

Housing Assistance Intake Packet

Packet Checklist

- Part 1: Initial Inquiry/Referral Form (page _2_)
 - Part 2: Pre-Approval Screening (page_3_)
 - Part 3: Domestic Violence Safety Planning (if applicable) (page_4_)
 - Part 4: Client Scenario and Diversion (page _5_)
 - Part 4a: Household Composition/Proof of Identity (page _7_)
 - Part 5: Initial Eligibility Screening: Housing Status (page _10_)
 - Part 6: Initial Eligibility Screening: Income & Absence of Resources (page _12_)
 - Part 7: Client signed documents.
 - Part 7a: ROI (Page_17__)
 - Part 7b: Notice on Equal Access (Page_18__)
 - Part 7c: Receipt of MCCAC Domestic Violence Policies and Emergency Transfer Plan (Page_19__)
 - Part 7d: Notice on receipt of grievance/appeal procedures (Page_21__)
 - Part 8: Intake caseworker and client signed Confirmation of Program Referral or Ineligibility form. (Page_22__)
 - Verification of Use of Coordinated Entry/Client ServicePoint Data Entry/Casework Log
- For use with RRH clients**

Part 1: Initial Inquiry/Referral Form

Date: _____ First and Last Name: _____

Referred by (name): _____ Referred by (organization): _____

Date of birth _____ Age: _____

Social Security Number (not required if you don't have one): _____

Phone number: _____ Email address: _____

Preferred method of contact: Phone call Text message Email Other: _____

Your Address (if applicable): Street: _____

City: _____ County: _____ State: _____

If you have no address, what county/state have you been living in lately? _____

How many people are in your household? _____ Any under age 18? **YES NO**

Do you have any pets? **YES NO** If so how many, what type(s), breed, & what size(s)? _____

What type of housing assistance do you need?

I need help paying my rent or legal assistance so I don't lose my housing.

I'm homeless and need a temporary place to stay/help finding permanent housing.

I need a referral for a special kind of housing/HUD voucher and was told I needed to come here before I could get one from the Mid-Columbia Housing Authority

Other (please explain): _____

CIRCLE YES OR NO:

Have you ever received housing assistance from Mid-Columbia Community Action council? **YES NO**

(If yes) Date of assistance: _____ What type of assistance did you receive? _____

Case worker name: _____

Are you a veteran? **YES NO**

Are you a migrant or seasonal farmworker? **YES NO**

Do you currently have a housing/HUD voucher or have you applied to get on the waitlist for one? **YES NO**

Are you or someone in your household currently fleeing domestic violence? **YES NO**

Do you or anyone in your household have a disabling condition (substance use disorder, physical or mental disability, etc.)? **YES NO**

Documents Provided/attached (optional)

Identity verification (photo ID, social security card, etc.)

Income verification (paystubs, social security benefits letter, etc.)

Eviction notice paperwork

Part 2: Pre-Approval Screening

Intake Caseworker: Please look up ALL members of the household in Servicepoint and ask the head of household/other adults present at intake appointment the following questions. Check all boxes that apply based on their answers.

- Is one or more household member a registered sex offender or has anyone in the household been convicted of arson?
 - Has one or more household member been enrolled in one or more of MCCAC's housing or shelter programs within the last 24 months?
 - If so, which household member(s) was enrolled? _____
 - If so, which caseworker did they work with? _____
 - If so, which program were they enrolled in? _____
 - If so, what was the date when they exited the program? _____
 - If so, what was the reason they were exited from the program? _____
 - Has your household been living in Wasco, Sherman, or Hood River County for at least six months? If NOT, why are you seeking assistance here? _____
-

Intake Caseworker: If any of the boxes were checked above, client/household needs to be pre-approved by program manager before they can be referred to/enrolled in a MCCAC program. Please have program manager sign/date and indicate whether client has been approved or not below. If client is not approved for assistance, please indicate reason in Part 7 of this packet and have client sign indicating that they understand the reason. (Client should also complete/sign form indicating they have received our grievance/appeals process info).

Program Manager Decision (circle one): **Approve** **Do not Approve**

Program Manager Name: _____

Program Manager Signature: _____

Date: _____

Part 3: Domestic Violence Safety Planning (if Applicable)

Are you or anyone in the household currently fleeing a domestic violence situation?

Yes No

If yes when did the domestic violence experience occur? _____

If yes, what level of danger are you currently experiencing because of this DV situation?

