

APPENDIX A - Homeless Provider's Certification

Emergency Housing Voucher (EHV)

HOMELESS CERTIFICATION

EHV 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 meets the following criteria 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 campground.

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: Recently Homeless

The person(s) named above is/are currently receiving financial and supportive services for persons who are homeless. Loss of such assistance would result in a return to homelessness (ex. Households in Rapid Rehousing Programs, residents of Permanent Supportive Housing Programs participating in Moving On, etc.) Authorized Agency Representative Signature:

This referring agency 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.

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

emergency shelter OR a place unfit for human habitation

Authorized Agency Representative Signature:

_____ Date: _____

APPENDIX B - Victim Services Provider's Certification

Emergency Housing Voucher (EHV)

HUMAN TRAFFICKING CERTIFICATION

Purpose of Form:

The Victims of Trafficking and Violence Protection Act of 2000 provides assistance to victims of trafficking making housing, educational health care, job training and other Federally funded social service programs available to assist victims in rebuilding their lives.

Use of This Optional Form:

In response to this request, the service provider may complete this form and submit it to the Public Housing Agency (PHA) to certify eligibility for EHV assistance.

Confidentiality: All information provided to the service provider concerning the incident(s) of human trafficking shall be kept confidential and such details shall not be entered into any shared database. Employees of the PHA will not have access to these details, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED ON BEHALF OF HUMAN TRAFFICKING SURVIVOR

EHV Applicant Name: _____

This is to certify that the above-named individual or household meets the definition for persons who are fleeing or attempting to flee human trafficking under section 107(b) of the Trafficking Victims Protection Act of 2000.

Immediately prior to entering the household's current living situation, the person(s) named above was/were residing in:

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual(s) named above is/has been a victim of human trafficking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Authorized Agency Representative Signature: _____

Date: _____

APPENDIX C - OUTREACH AND REFERRAL EFFORTS FOR SELECTION OF EHV PROGRAM PARTICIPANTS

DHCD will use FORM "E" to identify potential EHV participants from their existing and new Voucher applicants. The CoC will use FORM "B" to refer families to participate in the EHV Program.

DHCD will send the "release of information" from FORM "E" for each referred family that they include in FORM "B."

- a. FORM "B" will be returned from the CoC with verification of each family's status. Families verified to fit all EHV criteria will be placed on a EHV eligibility list and will have a coded entry next to their name on the voucher waiting list.
- b. Those families deemed INELIGIBLE by the CoC on FORM "B" will be notified by the CoC that their application to participate in the EHV Program has been denied on grounds of program eligibility, while their position on the Voucher waiting list is unaffected.
- c. DHCD will review the files of all families referred to them from the CoC on FORM "A." The status of each family will be recorded and the original FORM "A" will be returned to the CoC
- d. The status of all families approved by DHCD will be documented to the CoC on FORM "C."
- e. Families determined to be ineligible will be notified in writing by the CoC that they do not qualify for the emergency housing voucher (under public housing agency criteria) and therefore cannot participate in the EHV. This notification will also inform the family of its right to appeal the decision, as set forth in DHCD's Administrative Plan. The CoC is responsible for defending its decisions regarding the family's programmatic eligibility for rental vouchers. The PHA informal housing review procedures will be followed.

FORM "A"

**REFERRAL LETTER FROM THE COC
TO DHCD**

DATE:

TO: DHCD

FROM: Continuum of Care

Please see the attached forms. We are referring these families to you from our active caseloads. Note the attached release of information form for each family. They have each been determined to fulfill the criteria for an Emergency Housing Voucher. Please verify whether they are currently on the waiting list, whether they are eligible to be placed on the list, or if they are ineligible for housing. Please add the eligible families to the EHV waiting list. Check the appropriate column, make a copy of the list for your files and return the original form to CoC.

Please send the CoC the form of confirmation (FORM "C") for each family that is granted a voucher through the Emergency Housing Voucher Program.

If you have any questions about this process please call, _____
at _____.

Questions about specific families should be directed to their caseworker as noted on the form.

Thank you,

COC ELIGIBLE HOUSEHOLDS - EMERGENCY HOUSING VOUCHER (FORM "A")

Name Address, Phone Contact Social Security Number Case Worker: Name & Number	Family Currently on waiting list	Family eligible & will be placed on waiting list	Family NOT eligible
1.			
2.			
3.			
4.			
5.			