] M/I: [] First Name: []

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Last Name: [] M/I: [] First Name: []

Residing in Family Center? Y N

Disabled? Y N Type: _____ Social Security Number: ____ - ____ - ____

Date of Birth: _____ Age: _____ Gender: Male Female
Race: Black White Native American Asian Hispanic

Relationship to HOH: _____ School/Daycare Attending: _____ Grade: _____

Free/Reduced Breakfast? Y N Lunch? Y N Any dietary Restrictions? Y N Explain: _____

HOUSING INFORMATION:

Most recent address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Was Lease in your name? Y N If No, Date Last Lease Agreement in your Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____

(Family Advocates, please complete Housing Timeline for family):

Leased/ Owned by	Move in Date	Move Out Date	Client Rent	Reason for Leaving
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Location of most recent residence: (Check One)

- Columbus Franklin County (but not Columbus) Other Ohio County Out of State
Unknown If immigrant, country of origin: _____

Type of previous housing: (Check Box)

- Own Home Rent Living with Family Living with Friends
Emergency Shelter Car/Streets Substandard Housing Nursing Home
Hospital Psychiatric Facility Treatment Center Jail/Prison
Transitional Housing Hotel/Motel Domestic Violence Shelter

Factors contributing to current housing crisis (Check one reason per column):

FACTORS	PRIMARY REASON	SECONDARY REASON
a. Loss of income/inadequate income	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Poor money management/financial	<input type="checkbox"/>	<input type="checkbox"/>
c. Physical health problems	<input type="checkbox"/>	<input type="checkbox"/>
d. Relationship problems	<input type="checkbox"/>	<input type="checkbox"/>
e. Drinking/drugs	<input type="checkbox"/>	<input type="checkbox"/>
f. Substandard housing/bad environment	<input type="checkbox"/>	<input type="checkbox"/>
g. Mental health problems	<input type="checkbox"/>	<input type="checkbox"/>
h. Arrested/went to jail	<input type="checkbox"/>	<input type="checkbox"/>
i. Fleeing abuse	<input type="checkbox"/>	<input type="checkbox"/>
j. Relocated to find work/decided to move here	<input type="checkbox"/>	<input type="checkbox"/>
k. No secondary reason for crisis	<input type="checkbox"/>	<input checked="" type="checkbox"/>

EMPLOYMENT INFORMATION: (Family Advocates, please list for all employed family members):

Employer	Start Date	End Date	Reason for Leaving	Pay Rate
				\$
				\$
				\$
				\$
				\$
				\$

INCOME INFORMATION (please list amounts for all family members):

Person receiving	Alimony	Child Support	Retirement	SOC. SEC	SSDI	SSI	TANF	VA	Unemp
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTALS	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total family income: (not including food stamps): \$ _____ (Monthly Food Stamps \$ _____)

ADC/TANF/OWF/ODJFS INFORMATION:

Has HOH been enrolled in ADC/TANF/OWF any time since 1/1/97? Y N If Yes, How many times? _____

Has HOH been sanctioned by ADC/TANF/OWF any time since 1/1/97? Y N If Yes, How many times? _____

If Yes, Why were you sanctioned? _____ Is HOH Currently sanctioned? Y N If Yes, what county? _____

Has SO been enrolled in ADC/TANF/OWF any time since 1/1/97? Y N If Yes, How many times? _____

Has SO been sanctioned by ADC/TANF/OWF any time since 1/1/97? Y N If Yes, How many times? _____

If Yes, Why were you sanctioned? _____ Is SO Currently sanctioned? Y N If Yes, what county? _____

Has the family used ALL 36 months of TANF/OWF? Y N If No How many months used? _____

Who is your ODJFS Case Worker? _____ **Ph #:** _____ **Case number:** _____

Please check if HOH has applied for (or currently receiving):

Section 8 Low income housing Private Landlord Housing PRC Title XX

Does Application Include SO? Y N

Do you have any outstanding balances owed to any of the above? Y N If Yes, How much do you owe \$ _____

SIGNATURES: *(FOR STAFF ONLY: Before Printing, confirm that all information is complete and correct. After printing have HOH Initial each page and sign where indicated)*

X _____ **Date:** _____
Head of Household

X _____ **Date:** _____
Spouse / Significant Other

Head of Household Name: | Social Security Number: █ - █ - █

HOH Signature _____ Date _____

Spouse/Significant Other Signature _____ Date _____

Family Center Staff Signature _____ Date _____

----- For Supervisor/Director Review-----

Supervisors review _____ Date _____

Comments:

Registration Form TANF

VENDOR: YWCA FAMILY CENTER

A. IDENTIFYING INFORMATION

Last Name █	First Name █	Middle Initial █		Social Security Number █ - █ - █
Mailing Address <u>900 Harvey Ct</u>	City <u>Columbus</u>	OHIO	Zip Code <u>43219</u>	Area Code and Phone # <u>614 - 253- 3910</u>
Resident Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien (attach verification)				

B. ELIGIBILITY and VERIFICATION: Check One

1.	<input type="checkbox"/>	This individual receives or is a member of a family that receives Ohio Works First cash payments or receives other FCDJFS benefits and has a minor child. -- Attach verification and complete Section E of this form.
2.	<input type="checkbox"/>	This individual needs to have eligibility determined based upon household income. -- Complete Section C, Section D, and Section E of this form and attach verification of income for the past 30 days.