Life threatening Serious but not life threatening Mild

No danger-my current housing is safe.

Would you like a referral to a DV provider? Yes No

If yes, what DV provider was the client referred to?

Name of DV provider _____

Date referral was made _____

Name of MCCAC caseworker who make referral _____

Format of referral: Phone Email Website Sent person to DV provider office

Name of DV provider who was involved with referral process (if any)

If referral was made to DV provider would you like to continue perusing services with MCCAC, or come back to us for services if DV provider cannot provide with assistance you need?

Continue services with MCCAC

Return if DV provider cannot provide assistance needed

Client Signature _____

Date _____

MCCAC staff member signature _____

Date _____

Part 4: Client Scenario and Diversion Assessment

Client/household story summary:

*If household is **at risk of houselessness/eviction**, ask them to answer these questions (if houseless, skip to next section):*

What is the total amount of rent you need help paying in order to avoid getting evicted? \$ _____

Are there any other options you have or could explore for how to get caught up on your rent? **YES** **NO**

If yes, what could our staff do to help you explore those options? _____

What is your landlord’s name? _____

What is your landlord’s email address? _____ Phone: _____

Do you have any concerns with our staff reaching out to your landlord about your case if we determine we can help you? We need to verify information like total amount of rent owed, etc. with the landlord in most cases. **YES** **NO**

If no concerns, please sign here giving us your permission to reach out to your landlord who is listed above:

Client Signature: _____ **Client Date:** _____

Have you already reached out to Six Rivers Dispute Resolution Center for free mediation help so you can potentially negotiate a lower payment to your landlord to get caught up on rent? (Mediation is different than legal assistance; it means a neutral facilitator could help you and your landlord have some conversations together so you can potentially come to an agreement that works well for both of you.) **YES** **NO**

If yes, what was the outcome: _____

If no, would you be ok with me referring you to Six Rivers while I also get you on the list to speak to one of our caseworkers about getting some rent help from us? Our agency’s rent programs can typically only offer up to a certain amount of rent assistance, so it’s usually best for clients at risk of eviction to get help both from us and Six Rivers Dispute Resolution Center. **YES** **NO**

If you ARE ok with me referring you to Six Rivers Dispute Resolution Center while our agency continues moving your application through our process to get you some rent help, please sign here giving us your permission to refer you to Six Rivers Dispute Resolution Center:

Client Signature: _____ **Client Date:** _____

If household is **houseless and seeking shelter, street outreach, or rapid rehousing resources**, say this:

Thank you for sharing some initial info with me. Before I begin the more thorough intake process with you, I would like to learn more about your specific situation right now and what you need, so that together we can identify the best possible way to get you a safe place to stay in the short term, and hopefully help you find safe, permanent housing in the long-term. That might mean staying in one of our shelters or getting resources from our agency, or it might mean I help you find another safe and stable alternative. Ultimately, we have limited resources to help people if they come to us for houseless services or shelter. We also often don't have an open shelter unit to immediately place people in. So if I can help determine if you have other options like staying with a friend or family member you were recently staying with, I may also be able to help you get the resources you need to make that happen. Like a bus pass or some gas money so you could cover the cost of transportation to get there.

Based on that, I have a few questions for you:

- 1) What other things did you try before you decided to come to us for help? _____

- 2) What are the other things you thought about trying but have not attempted yet in order to avoid needing to stay at our shelter or get other houseless services from us? _____

- 3) Where was the last place you slept where you were housed and felt safe? _____

 - a. If it was staying with someone else, what is the relationship you had with that person and how long had you been staying there?

 - b. Where did you stay before that?

 - c. Would it be possible, AND safe for your household to stay in one of those places again for the next 3-7 days or longer? YES NO
 - i. If it would NOT be possible to stay in one of those places, why not?

 - ii. If it would NOT be safe to stay in one of those places, why not? Please note here that if you are experiencing domestic violence and the place you could go back to is where that violence has been happening, we do not consider that to be safe.

