

Checklist for YHDP

Section 1

_____ Intake- HMIS Coordinated Entry

_____ Client Consent Form

_____ Homeless/Age Verification (Including ID)

Section 1A (Information and Copies to Give to Client)

_____ Grievance & Termination Policy

_____ Fair Housing Pamphlet

_____ Lead Based Paint Pamphlet

_____ Bill of Rights

_____ Notice of Occupancy Rights Under VAWA

Section 2

_____ Statement of Understanding + Agreement

_____ Termination Policy

_____ General Consent to Release Confidential Information

_____ Grievance Policy

Section 3

_____ Housing Stability Plan

_____ Birth Certificate

_____ Social Security Card

Section 4

_____ Support Services Tracking Form

_____ Resource Exhaustion Verification

_____ Budget Form

Section 5

_____ CoC Financial Assistance Fund (Kinship Program only)

_____ Housing Inspection

_____ Participant Agreement (Kinship Program only)

_____ YHDP Kinship Payment Agreement (Kinship Program only)

Section 6 (RRH Programs)

_____ Income and Asset Calculation Worksheet (including Proof of each)

_____ Rent Calculation Form (including Utility Allowance Worksheet)

_____ Rent Reasonableness Certification

_____ Lead Based Paint Visual Assessment

_____ Inspection Deficiencies Notice-if applicable

_____ Copy of Lease between Landlord and Tenant

_____ Rental Assistance Agreement between Landlord and Agency

Section 7

_____ Case Notes

Section 8

_____ Exit Form HMIS

PROJECT NAME		PROJECT START DATE		HOUSING MOVE-IN DATE (For PSH, PH with no disability requirement, and RRH Projects: Record the date a client or household moves into a permanent housing unit)	
[] [] [] [] [] []		[] [] [] [] [] []		[] [] [] [] [] []	

CLIENT'S NAME		CONTACT INFORMATION		N/A	
Last	[]	Cell phone	[]	Home phone	[]
First	[]	Emergency Number	[]	Email address	[]
Middle	[]	Zip Code	[]	State	[]
Suffix	[]				
Street Address	[]				
City	[]				

QUALITY OF NAME				
<input type="checkbox"/> Full name reported	<input type="checkbox"/> Partial name reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client prefers Not to Answer	<input type="checkbox"/> Data not collected

DATE OF BIRTH				
Month	Day	Year	Age:	
[] []	[] []	[] [] []	[]	
QUALITY OF DOB				
<input type="checkbox"/> Full DOB reported	<input type="checkbox"/> Approximate or partial DOB reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Data not collected

SOCIAL SECURITY NUMBER (SSN)				
QUALITY OF SSN				
<input type="checkbox"/> Full SSN reported	<input type="checkbox"/> Approximate or partial SSN reported	<input type="checkbox"/> Client doesn't know	<input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Data not collected

2024 Adult CoC Informational and HMIS Intake Packet

GENDER – Check all that apply

<input type="checkbox"/> Man (Boy, if child) <input type="checkbox"/> Woman (Girl, if child) <input type="checkbox"/> Culturally specific identity (e.g., Two-Spirit) <input type="checkbox"/> Different identity	<input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Questioning	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data not collected
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RACE AND ETHNICITY – Check all that apply

<input type="checkbox"/> American Indian, Alaska Native, or Indigenous <input type="checkbox"/> Asian or Asian American <input type="checkbox"/> Black, African American, or African	<input type="checkbox"/> Hispanic/Latina/e/o <input type="checkbox"/> Middle Eastern or North African <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data not collected	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client prefers Not to Answer <input type="checkbox"/> Data not collected
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RELATIONSHIP TO HEAD OF HOUSEHOLD

<input type="checkbox"/> Self (head of household) <input type="checkbox"/> Head of household's child <input type="checkbox"/> Head of household's spouse or partner	<input type="checkbox"/> Head of household's other relation member <input type="checkbox"/> Other: non-relation member
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****Do you have a disability?** Yes _____ No _____

Homeless	Institutional	Transitional and Permanent
<input type="checkbox"/> Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) 5 <input type="checkbox"/> Emergency shelter, including hotel or motel paid for with emergency shelter voucher, Host Home shelter <input type="checkbox"/> Safe Haven 3	<input type="checkbox"/> Foster care home or foster care group home <input type="checkbox"/> Hospital or other residential non-psychiatric medical facility 2 <input type="checkbox"/> Jail, prison, or juvenile detention facility 2 <input type="checkbox"/> Long-term care facility or nursing home <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Substance abuse treatment facility or detox center	<input type="checkbox"/> Hotel or motel paid for without emergency shelter voucher <input type="checkbox"/> Owned by client, no ongoing housing subsidy <input type="checkbox"/> Owned by client, with ongoing housing subsidy <input type="checkbox"/> Rental by client, no ongoing housing subsidy <input type="checkbox"/> Rental by client, with ongoing housing subsidy (including homeless youth) <input type="checkbox"/> Transitional housing for homeless persons house <input type="checkbox"/> Staying or living in a friend's room, apartment, or apartment, or house <input type="checkbox"/> Staying or living in a family member's room, apartment, or house <input type="checkbox"/> Staying or living in a friend's room, apartment, or house <input type="checkbox"/> Residential project or halfway house with no homeless criteria <input type="checkbox"/> Host Home (non-crisis)
*If selection made, continue to question 2, 3-5	*If selection made, continue to question 1a	***Start Date of Stay: _____ *If selection made, continue to question 1b
<input type="checkbox"/> Client Doesn't Know	<input type="checkbox"/> Client Prefers Not to Answer	<input type="checkbox"/> Other <input type="checkbox"/> Data Not Collected

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1a. Did you stay less than 90 day? (*Pertains to Institutional Situation)

Yes (Continue to questions 2-2a) No (Continue to questions 2)

Client doesn't know Client prefers not to answer

1b. Did you stay less than 7 nights? (*Pertains to TH and PH situations)

Yes (Continue to questions 2-2a) No (Continue to question 2, then skip questions 3-5)

Client doesn't know Client prefers not to answer

2. Length of stay in prior living situation?

One night or less Two to six nights One week or more, but less than a month One month or more, but less than 90 days 90 days or more, but less than one year One year or longer Client doesn't know

Client prefers not to answer

2a. On the night before did you stay on the street, Emergency Shelter, or Safe Haven?