C. INELIGIBLE HOUSEHOLD MEMBERS

- 1. Y N Is there a household member in debt to Franklin County Department of Job and Family Services for an OWF overpayment due to fraud?
- 2. Y N Is there a household member who is not a resident of Franklin County?
- 3. Y N Is there a household member who is not a citizen or lawful resident alien?
- 4. Y N Is there a household member who is a fugitive felon or probation/parole violator?
- 5. Y N Is there a household member who has failed to cooperate in establishing paternity or securing child support?
- 6. Y N Is there a household member who has been found to have fraudulently misrepresented his/her residence to obtain benefits in more than one state in the past 10 years?
- 7. Y N Is there a household member who is an unmarried parent under age 18, not living in a supervised living arrangement?
- 8. Y N Is there a household member who is an unmarried, non-high school graduate parent under the age of 19 who is not attending high school or the equivalent?

If you answered yes to a question, list number of the question(s) and the name of the person(s) below:

9. █

*If the person identified in #9 is the applicant, he/she is not eligible for services.

*If the household member listed in #9 is not the applicant, this individual cannot be counted in household size; however, his/her income must be included when qualifying for services under Section B-2.

D. IDENTIFYING and FINANCIAL INFORMATION

Complete the chart below for the members of your household. You must include immediate family members (self, spouse/father of minor child, and minor children). You may also include others living in the household.

Name	Relation to Applicant	SSN	DOB mm-dd-yy	Source of Income	Monthly Amount of Income
_____	SELF	___ - ___ - ____	__ - __ - __	_____	\$ _____
_____	_____	___ - ___ - ____	__ - __ - __	_____	\$ _____
_____	_____	___ - ___ - ____	__ - __ - __	_____	\$ _____
_____	_____	___ - ___ - ____	__ - __ - __	_____	\$ _____
_____	_____	___ - ___ - ____	__ - __ - __	_____	\$ _____
_____	_____	___ - ___ - ____	__ - __ - __	_____	\$ _____
_____	_____	___ - ___ - ____	__ - __ - __	_____	\$ _____
_____	_____	___ - ___ - ____	__ - __ - __	_____	\$ _____
_____	_____	___ - ___ - ____	__ - __ - __	_____	\$ _____
_____	_____	___ - ___ - ____	__ - __ - __	_____	\$ _____
_____	_____	___ - ___ - ____	__ - __ - __	_____	\$ _____

If you are the non-custodial parent of a child residing in Ohio who is younger than 18 years of age or 19 years of age if still in high school, include him/her in the table above.

- If "zero" income is reported, attach a statement from applicant documenting other means of support including name, address, and telephone number of the individual providing support to the family.
- Number of household members from the chart above: _____
 Subtract the number of ineligible members from Section C: _____
TOTAL HOUSEHOLD SIZE: _____

2008 Income Guideline Reference Table

200% FPG	1	2	3	4	5	6	7	8
	\$1734	\$2334	\$2934	\$3534	\$4134	\$4734	\$5334	\$5934

E. APPLICANT SIGNATURE

I am the parent or legal guardian of a minor child and the information provided on this application is complete and correct to the best of my knowledge. I understand that receiving these services will not prevent me from receiving other PRC assistance offered by Franklin County.

Signature of Applicant	Date:
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-----For FCDJFS Use Only – Do Not Write Below This Line -----

- TANF Registration Approved Date: _____ Date Approval Mailed: _____
- TANF Registration Denied Date _____ Date Denial Mailed _____

Reason for Denial _____

Approved By (Name/Title):	Date:
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Release of Information by Franklin County Department of Job & Family Services to the YWCA Family Center

Head of Household Name: Social Security Number: - -

Spouse /Significant Other Name: Social Security Number: - -

In accordance with Federal Regulations 42 CFR, Part 2, I hereby authorize the Franklin County Department of Jobs and Family Services to review information regarding any open cases or potential cases for me and my dependent children with the YWCA Family Center, 900 Harvey Court, Columbus, Ohio 43215, (614) 253-3910, for the purpose of determining appropriate next step housing for setting goal plans.

I release these organizations and their staff members from any legal liability that may arise from the release of information requested. I understand that the agency cannot release information obtained from other sources under this specific release. I understand that the individual or organization receiving information may not re-release it to any other individual or organization with my expressed permission. I understand this release will automatically expire 90 days after the below date.