 - iii. If it WOULD be possible AND safe for your household to stay in one of those places again for the next 3-7 days or longer, but you need some help to make that happen, what kind of help do you need?
 - A bus pass
 - A gas or gift card if you have a car but no gas money
 - Help making one or more phone calls to: _____
 - Help getting a free cell phone
 - Help getting connected to free mediation services to resolve a conflict with the people you were last staying with so you can stay there again
 - Other? _____

Part 4a: Household Composition/Proof of Identity

Household Composition and Individual Coordinated Entry questions + Identity Verification:

Household Member 1 (Head of Household):

Name: _____ Gender: Female, Male , A gender other than singularly female or male ,Client doesn't know, Client refused

Date of Birth _____

Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Client Doesn't know

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Client doesn't know

Proof of Identity attached here? **Yes No**

Current County of Residence: _____ Current City of Residence: _____

Disabilities (check all that apply):

- Chronic Health Condition
- Mental Health Disorder
- Physical
- Developmental
- HIV/AIDS

What type of military service has this household member completed/what type of veteran are they (if applicable):

Household Member 2:

Name: _____ Gender: Female, Male, A gender other than singularly female or male, Client doesn't know, Client refused

Date of Birth: _____

Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Client Doesn't know

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Client doesn't know

Proof of Identity attached here? **Yes No**

Relationship to Head of Household: _____

Current County of Residence: _____ Current City of Residence: _____

Disabilities (check all that apply):

- Chronic Health Condition
- Mental Health Disorder
- Physical
- Developmental
- HIV/AIDS

What type of military service has this household member completed/what type of veteran are they (if applicable):

Household Member 3:

Name: _____ Gender: Female, Male , A gender other than singularly female or male ,Client doesn't know, Client refused

Date of Birth: _____

Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Client Doesn't know

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Client doesn't know

Proof of Identity attached here? Yes No

Relationship to Head of Household: _____

Current County of Residence: _____ Current City of Residence: _____

Disabilities (check all that apply):

- Chronic Health Condition
- Mental Health Disorder
- Physical
- Developmental
- HIV/AIDS

What type of military service has this household member completed/what type of veteran are they (if applicable):

Household Member 4:

Name: _____

Gender: Female, Male , A gender other than singularly female or male ,Client doesn't know, Client refused

Date of Birth: _____

Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Client Doesn't know

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Client doesn't know

Proof of Identity attached here? Yes No

Relationship to Head of Household: _____

Current County of Residence: _____ Current City of Residence: _____

Disabilities (check all that apply):

- Chronic Health Condition
- Mental Health Disorder
- Physical
- Developmental
- HIV/AIDS

What type of military service has this household member completed/what type of veteran are they (if applicable):

Household Member 5:

Name: _____

Gender: Female, Male , A gender other than singularly female or male ,Client doesn't know, Client refused

Date of Birth: _____

Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Client Doesn't know

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Client doesn't know

Proof of Identity attached here? Yes No

Relationship to Head of Household: _____

Current County of Residence: _____ Current City of Residence: _____

Disabilities (check all that apply):

- Chronic Health Condition
- Mental Health Disorder
- Physical
- Developmental
- HIV/AIDS

What type of military service has this household member completed/what type of veteran are they (if applicable):

Household Member 6:

Name: _____

Gender: Female, Male , A gender other than singularly female or male ,Client doesn't know, Client refused

Date of Birth: _____

Race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Client Doesn't know

Ethnicity: Non-Hispanic/Non-Latino Hispanic/Latino Client doesn't know

Proof of Identity attached here? Yes No

Relationship to Head of Household: _____

Current County of Residence: _____ Current City of Residence: _____

Disabilities (check all that apply):

- Chronic Health Condition
- Mental Health Disorder
- Physical
- Developmental
- HIV/AIDS

What type of military service has this household member completed/what type of veteran are they (if applicable):

Part 5: Initial Eligibility Screening and Verification: Housing Status

Housing Status

Intake Caseworker: Check the box for the category(ies) below that applies to the client's household after reviewing these definitions with the client.

- Literally homeless (HUD category 1), meaning:**
 - Living in a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a vehicle, park, abandoned building, bus or train station, airport or camping ground; or
 - Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals); or
 - Exiting an institution (hospital, jail, etc.) where you resided for 90 days or less, and resided in an emergency shelter or place not meant for human habitation immediately before entering the institution.

- Imminent Risk of Homelessness (HUD category 2), meaning:**

Individual or family who will imminently lose their primary nighttime residence, provided that:

 - (i) Residence will be lost within 14 days of the date of application for homeless assistance (i.e. eviction notice has been delivered, or you've been asked in writing to leave the place where you've been staying, etc.);
 - (ii) No subsequent residence has been identified; and
 - (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

- Homeless under other federal statutes (HUD category 3), meaning:**

Unaccompanied youth under 25 years of age or families with children and youth who do not otherwise qualify as homeless under this definition, but who:

 - (i) Are defined as homeless under other listed federal statutes;
 - (ii) Have not had a lease, ownership interest or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
 - (iii) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and
 - (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.