Yes (Continue to questions 3-5) No (Skip questions 3-5)

Client doesn't know Client prefers not to answer

3. Approximate date *this episode* of homelessness started: ____ / ____ / ____.

4. Regardless of where they stayed last night, number of times client has been on the streets, in ES, or SH in the past three years?

One time Two times Three times Four or more times Client doesn't know Client prefers not to answer

5. Total number of months homeless on the streets, in ES, SH in the past three years?

One Month (this is the first month) 2-12 months (____ months) More than 12 months Client doesn't know Client prefers not to answer

Are you a survivor of domestic or intimate partner violence?

No Yes

Client doesn't know Client prefers Not to Answer Data not collected

If yes, when did this experience occur?

Within the past three months Three to six months ago (excluding six months exactly) From six to twelve months ago (excluding one year exactly) More than a year ago

Client doesn't know Client prefers Not to Answer Data not collected

If yes, currently fleeing? No Yes

2024 Adult CoC Informational and HMIS Intake Packet

Receiving Non-Cash Benefits?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> Data not collected
IF "YES" TO RECEIVING NON-CASH BENEFITS- INDICATE ALL SOURCES THAT APPLY	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)	<input type="checkbox"/> TANF Transportation Services
<input type="checkbox"/> Special Supplemental Nutrition Program (WIC)	<input type="checkbox"/> Other TANF-funded services
<input type="checkbox"/> TANF Childcare Services	<input type="checkbox"/> Other Non-Cash Benefits (Specify Source): _____

Covered by Health Insurance?	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> Data not collected
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Current School Enrollment and Attendance	<input type="checkbox"/> Not currently in school or educational course <input type="checkbox"/> Currently enrolled but NOT attending regularly (when school or the course is in session) <input type="checkbox"/> Currently enrolled and attending regularly (when school or course is in session)
Most recent educational status	<input type="checkbox"/> K12 Graduated from High School <input type="checkbox"/> K12 Obtained GED <input type="checkbox"/> K12 Dropped out <input type="checkbox"/> K12 Suspended <input type="checkbox"/> K12 Expelled <input type="checkbox"/> Higher education: perusing a credential but not currently attending <input type="checkbox"/> Higher education dropped out <input type="checkbox"/> Higher education: obtained a credential/degree <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data not collected

General Health Status	<input type="checkbox"/> Excellent <input type="checkbox"/> Fair <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Very Good <input type="checkbox"/> Poor <input type="checkbox"/> Data not collected <input type="checkbox"/> Good <input type="checkbox"/> Client doesn't know
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(PH programs only)

Sexual Orientation	<input type="checkbox"/> Heterosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Gay <input type="checkbox"/> Questioning / Unsure <input type="checkbox"/> Data not collected <input type="checkbox"/> Lesbian <input type="checkbox"/> Other _____ <input type="checkbox"/> Client doesn't know
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Translation Assistance	<input type="checkbox"/> No <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Yes <input type="checkbox"/> Data not collected
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Income from Any Source <input type="checkbox"/> No 4 <input type="checkbox"/> Yes 2 <input type="checkbox"/> Client doesn't know <input type="checkbox"/> Client Prefers Not to Answer <input type="checkbox"/> Data not collected	
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IF "YES" TO INCOME FROM ANY SOURCE - INDICATE ALL SOURCES THAT APPLY

Income Source (Check all that apply)	Monthly Amount
<input type="checkbox"/> Earned Income	
<input type="checkbox"/> Unemployment Insurance	
<input type="checkbox"/> Worker's Compensation	
<input type="checkbox"/> Private Disability Insurance	
<input type="checkbox"/> VA Service-Connected Disability Compensation	
<input type="checkbox"/> Social Security Disability Income (SSDI)	
<input type="checkbox"/> Supplemental Security Income (SSI)	
<input type="checkbox"/> Retirement Income from Social Security	
<input type="checkbox"/> VA Non-Service-Connected Disability Pension	
<input type="checkbox"/> Pension or retirement income from a former job	
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)	
<input type="checkbox"/> General Assistance (GA)	
<input type="checkbox"/> Alimony or other spousal support	
<input type="checkbox"/> Child Support	
<input type="checkbox"/> Other Cash Income (Specify: _____)	

Type of Health Insurance, if answered yes above	
IF "YES" TO COVERED BY HEALTH INSURANCE- INDICATE ALL SOURCES THAT APPLY	
<input type="checkbox"/> MEDICAID	<input type="checkbox"/> Insurance Obtained through COBRA
<input type="checkbox"/> MEDICARE	<input type="checkbox"/> Private Pay Health Insurance
<input type="checkbox"/> State Children's Health Insurance Program	<input type="checkbox"/> State Health Insurance for Adults
<input type="checkbox"/> Veteran's Administration (VA) Medical Services	<input type="checkbox"/> Indian Health Services Program
<input type="checkbox"/> Employer-provided Health Insurance	<input type="checkbox"/> Other Health Insurance (Specify Source): _____

2024 Adult CoC Informational and HMIS Intake Packet

Do you have a job?