X _____
HOH Signature Date

X _____
Spouse/SO Signature Date

X _____
Family Center Staff (Witness) Date

Print Witness Name: _____

ODOD-TANF Eligibility Verification Form

1. Head of Household Name: _____
2. Head of Household(s) SSN: _____ - _____ - _____
3. Household is at or below 200% of poverty (80% AMI) Yes No
4. Household has received PRC assistance for the following expenses within the past 12 months:

<u>Type</u>	<u>Date</u>	<u>Amount</u>
<input type="checkbox"/> Rental Deposit	_____	\$ _____
<input type="checkbox"/> Rental Assistance	_____	\$ _____
<input type="checkbox"/> Utility Assistance	_____	\$ _____
<input type="checkbox"/> Furniture	_____	\$ _____
<input type="checkbox"/> Moving Assistance	_____	\$ _____
<input type="checkbox"/> Appliances	_____	\$ _____
<input type="checkbox"/> Other	_____	\$ _____

5. Other Comments:

6. Household currently receives the following benefits from FCDJFS:

- | | |
|--|--|
| <input type="checkbox"/> Ohio Works First | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> Healthy Start | <input type="checkbox"/> Medicaid |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Public Child Care | <input type="checkbox"/> Employment Assistance |
| <input type="checkbox"/> Head Start | <input type="checkbox"/> Other: _____ |

7. If household is not receiving OWF, please describe if sanctioned, time-limited or other status: _____

YWCA Advocate: _____ Date Given to FCDJFS: _____

-----For FCDJFS Use Only -----

Verified By: _____ Date Returned to YWCA: _____

YWCA FAMILY CENTER HOUSING SUMMARY / REFERRAL

(For Family Advocate only: Track #1 Track #2 Track #3)

HOH Name: Social Security Number: - -

S O Name: Social Security Number: - -

Gender	Adults (18+)	5-17	4 & under
Male	<input type="text"/>	<input type="text"/>	<input type="text"/>
Female	<input type="text"/>	<input type="text"/>	<input type="text"/>

1. Total Family Income \$ Source of Income:

2. Has HOH or SO been employed in the past (90)? Days Y N Is HOH or SO currently employed? Y N
If unemployed is there a reason why HOH or SO cannot work? Y N If YES, Why:

3. Does the family have a **Section 8** Certificate? Y N Does the family have any Housing Leads? Y N
Does family need assistance in securing housing ? Y N

4. Exact number of evictions: Any evictions within the past **90 days**? Y N
Any evictions from Low-Income Housing? Y N If Yes, where:

5. Does the family report high utility bills? Y N **Amounts:** Gas \$ Electric \$

6. Check Number Documents Still Needed:

- Birth Certificate (s) #: Social Security Cards(s) #:
 Picture ID(s) #: Police Reports #: Verification of Income #:

7. Is anyone in the family involved in mental health, chemical dependency or other counseling services? Y N
If Yes Explain (who, what services): Is anyone in the household Pregnant? Y N

8. Is anyone in the family involved probation/parole or Children's Services? Y N
If Yes Explain (who, what services):

9. Does any family member have a criminal record? Y N Check **All that Apply:**
Theft Arson Drug Charges Domestic Violence Other Explain:

10. Has the family received any homeless or direct housing services in the past 12 months? Y N

11. Has the family used ALL 36 months of TANF/OWF? Y N If No How many months used?

12. Transportation Support Provided: Gas Card Bus Passes #: JOIN Referral Provided? Y N

FORWARDED TO:

Family Advocate: Date: Time:
Employment Specialist Date: Time:
New Family Orientation Date: Time:
Youth Services Orientation Date: Time:

Housing Recommendation /Referral

- Transitional Housing Transition Funds Application Family Housing Collaborative
 Permanent Supportive Emergency Shelter Other:

X _____
YWCA Staff

Date: _____

Notice of Appointment (s)
(This Document to be given to Head of Household)

Date: [] **Head of Household Name:** []

The following appointment(s) is currently scheduled for you:

APPOINTMENTS:

New Family Orientation Date: [] Mon. at 3:00 PM Wed. at 9:30AM Fri. at 1:00PM

Youth Services Orientation Date: [] Tues. at 1:00 PM Thurs. at 9:30AM

Family Advocate: [] **Appointment Date:** [] **Time:** []

Child Advocate: _____ Appointment Date: _____ Time: _____

Employment Specialist: [] Appointment Date: [] Time: []

Child & Youth Program Enrollments Appointment Date: _____ Time: _____

Documents Still Needed Before your Appointment: (Check All that Apply)

To assist you with preparing for an early success with securing next-step housing, you must gather the following documentation and provide them within two business days:

- Police Reports for all adults family members
- Social Security Cards
- Birth certificates for all family members
- Picture (State ID and/or Driver's license) ID for all adults
- Verification of all income dated within the past 30 days (Pay stubs, SSI, SSDI, TANF, Child Support, etc.)
- Housing approval and/or Landlord verification, if applicable
- Immunization records (shots) for childcare needs, not required for after school programming

Please bring the items you have secured to your appointment. It may be determined that additional items are required which you will be responsible for obtaining as related to your individual housing needs. When you arrive for an appointment, please make the staff member at the front desk aware that you are present.

Thank You

Presenters Contact Information:

Molly Rampe

YWCA Columbus
65 South Fourth Street
Columbus, OH 43215

mrampe@ywcacolumbus.org

(614) 224-9121, Ext. 1221

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**Dave Davis**

Community Shelter Board  
111 Liberty Street, Suite 150  
Columbus, OH 43215

[ddavis@csb.org](mailto:ddavis@csb.org)

(614) 221-9195, Ext. 116