- Fleeing/attempting to flee domestic violence (HUD category 4), meaning:**

Any individual or family who:

 - (i) Is fleeing or is attempting to flee domestic violence;
 - (ii) Has no other residence; and
 - (iii) Lacks the resources or support networks to obtain other permanent housing

- Unstably housed (according to Oregon Housing and Community Services), meaning:**

Any individual or family who:

 - (i) Is at risk of losing housing, and doesn't otherwise qualify as homeless or at risk of homelessness under the above listed categories, provided that:
 - a. They have been notified to vacate current residence OR otherwise demonstrate *high risk of losing current housing; AND
 - b. Lack the resources or support networks to obtain other permanent housing

**High risk may be demonstrated by, but is not solely defined as: having experienced a loss of income or other threat to housing stability. In addition, sharing housing of other persons due to loss of housing, economic hardship, or a similar reason (doubled up) may demonstrate a high risk of losing current housing. Owing rental arrears or not having the ability to pay for future rent may also demonstrate high risk status.

PREFERRED ORDER OF DOCUMENTATION CHECKLIST: Housing Status

Please Start by Checking the Box Indicating the Client’s Housing Status:

- HUD Category 1: Literally Homeless
- HUD Category 2: Imminent Risk of Homelessness
- HUD Category 3: Homeless under Other Federal Statutes
- HUD Category 4: Fleeing or Attempting to Flee Domestic Violence
- OHCS Definition of Unstably Housed

Third Party Verification

- Check this box if written, third party verification of the client’s housing status was obtained and is attached to this document.
OR, if third party verification cannot be obtained, please do NOT check the box above, and instead indicate what attempts you made to get third party verification/the reason it can’t be obtained below:*

Casework Signature _____ Date _____

Caseworker Observation

- Check this box if you were unable to get third-party verification of the client’s housing status but feel comfortable confirming this client’s stated housing status based on your observation. Explain what documents you’ve reviewed, situation you have observed, or other factors of the client’s situation you have discussed that make you feel comfortable verifying this client’s housing status as stated above via caseworker observation.*

Casework Signature _____ Date _____

Client Self-Certification of Housing Status Indicated Above (All household members over age 18 must sign):

By signing below, you certify that the housing status that is indicated above for your household is true and accurate:

Head of Household first and last name: _____

Head of Household signature: _____ **Date:** _____

Other Household Member (over age 18) first and last name: _____

Other Household Member signature: _____ **Date:** _____

Other Household Member (over age 18) first and last name: _____

Other Household Member signature: _____ **Date:** _____

Part 6: Initial Eligibility Screening and Verification: Income and Absence of Resources

Intake caseworker: please fill out after reviewing income documentation from client. If documentation is not available but client provides an amount for a particular type of income, note why documentation is not available on next page in staff verification checklist section.

General Category	Description	Source (as indicated by client), i.e. paycheck, SSI benefits, etc. documented via attachment to this packet	Amount (30 days)
Income that IS counted for eligibility determination			
1. Earned Income	The full amount of gross income earned before taxes and deductions.		
2. Business Income	The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.		
3. Interest and Dividend Income	Monthly interest and dividend income credited to an applicant's bank account and available for use by the household (not just the applicant).		
4. Pension/Retirement Income	The monthly payment amount received from Social Security, annuities, retirement funds, pensions, disability, and other similar types of periodic payments. (Exception: SSI is excluded for HSP; however, income, regardless of source, will be used to meet the need.)		
5. Unemployment and Disability Income	Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation. (Exception: SSI is excluded for HSP; however, income, regardless of source, will be used to meet the need.)		
6. TANF/Public Assistance (NOT including FoodStamps)	Monthly income from government agencies excluding amounts designated for shelter.		
7. SNAP/Food Stamp Benefits	Monthly income that household receives from SNAP.		
8. Alimony, Child Support and Foster Care Income	Alimony, child support, and foster care payments received from organizations or from persons not residing in the dwelling.		