5	No, I can't work due to a disability
4	No, I have significant barriers e.g. language, no childcare, no transportation, etc.
2	Yes, but only a few hours a week and sometimes there is no work available / No, but seeking a job
1	Yes, I have a disability but work limited hours to supplement SSI/SSDI income
1	Yes, I work a part-time job
0	Yes, I work full-time

Are you a registered sex offender?

No - 0 Yes - 3

Have you ever been convicted of the following?

3	Arson	
2	Drug dealing or manufacture	
1	Felony	
0	No	

How many times have you been evicted in the past 7 years?

4	4 or more	
3	2-3	
2	1	
0	None	

Do you identify as LGBTQ?

No - 0 Yes - 2

Score 1 point if household has 6 or more members

Score 1 point if Domestic Violence is the cause of the homelessness (within 1 year)

Score 1 point if applicant is over 60 years old

Score 5 points if applicant is 18-24 years old

Total Vulnerability

Score:

Have you had any court ordered evictions? Yes _____ No _____

Do you have a pet? Yes _____ No _____

If yes, is your pet a registered service animal? Yes _____ No _____

Are you willing to relocate? Yes _____ No _____

Emergency Contact

Client Verification

I understand that this document is an application for assistance and that the agency, participating in the Jackson/West TN Continuum of Care, must review this application before deciding whether to assist me with the program. The agency agrees to notify me as soon as possible of its decision. I certify that the information provided by me on this application, as well as information provided by me regarding the income and assets of members of my family unit, is true to the best of my knowledge. I hereby promise to report any changes in this information that may occur while my case is open.

When applicable:

I, _____ have a received a copy of the following:

- _____ 1. Grievance and Termination Policy
- _____ 2. Fair Housing Information Packet
- _____ 3. Lead Base Paint Information Packet
- _____ 4. Copy of Statement and Understanding
- _____ 5. VAWA Occupancy Rights
- _____ 6. Certification of Domestic Violence

 Client's Name

 Client's Signature

_____/_____/_____
 Date

2024 Adult CoC Informational and HMIS Intake Packet

West TN Homeless Management Information System (HMIS)

Client Consent Form

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation. If this applies to you, STOP-Do Not Sign This Form

This agency participates in the West TN Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness or at-risk of homelessness. To provide the most effective services in moving people from homelessness to permanent housing we need to collect some identifying personal information including but not limited to: name, birth date, social security, race, gender and current housing situation.

We will guard this information with strict security policies to protect your privacy. If you ever suspect your data in HMIS has been misused, immediately contact the West TN HMIS Administrator at (731) 695 2274 or (731) 803-8633.

I understand the sharing policy of HMIS and AUTHORIZE the sharing of the additional personal information in HMIS about me and my dependents listed below to be shared with the agencies and licensed users belonging to the West TN HMIS. Federal and/or State law specifically require that any disclosure of substance use, alcohol or drug, mental health, or AIDS related information must be accompanied by the following statement:

This information has been disclosed to you from records protected by the federal confidentiality rules (42 CFR Part 2): permitted by the written consent of the person to whom it further disclosure of information unless further disclosure is expressly permitted by the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug use patient.

West TN HMIS Participating Agencies: Aspell Recovery Services, Area Relief Ministries, Carey Counseling Center, Damascus Road, Fayette Cares, Jackson/West TN CoC, Inc., Jesus Cares Hardin County, Jesus Cares McNairy County, Pathways Behavioral Health Services, Quinco Mental Health Centers, Scarlett Rope, St. John's Community Services, Tennessee Homeless Solutions and WRAP.

This Authorization will remain in effect unless revoked in writing to this agency. Revocation of this authorization may take up to three (3) business days to process.

(Adult Name) _____
(Dependent Names) _____

Adult or Guardian Signature: _____
Date: _____

Witness Signature: _____
Date: _____

General Consent to Release Confidential Information

I, _____ do hereby consent and authorize Jackson/West Tennessee
Coc, Inc. (TN-507) to release any information pertaining to me to the agencies/persons
indicated below, and I authorize the indicated sources to release information documentation
regard: § my case to Jackson/Wes. Tennessee Coc, Inc. (TN-507). I understand that the
information requested or shared in this release will be used to determine eligibility, and
continued participation in programs provided by Jackson/West Tennessee Coc, Inc. (TN-507).

Department of Children Services and Department of Human Services

School or Childcare Provider

Attorney (Legal Services)

Mental Health Agency/ Professional

Physical or Mental Facility

Community Agency

Employment

Housing

Other

The duration of this authorization is until:

Six months from the date of my case's discharge from the Program or one year from the date of
my case's discharge from the program services.

Other
I understand that I may revoke this consent at anytime by notifying the facility in writing,
except to the extent that action has been taken in reliance on my consent. A photocopy of this
authorization is to be considered as valid as the original document.

Client Signature _____ Date _____

Parent/ Legal Guardian Signature (if required) _____ Date _____

Jackson/West Tennessee Co, Inc. (TN-507)

Grievance Policy

As a participant in the CoC Program you have the right to file a complaint, grievance and appeal if you are not satisfied with any action taken, staff decision, or if you believe that you have experienced discrimination or abuse. The following procedures are intended to provide an effective, impartial and expedited process to resolve differences in a manner satisfactory to all parties. All documentation related to a grievance or appeal will be kept in a separate file for quality assurance review.

1. Complaint- Prior to filing any formal grievance, you should bring your concern to the attention of the staff member involved to an attempt to resolve the issue. A complaint may be verbal or written and must be logged according to agency policy whether received by phone, in person or in writing. Upon request by either you or the case manager, the staff members supervisor may be present for the discussion.

2. Grievance- If the situation is not resolved, a grievance must be submitted within 5 (five) business days in order to request further review of your complaint. The steps of the grievance process are as follows:

- You are encouraged to describe your concern in writing and submit it to the President or Executive Director.
- The President or Executive Director will contact you to schedule an appointment to discuss the grievance.
- Within 5 (five) business days of the decision a written explanation of the decision, including any actions taken, will be sent to you.

3. Appeal- If the decision is not satisfactory, you may file an appeal to seek a secondary review. The steps of the appeal process are as follows:

- You must describe your concern in writing and submitted to the agency/ lead agency President, Executive Director.
- The President or Executive Director will contact you to schedule an appointment to discuss the grievance.
- Within 5 (five) business days of the discussion a written explanation of the decision, including any actions taken, will be sent to you.

4. Administration Appeal- If the decision of the appeal is not satisfactory, you may file a request for an administration appeal. Submit your written appeal, along with the response of the agency, CoC Board, PO Box 1402 Parts TN 38242. For a careful review of all documents, you will receive a response within 5 (five) Business days of the appeal.

By signing below you are agreeing that you have read and understand the above grievance policy, and the procedures that must be followed, and have been provided a copy of these guidelines.

Participant Signature: _____ Date: _____
Witness Signature: _____ Date: _____

COC YHDP Program Participant Homelessness and Age Verification Form

PART 1: INSTRUCTIONS

- Use only for CT YHDP Projects
 - Complete all fields in Part 2
 - Complete all fields in Part 3
 - Attach all supporting documents to this form
 - Ensure supporting documentation demonstrates eligibility of project entry date
 - Maintain this form & supporting docs in participant's file
 - Complete Pages 2 & 3 as applicable
- See Quick Guide for detailed instructions on supporting documentation requirements

PART 2: GENERAL INFORMATION

Participant Name:	Participant Date of Birth:	Participant HMIS #
Staff Person Completing Form:	Agency Completing:	Date Form Completed:
Email & Phone Number for Staff Person Completing Form:		
Phone #:		
YHDP Program for which Homelessness is Being Certified:	COC Program Type: (Check One)	
	<input type="checkbox"/> Diversion/ Rapid Exit	<input type="checkbox"/> Navigator
	<input type="checkbox"/> RRH	<input type="checkbox"/> Crisis Housing
	COC Project Entry Date:	

PART 3: CURRENT HOMELESS STATUS

Location Prior to YHDP Program Entry: Indicate place where client was staying immediately prior to program entry (Check One):

- Unsheltered
- Hotel/Motel Paid by Govt or Charity
- Housed (Must be DV or Imminent Risk of Homelessness)
- Is client fleeing or attempting to flee domestic violence, dating violence, sexual assault, stalking, or other dangerous or life threatening conditions related to violence that has taken place in their housing or has made them afraid to return to their housing (Check One)? YES (Category 4) NO

Required Documentation or Self-certification Must Be Attached (See Quick Guide):

- Emergency Shelter
- Transitional/Crisis Housing
- Institution > 90 days & literally homeless prior

Required Documentation or Self-certification Must Be Attached (See documentation requirements and additional examples of situations that qualify youth for Category 4 Eligibility in Quick Guide).

Homeless Status (Check One - See Category Details in Quick Guide)

<input type="checkbox"/> Category 1 Literally Homeless (Includes <90 days institution)	Category 1 applicants are eligible for all types of CT YHDP projects
<input type="checkbox"/> Category 2 Imminent Risk of Homelessness	Category 2 applicants are eligible for only Diversion/Rapid Exit and Navigator projects
<input type="checkbox"/> Category 4 Fleeing Domestic Violence	Category 4 applicants are eligible for all types of CT YHDP projects

Signature of Staff Person Completing Form:

Certification:

- CHECK BOX TO CERTIFY THAT ALL REQUIRED DOCUMENTATION VERIFYING HOMELESSNESS AND AGE IS ATTACHED; OR CHECK BOX TO CERTIFY THAT THIRD PARTY DOCUMENTS ARE NOT AVAILABLE, DUE DILIGENCE WAS DOCUMENTED, AND CLIENT IS SELF-CERTIFYING (MUST COMPLETE PAGES 2 & 3)

Date Certified:

To the best of my knowledge and ability, all information in this document is true and complete. Intake Worker Signature:	
Additional Attempts:	
Attempt #3:	
Attempt #2:	
Attempt #1:	
Describe attempts and barriers to obtaining third-party documentation:	
Attempt Dates:	
Date Certified:	

Documentation of Intake Worker Attempts to Verify Homelessness and Age

Intake staff must make conscientious and reasonable efforts (due diligence) to obtain third-party documentation to verify homelessness and age. However, an intake worker must never contact someone for third-party documentation if the individual or family believes that their health or safety will be jeopardized by contacting that person. In these instances, the intake worker must document the individual's or family's feelings and statements about this fear in the due diligence chart below.

If third-party documentation is not available, intake staff must document the due diligence efforts and the reasons that prevented them from obtaining third-party documentation below. Intake Worker observations are only permitted when third party verification cannot be obtained. Self-certification is only permitted when third-party documentation and intake worker observations cannot be obtained. See *Quick Guide for detailed instructions on supporting documentation requirements for homeless verification*. See *COC BOS policies for additional information regarding age verification*.