9. Armed Forces Income	All basic pay, special pay and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire (hazard pay).		
Income that IS NOT counted for eligibility determination			
10. Income of Children	Income from employment of children (including foster children) under the age of 18 years.		
11. Inheritance and Insurance Income	Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses (except as provided in number 5 of Income Inclusions).		
12. Medical Expense Reimbursements	Amounts received by the household that are specifically for, or in reimbursement of, the cost of medical expenses for any household member.		
13. Income of Live-in Aides	Income of a live-in aide (as defined in 24 CFR 5.403).		
14. Disabled Persons	Certain increases in income of a disabled member of a qualified household (24 CFR 5.671(a)).		
15. Student Financial Aid	The full amount of student financial assistance paid directly to the student or to the educational institution.		

Total Income (all types) for Household (all Members): _____

Total Income (only types counted for sake of eligibility determination) for Household (all Members): _____

Check the box below that indicates what the household's income level is according to our region's current Area Median Income chart:

- Above 80% AMI
- 80% AMI or below
- 50% AMI or below
- 30% AMI or below

Income – Staff Verification Checklist

Each Household member's income is verified. If a Household member's income cannot be verified after attempting steps 1-3, they may self-certify by completing Step 4 below. Please attach another copy of this form to this intake packet if multiple forms are needed in order to verify income for multiple household members.

Household Member Name: _____ Date _____

Intake/Screening

Re-Certification

Agencies may use this form to document the preferred order of steps to verify income:

Step 1. Third Party Source: Were verification documents provided by the client?

Yes – Verification complete.

No – Provide explanation as to why client could not provide documents, then go to Step 2

Step 2. Third Party Written: Send Verification of Income form, to Income Source(s).

Date Form(s) mailed or faxed: _____ (Retain copy of form(s) in client file)

Documents received within 10 business days – Verification Complete.

Documents **not** received within 10 business days – **Go to Step 3.**

Step 3. Third Party Oral: Agency staff contacts third-party sources identified by the household.

Record date, source(s) contacted and income information or reason(s) for not obtaining information:

If sufficient income information is provided – Verification Complete.

If income information provided is not sufficient, **proceed to Step 4.**

Agency Staff Verification Statement: I certify, under penalty of perjury, this information is true and correct to the best of my knowledge.

Agency Staff Signature: _____ **Date:** _____

Step 4. Self-Certification: ONLY use Step 4 to verify income after attempting and documenting the previous steps.

I certify that I receive the following source, amount and frequency of income:

Client Self-Certification Statement: I certify, under penalty of perjury, that the information I have provided on this form is true and correct, to the best of my knowledge.

Source: _____ Amt. _____ Frequency: _____

Source: _____ Amt. _____ Frequency: _____

Source: _____ Amt. _____ Frequency: _____

Client Signature: _____ **Date:** _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or Agency of the United States as to any matter within its jurisdiction.

Note: ALL clients must complete the absence of resources certification below to receive MCCAC services.

Part 6: Absence of Resources Certification

I hereby certify that I lack the resources necessary to prevent homelessness or secure permanent housing at this time without the help of MCCAC. I declare that I currently lack the following resources, which could enable me to prevent homelessness or secure permanent housing on my own, and that I would become or remain homeless but for the assistance MCCAC might provide:

Check all that apply:

- I lack the resources to prevent eviction or secure permanent housing, and will stay or become homeless but for MCCAC's help.
- I have no savings.
- I have savings, but not enough to prevent becoming/staying homeless. Savings balance as of today: _____
- I have no checking account.
- Yes, I have a checking account. Account balance as of today: _____
- I have no friends or family who can help or with whom I could stay.
- I do not have a HUD voucher.
- I have a HUD voucher but lack the resources to pay the other costs associated with housing.
- I do not own property for which I receive rent from a tenant.
- I do not have a retirement fund from which I can receive regular, monthly drawdowns.
- I do not receive interest payments over \$1.00/month on any savings or other financial account in my name.

Under penalty of perjury, I certify that the above information presented in this certification is true and accurate to the best of my knowledge. The undersigned further understands that providing false representations here constitutes an act of fraud. False, misleading, or incomplete information may result in the termination of assistance or in criminal prosecution.

Signature of applicant: _____

Printed name of applicant: _____

Date: _____

- I certify, under penalty of perjury, that I am coming to MCCAC for assistance because I currently lack the resources and support network necessary to maintain or secure shelter or housing.

Client Self-Certification Statement: I certify, under penalty of perjury, that the information I have provided about my absence of resources is true and correct, to the best of my knowledge.