Participant Name: _____
 Date of Birth: _____

COC YHDP Homelessness Self-Certification and/or Age Certification

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Certification

I am currently homeless, at imminent risk of homelessness, or fleeing or attempting to flee violence. I am currently (Check One):

- Living in an Emergency Shelter (not in HMIS)
- Living in transitional housing (not in HMIS)
- Living in a hotel or motel paid for by government or charity
- Living on the street or other place not meant for living (examples include: car, garage, park, abandoned building)
- Exited from an institution (examples include: jail, hospital, juvenile detention) where I stayed for 90 days or less, AND I lived in an emergency shelter or on the street or other place not meant for living immediately prior to entering that institution.

- Living in my own housing or with family or friends, AND I am being evicted or asked to leave within 14 days, AND I have no safe alternative housing, resources, or support networks to maintain or obtain housing.
- Living in a hotel or motel that I pay for or family or friends pay for, AND I cannot stay for more than 14 days, AND I have no safe alternative housing, resources, or support networks to maintain or obtain housing.
- Fleeing or attempting to flee my housing or the place where I stay because of domestic violence, dating violence, sexual assault, stalking or other dangerous conditions related to violence that has taken place in my housing or has made me afraid to return to my housing, AND I have no safe alternative housing, resources, or support networks to maintain or obtain housing.

Briefly describe the place where you are currently living (EXAMPLE: I am living in Oak Park.):

I certify that I am age _____ (write your age).

To the best of my knowledge and ability, all information in this document is true and complete. I understand that if I provide information that I know is false my participation in YHDP programs may be denied or cancelled.

Client Signature:

Date Certified:

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CERTIFICATION OF ZERO INCOME

(To be completed by all applicable adult household members.)

Household Name: _____

1. I hereby certify that I do not individually receive income from any of the following sources:

- a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
- b. Income from operation of a business;
- c. Rental income from real or personal property;
- d. Interest or dividends from assets;
- e. Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits;
- f. Unemployment or disability payments;
- g. Public assistance payments;
- h. Periodic allowances such as alimony, child support, or gifts received from persons not living in my household;
- i. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
- j. Any other source not named above.

2. I currently have no income of any kind and there is no imminent change expected in my financial status or employment status during the next 12 months.

Under penalty of perjury, I certify that the information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of a lease agreement.

Signature of Applicant/Resident

Printed Name of Applicant/Resident

Date

VAWA Signature Sheet

I the undersigned have received a copy of:

Fact Sheet

HUD-5380

HUD-5382

Signature

Date

Protections for Victims of Domestic Violence, Dating Violence, Sexual Assault or Stalking

When should I receive this form? A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you are admitted as a tenant, when you receive an eviction or termination notice and prior to termination of tenancy, or when you are denied as an applicant. A covered housing provider may provide these forms at additional times.

What is the Violence Against Women Act ("VAWA")? This notice describes protections that may apply to you as an applicant or a tenant under a housing program covered by a federal law called the Violence Against Women Act ("VAWA"). VAWA provides housing protections for victims of domestic violence, dating violence, sexual assault or stalking. VAWA protections must be in leases and other program documents, as applicable. VAWA protections may be raised at any time. You do not need to know the type or name of the program you are participating in or applying to in order to seek VAWA protections.

What if I require this information in a language other than English? To read this information in Spanish or another language, please contact Karl Vanderburgh, kvanderburgh.westincoc@gmail.com FOR HOPWA PROVIDERS -

or go to

. You can read translated VAWA forms at

https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

What do the words in this notice mean?

- *VAWA violence/abuse* means one or more incidents of domestic violence, dating violence, sexual assault, or stalking.
- *Victim* means any victim of *VAWA violence/abuse*, regardless of actual or perceived sexual orientation, gender identity, sex, or marital status.
- *Affiliated person* means the tenant's spouse, parent, sibling, or child; or any individual, tenant, or lawful occupant living in the tenant's household; or anyone for whom the tenant acts as parent/guardian.
- *Covered housing program* includes the following HUD programs:

- Public Housing
 - Tenant-based vouchers (TBV, also known as Housing Choice Vouchers or HCV) and Project-based Vouchers (PBV) Section 8 programs
 - Section 8 Project-Based Rental Assistance (PBRA)
 - Section 8 Moderate Rehabilitation Single Room Occupancy
 - Section 202 Supportive Housing for the Elderly
 - Section 811 Supportive Housing for Persons with Disabilities
 - Section 221(d)(3)/(d)(5) Multifamily Rental Housing
 - Section 236 Multifamily Rental Housing
 - Housing Opportunities for Persons With AIDS (HOPWA) program
 - HOME Investment Partnerships (HOME) program
 - The Housing Trust Fund
 - Emergency Solutions Grants (ESG) program
 - Continuum of Care program
 - Rural Housing Stability Assistance program
- *Covered housing provider* means the individual or entity under a covered housing program that is responsible for providing or overseeing the VAWA protection in a specific situation. The covered housing provider may be a public housing agency, project sponsor, housing owner, mortgagee, housing manager, State or local government, public agency, or a nonprofit or for-profit organization as the lessor.

What if I am an applicant under a program covered by VAWA? You can't be denied housing, housing assistance, or homeless assistance covered by VAWA just because you (or a household member) are or were a victim or just because of problems you (or a household member) had as a direct result of being or having been a victim. For example, if you have a poor rental or credit history or a criminal record, and that history or record is the direct result of you being a victim of VAWA abuse/violence, that history or record cannot be used as a reason to deny you housing or homeless assistance covered by VAWA.