Client Signature: _____ Date: _____

Part 7a: Signed MCCAC Authorization for Release of Information (ROI)

CLIENT NAME: _____ DATE: _____

This release allows MCCAC to share with those listed below minimal information needed for assisting your household with any of the following: Attaining and keeping permanent housing; attaining temporary emergency housing; attaining and keeping needed utilities as part of housing stabilization; advocacy and funding on your behalf with any of a variety of entities, depending upon your needs; partnering with additional agencies in the local continuum, to best serve you and other household members.

PLEASE NOTE: Your paper file might be viewed in whole or part by our funding source (OHCS) on dates past the 1-year end date of this notice. Furthermore, any electronic data entered into Service Point (the Homelessness Management Information System) with regard to your participation in MCCAC’s housing programs might be viewed for up to 7 years following your exit date from our program(s). By signing below, you acknowledge the following:

I understand that my record may have information that is protected by Federal and State law and I allow such information to be given out to other persons (ONLY as listed below) or agencies involved in my life, ONLY WHEN SUCH EXCHANGE IS NEEDED TO ASSESS AND MAKE ME ELIGIBLE FOR SERVICES AND FUNDS, AS DETERMINED BY MY ASSISTANCE PLAN WITH MID-COLUMBIA COMMUNITY ACTION COUNCIL INC. AND MCCAC’S FUNDING REQUIREMENTS.

I acknowledge that I have the right to change the time period for which this release is valid (below) with regard to people or agencies other than Oregon Housing and Community Services and the Rural Oregon Continuum of Care, and I can cancel this ROI at any time without it affecting my services. I also have a right to a copy of this release.

With the exception of Oregon Housing and Community Services and the Oregon Continuum of Care, this release of information begins on (today’s date) _____ and ends (one year from today’s date) on _____.

Agencies (or people) with whom I will allow you to share information, in order to best serve my needs:

1. Oregon Housing and Community Services (up to 7 years from the last date of service/date of this ROI)
2. Rural Oregon Continuum of Care (up to 7 years from the last date of service/date of this ROI service)
3. Other MCCAC Programs (i.e. Energy Assistance, Supportive Services for Veteran Families, etc.)
4. If applicable: Mid-Columbia Housing Authority, Bridges to Health Pathways Program/Columbia Gorge Health Council, Bridges to Change, Columbia Gorge Community College, Columbia Gorge Education Service District, Columbia Gorge Food Bank, ColumbiaCare/Creekside Residential Treatment Facility, Greater Oregon Behavioral Health, Inc., HAVEN from Domestic Violence, Helping Hands Against Violence, Hood River Shelter Services, Mid-Columbia Children’s Council, Mid-Columbia Center for Living, Mid-Columbia Medical Center, Providence Hood River Memorial Hospital and Better Outcomes thru Bridges Programs, Mid-Columbia Economic Development District, Nch’i Wana Housing, North Central Public Health District, One Community Health, Oregon Department of Human Services, Oregon Eviction Defense Project, Oregon Human Development Corporation, PacificSource, Six Rivers Dispute Resolution Center, St. Vincent de Paul of The Dalles, The Next Door, Inc., Wings, Youth Empowerment Shelter, and/or YouthThink.
5. Other (please list other relevant agencies, such as DHS, if you have a case worker or are receiving assistance there)

OPT OUT OPTION: I do NOT give MCCAC permission to contact the following organizations or individuals listed above in section 4: _____

Signature of Client(s): _____ Date: _____

Name of MCCAC Staff Member who Assisted Client to Complete this ROI: _____

Part 7b: Signed Receipt of Notice on Equal Access

Mid-Columbia Community Action Council (MCCAC) receives funding from the U.S. Department of Housing and Urban Department's (HUD) Office of Community Planning and Development (CPD) and MUST comply with the following REQUIREMENTS:

- Determine your eligibility for housing regardless of your sexual orientation, gender identity, or marital status, and must not discriminate against you because you do not conform to gender or sex stereotypes (i.e., because of your gender identity);
- Grant you equal access to CPD programs or facilities consistent with your gender identity, and provide your family with equal access;
- MUST NOT ask you to provide anatomical information or documentary (like your ID), physical, or medical evidence of your gender identity; and
- Take non-discriminatory steps when necessary and appropriate to address privacy concerns raised by any residents or occupants, including you.