What if I am a tenant under a program covered by VAWA? You cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because you (or a household member) are or were a victim of VAWA violence/abuse. You also cannot lose housing, housing assistance, or homeless assistance covered by VAWA or be evicted just because of problems that you (or a household member) have as a direct result of being or having been a victim. For example, if you are a victim of VAWA abuse/violence that directly results in repeated noise complaints and damage to the property, neither the noise complaints nor property damage can be used as a reason for evicting you from housing covered by VAWA. You also cannot be evicted or removed from housing, housing assistance, or homeless assistance covered by VAWA because of someone else's criminal actions that are directly related to VAWA abuse/violence against you, a household member, or another affiliated person.

How can tenants request an emergency transfer? Victims of VAWA violence/abuse have the right to request an emergency transfer from their current unit to another unit for safety reasons related to the VAWA violence/abuse. An emergency transfer cannot be guaranteed, but you can request an emergency transfer when:

1. You (or a household member) are a victim of VAWA violence/abuse;
2. You expressly request the emergency transfer; **AND**
3. **EITHER**

- a. you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) stay in the same dwelling unit; **OR**
- b. if you (or a household member) are a victim of sexual assault, either you reasonably believe that there is a threat of imminent harm from further violence, including trauma, if you (or a household member) were to stay in the unit, or the sexual assault occurred on the premises and you request an emergency transfer within 90 days (including holidays and weekend days) of when that assault occurred.

You can request an emergency transfer even if you are not lease compliant, for example if you owe rent. If you request an emergency transfer, your request, the information you provided to make the request, and your new unit's location must be kept strictly confidential by the covered housing provider. The covered housing provider is required to maintain a VAWA emergency transfer plan and make it available to you upon request.

To request an emergency transfer or to read the covered housing provider's VAWA emergency transfer plan, contact Karl Vanderburgh, Executive Director, kvanderburgh.westfnccoc@gmail.com. The VAWA emergency transfer plan includes information about what the covered housing provider does to make sure your address and other relevant information are not disclosed to your perpetrator.

Can the perpetrator be evicted or removed from my lease? Depending on your specific situation, your covered housing provider may be able to divide the lease to evict just the perpetrator. This is called "lease bifurcation."

What happens if the lease bifurcation ends up removing the perpetrator who was the only tenant who qualified for the housing or assistance? In this situation, the covered housing provider must provide you and other remaining household members an opportunity to establish eligibility or to find other housing. If you cannot or don't want to establish eligibility, then the covered housing provider must give you a reasonable time to move or establish eligibility for another covered housing program. This amount of time varies, depending on the covered housing program involved. The table below shows the reasonable time provided under each covered housing program with HUD. Timetransfers for covered housing programs operated by other agencies are determined by those agencies.

<p>Covered Housing Program(s)</p>	<p>Reasonable Time for Remaining Household Members to Continue to Receive Assistance, Establish Eligibility, or Move.</p>
<p>HOME and Housing Trust Fund, Continuum of Care Program (except for permanent supportive housing), ESG program, Section 221(d)(3) Program, Section 221(d)(5) Program, Rural Housing Stability Assistance Program</p>	<p>The remaining household member(s) can receive rental assistance until expiration of the lease that is in effect when the qualifying member is evicted.</p>
<p>Permanent supportive housing funded by the Continuum of Care Program</p>	<p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p> <p>For HUD-VASH, if the veteran is removed, the remaining family member(s) can keep receiving assistance or living in the assisted housing as applicable. If the veteran was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days to establish program eligibility or find alternative housing.</p>
<p>Section 202/811 PRAC and SPRAC</p>	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or until the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p>
<p>Section 202/8</p>	<p>The remaining household member(s) must be given 90 calendar days from the date of the lease bifurcation or when the lease expires, whichever is first, to establish program eligibility or find alternative housing.</p> <p>If the person removed was the only tenant who established eligible citizenship/immigration status, the remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
<p>Section 236 (including RAP); Project-based Section 8 and Mod Rehab/SRO</p>	<p>The remaining household member(s) must be given 30 calendar days from the date of the lease bifurcation to establish program eligibility or find alternative housing.</p>
<p>HOPWA</p>	<p>The remaining household member(s) must be given no less than 90 calendar days, and not more than one year, from the date of the lease bifurcation to establish program eligibility or find alternative housing. The date is set by the HOPWA Grantee or Project Sponsor.</p>

Are there any reasons that I can be evicted or lose assistance? VAWA does not prevent you from being evicted or

losing assistance for a lease violation, program violation, or violation of other requirements that are not due to the VAWA violence/abuse committed against you or an affiliated person. However, a covered housing provider cannot be stricter with you than with other tenants, just because you or an affiliated person experienced VAWA abuse/violence. VAWA also will not prevent eviction, termination, or removal if other tenants or housing staff are shown to be in immediate, physical danger that could lead to serious bodily harm or death if you are not evicted or removed from assistance. **But only if no other action can be taken to reduce or eliminate the threat** should a covered housing provider evict you or end your assistance, if the VAWA abuse/violence happens to you or an affiliated person. A covered housing provider must provide a copy of the Notice of Occupancy Rights Under The Violence Against Women Act (Form HUD-5380) and the Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking (Form HUD-5382) when you receive an eviction or termination notice and prior to termination of tenancy.

What do I need to document that I am a victim of VAWA abuse/violence? If you ask for VAWA protection, the

covered housing provider may request documentation showing that you (or a household member) are a victim. **BUT** the covered housing provider must make this request in writing and must give you at least 14 business days (weekends and holidays do not count) to respond, and you are free to choose any one of the following:

1. A self-certification form (for example, Form-HUD 5382), which the covered housing provider must give you along with this notice. Either you can fill out the form or someone else can complete it for you;
2. A statement from a victim/survivor service provider, attorney, mental health professional or medical professional who has helped you address incidents of VAWA violence/abuse. The professional must state "under penalty of perjury" that he/she/they believes that the incidents of VAWA violence/abuse are real and covered by VAWA. Both you and the professional must sign the statement;
3. A police, administrative, or court record (such as a protective order) that shows you (or a household member) were a victim of VAWA violence/abuse; **OR**
4. If allowed by your covered housing provider, any other statement or evidence provided by you.

It is your choice which documentation to provide and the covered housing provider must accept any one of the above as documentation. The covered housing provider is prohibited from seeking additional documentation of victim status or requiring more than one of these types of documentation, unless the covered housing provider receives conflicting information about the VAWA violence/abuse.

If you do not provide one of these types of documentation by the deadline, the covered housing provider does not have to provide the VAWA protections you requested. If the documentation received by the covered housing provider contains conflicting information about the VAWA violence/abuse, the covered housing provider may require you to provide additional documentation from the list above, but the covered housing provider must give you another 30 calendar days to do so.

Will my information be kept confidential? If you share information with a covered housing provider about why you

need VAWA protections, the covered housing provider must keep the information you share strictly confidential. This information should be securely and separately kept from your other tenant files. No one who works for your covered housing provider will have access to this information, unless there is a reason that specifically calls for them to access this information, your covered housing provider explicitly authorizes their access for that reason, and that authorization is consistent with applicable law.

Your information **will not be disclosed** to anyone else or put in a database shared with anyone else, except in the following situations:

1. If you give the covered housing provider written permission to share the information for a limited time;
2. If the covered housing provider needs to use that information in an eviction proceeding or hearing; or
3. If other applicable law requires the covered housing provider to share the information.

How do other laws apply? VAWA does not limit the covered housing provider's duty to honor court orders about access to or control of the property, or civil protection orders issued to protect a victim of VAWA abuse/violence. Additionally, VAWA does not limit the covered housing provider's duty to comply with a court order with respect to the distribution or possession of property among household members during a family break up. The covered housing provider must follow all applicable fair housing and civil rights requirements.

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. To request a reasonable accommodation, please contact [INSERT APPROPRIATE STAFF MEMBER CONTACT INFORMATION]. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Have your protections under VAWA been denied? If you believe that the covered housing provider has violated these rights, you may seek help by contacting [INSERT LOCAL HUD FHEO FIELD OFFICE & CONTACT INFORMATION]. You can also find additional information on filing VAWA complaints at <https://www.hud.gov/vawa> and https://www.hud.gov/program/offices/fair_housing_equal_opp/vawa. To file a VAWA complaint, visit <https://www.hud.gov/fairhousing/filaacoinplaint>.

Need further help?

- For additional information on VAWA and to find help in your area, visit <https://www.hud.gov/vawa>.
- To talk with a housing advocate, contact [ENTER CONTACT INFO FOR LOCAL ADVOCACY AND LEGAL AID ORGANIZATIONS].

Public reporting burden for this collection of information is estimated to range from 45 to 90 minutes per each covered housing provider's response, depending on the program. This includes time to print and distribute the form. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, D.C. 20410. This notice is required for covered housing programs under section 41411 of VAWA and 24 CFR 5.2003. Covered housing providers must give this notice to applicants and tenants to inform them of the VAWA protections as specified in section 41411(d)(2). This is a model notice, and no information is being collected. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Confidentiality Note: Any personal information you share in this form will be maintained by your covered housing provider according to the confidentiality provisions below.

Purpose of Form: If you are a tenant of or applicant for housing assisted under a covered housing program, or if you are applying for or receiving transitional housing or rental assistance under a covered housing program, and ask for protection under the Violence Against Women Act ("VAWA"), you may use this form to comply with a covered housing provider's request for written documentation of your status as a "victim". This form is accompanied by a "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380. VAWA protects individuals and families regardless of a victim's age or actual or perceived sexual orientation, gender identity, sex, or marital status.

You are not expected and cannot be asked or required to claim, document, or prove victim status or VAWA violence/abuse other than as stated in "Notice of Occupancy Rights Under the Violence Against Women Act," Form HUD-5380.

This form is one of your available options for responding to a covered housing provider's written request for documentation of victim status or the incident(s) of VAWA violence/abuse. If you choose, you may submit one of the types of third-party documentation described in Form HUD-5380, in the section titled, "What do I need to document that I am a victim?". Your covered housing provider must give you at least 14 business days (weekends and holidays do not count) to respond to their written request for this documentation.

Will my information be kept confidential? Whenever you ask for or about VAWA protections, your covered housing provider must keep any information you provide about the VAWA violence/abuse or the fact you (or a household member) are a victim, including the information on this form, strictly confidential. This information should be securely and separately kept from your other tenant files. This information can only be accessed by an employee/agent of your covered housing provider if (1) access is required for a specific reason, (2) your covered housing provider explicitly authorizes that person's access for that reason, and (3) the authorization complies with applicable law. This information will not be given to anyone else or put in a database shared with anyone else, unless your covered housing provider (1) gets your written permission to do so for a limited time, (2) is required to do so as part of an eviction or termination hearing, or (3) is required to do so by law.

In addition, your covered housing provider must keep your address strictly confidential to ensure that it is not disclosed to a person who committed or threatened to commit VAWA violence/abuse against you (or a household member).

What if I require this information in a language other than English? To read this in Spanish or another language, please contact Karl Vanderburgh, Executive Director, kvanderburgh.westtncoc@gmail.com; FOR HOPWA PROVIDERS – or go to

. You can read translated VAWA forms at https://www.hud.gov/program_offices/administration/hudclips/forms/hud5a#4. If you speak or read in a language other than English, your covered housing provider must give you language assistance regarding your VAWA protections (for example, oral interpretation and/or written translation).

Can I request a reasonable accommodation? If you have a disability, your covered housing provider must provide reasonable accommodations to rules, policies, practices, or services that may be necessary to allow you to equally benefit from VAWA protections (for example, giving you more time to submit documents or assistance with filling out forms). You may request a reasonable accommodation at any time, even for the first time during an eviction. If a provider is denying a specific reasonable accommodation because it is not reasonable, your

6. Anything else your housing provider should know to safely communicate with you?

Other Please List: _____

Safe to receive mail from your housing provider: Yes No

Mail Mailing Address: _____

Safe to receive an email: Yes No

E-mail E-mail Address: _____

Safe to receive a voicemail: Yes No

Phone Phone Number: _____

If any contact information changes or is no longer a safe contact method, notify your covered housing provider.

5. What is the safest and most secure way to contact you? (You may choose more than one.)

4. Name of the perpetrator (if known and can be safely disclosed): _____

3. Name(s) of other member(s) of the household: _____

2. Your name (if different from victim's): _____

1. Name(s) of victim(s): _____

TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING

Need further help? For additional information on VAWA and to find help in your area, visit https://www.hud.gov/vawa. To speak with a housing advocate, contact WRAP, 800-273-8712 or 731-668-0411

covered housing provider must first engage in the interactive process with you to identify possible alternative accommodations. Your covered housing provider must also ensure effective communication with individuals with disabilities.

Public Reporting Burden for this collection of information is estimated to average 20 minutes per response. This includes the time for collecting, reviewing, and reporting. Comments concerning the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, QDAM, Department of Housing and Urban Development, 451 7th Street, SW, Washington, DC 20410. Housing providers in programs covered by VAWA may request certification that the applicant or tenant is a victim of VAWA violence/abuse. A Federal agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

Date

Signature

Certification of Applicant or Tenant: By signing below, I am certifying that the information provided on this form is true and correct to the best of my knowledge and recollection, and that one or more members of my household is or has been a victim of domestic violence, dating violence, sexual assault, or stalking as described in the applicable definitions above.

- (2) Suffer substantial emotional distress.
- (1) Fear for the person's individual safety or the safety of others or

Stalking means engaging in a course of conduct directed at a specific person that would cause a reasonable person to:

Sexual assault means any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent.

- (2) Where the existence of such a relationship shall be determined based on a consideration of the following factors: (i) The length of the relationship; (ii) The type of relationship; and (iii) The frequency of interaction between the persons involved in the relationship.
- (1) Who is or has been in a social relationship of a romantic or intimate nature with the victim; and

Dating violence means violence committed by a person:

Spouse or intimate partner of the victim includes a person who is or has been in a social relationship of a romantic or intimate nature with the victim, as determined by the length of the relationship, the type of the relationship, and the frequency of interaction between the persons involved in the relationship.

Domestic violence includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who lives with or has lived with the victim as a spouse or intimate partner, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

Applicable definitions of domestic violence, dating violence, sexual assault, or stalking:

Grievance Policy

As a participant in the CoC Program you have the right to file a complaint, grievance and appeal if you are not satisfied with any action taken, staff decision, or if you believe that you have experienced discrimination or abuse. The following procedures are intended to provide an effective, impartial and expedited process to resolve differences in a manner satisfactory to all parties. All documentation related to a grievance or appeal will be kept in a separate file for quality assurance review.

1. Complaint- Prior to filing any formal grievance, you should bring your concern to the attention of the staff member involved to an attempt to resolve the issue. A complaint may be verbal or written and must be logged according to agency policy whether received by phone, in person or in writing. Upon request by either you or the case manager, the staff members supervisor may be present for the discussion.

2. Grievance- If the situation is not resolved, a grievance must be submitted within 5 (five) business days in order to request further review of your complaint. The steps of the grievance process are as follows:
 - You are encouraged to describe your concern in writing and submit it to the President or Executive Director.
 - The President or Executive Director will contact you to schedule an appointment to discuss the grievance.
 - Within 5 (five) business days of the decision a written explanation of the decision, including any actions taken, will be sent to you.

3. Appeal- If the decision is not satisfactory, you may file an appeal to seek a secondary review. The steps of the appeal process are as follows:
 - You must describe your concern in writing and submitted to the agency/ lead agency President, Executive Director.
 - The President or Executive Director will contact you to schedule an appointment to discuss the grievance.
 - Within 5 (five) business days of the decision a written explanation of the decision, including any actions taken, will be sent to you.

4. Administration Appeal- If the decision of the appeal is not satisfactory, you may file a request for an administration appeal. Submit your written appeal, along with the response of the agency, CoC Board, PO Box 1402 Parts TN 38242. A careful review of all documents. In, you will receive a response within 5 (five) Business days of the appeal.

By signing below you are agreeing that you have read and understand the above grievance policy, and the procedures that must be followed, and have been provided a copy of these guidelines.

Participant Signature: _____ Date: _____

Witness Signature: _____ Date: _____