If you think this program has violated any of these requirements, including any denial of services or benefits, contact your local HUD office for assistance with alleged violations of HUD program regulations. Local offices can be found at: http://portal.hud.gov/hudportal/HUD?src=/program_offices/field_policy_mgt/localoffices

If you believe you have experienced housing discrimination because of race, color, religion, national origin, disability, or sex, including discrimination because of gender identity, contact 1- 800-669-9777 or file a written complaint with HUD at: www.hud.gov "file a discrimination complaint".

Persons who are deaf, hard of hearing, or have speech impairments may file a complaint via TTY by calling the Federal Information Relay Service at (800) 877-8339.

To better understand HUD's requirements, the following definitions apply:

- Sexual orientation means one's emotional or physical attraction to the same and/or opposite sex (e.g. homosexuality, heterosexuality, or bisexuality).
- Gender identity means the gender with which a person identifies, regardless of the sex assigned to that person at birth and regardless of the person's perceived gender identity.
- Perceived gender identity means the gender with which a person is perceived to identify based on that person's appearance, behavior, expression, other gender related characteristics, or sex assigned to the individual at birth or identified in documents

I have read this notice and understand my equal access rights as a recipient of MCCAC assistance. I also understand that I have a right to receive a copy of this notice.

Signature: _____ Date: _____

Printed name: _____

Part 7c: Signed Receipt of MCCAC Domestic Violence Policies and Emergency Transfer Plan

Emergency Transfers [Mid-Columbia Community Action Council Inc. (MCCAC)] is concerned about the safety of its clients, and such concern extends to clients who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA), 1 MCCAC allows its tenants or clients receiving temporary housing assistance who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation. 2 The ability of MCCAC to honor such request for tenants currently receiving rent assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether MCCAC has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy

This plan identifies tenants/clients who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that [MCCAC] is in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant or client who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer. A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

1 Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

2 Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify MCCAC's management office and submit a written request for a transfer to [Agency to insert location]. MCCAC will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under MCCAC's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

MCCAC will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives MCCAC written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential

the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about MCCAC’s responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

MCCAC cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. MCCAC will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. MCCAC may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit. If MCCAC has no safe and available units for which a tenant who needs an emergency is eligible, MCCAC will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant’s request, MCCAC will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe. Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY). Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network’s National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>. Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime’s Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>. Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking. **HAVEN (in The Dalles) 541-296-1662; Helping Hands (in Hood River) 541-386-6603.**

Client signature_____

Date_____

MCCAC Staff member signature_____

Date_____

Part 7d: Signed Receipt of MCCAC Grievance and Appeal Procedures

MCCAC manages a variety of programs designed to either prevent homelessness or get people off the street into permanent housing. In all instances where housing funds are spent, MCCAC will first determine if your household would become homeless but for **our assistance**. After that, the foremost goal is that the money spent enable your household to transition as quickly as possible to self-sufficiency and stable, permanent housing.

You are entitled to a fair hearing if you are denied housing assistance dollars. Your right to a hearing and how to go about appealing a decision made by the case worker(s) will be made evident on MCCAC's denial paperwork, and you will be informed of your appeal rights during any intake session. The appeals process is outlined on this form as well.

Our staff will in no way limit or interfere with your freedom to request a hearing.

If you are denied enrollment or services, you will be told why. You are then welcome to appeal the Case Worker's/Housing Coordinator's calculation, assessment or decision by asking for a reconsideration, based on new evidence, and by supplying documentation to that effect.

Additionally, all adult participants in MCCAC's medium- and longer-term housing programs agree to take part in all activities as described in their case plan, and noncompliance with program rules can result in early dismissal. **In matters of noncompliance with program rules**, IF we are considering closing you from a medium- or longer-term housing program for noncompliance with program rules, we will send you a letter that describes the reasons why and what measures you can take to correct those issues, and within what time-frame. If you fail to respond within the described time period, a letter of termination will be given to you in person, and/or mailed to the address we have for you on file.

If you are denied participation in one of our housing programs, or the caseworker decides you will be closed early from one of MCCAC's housing programs **due to noncompliance with program rules**, you can appeal this decision by filing a **"Request for Review."** This is not a formal document, and you can use your own words to describe why you disagree with the caseworker's decision.

Aggrieved persons have 35 days in which to request a review or hearing to argue the caseworker's decision to deny them help. Please put your request in writing, with the date at the top and your signature. MCCAC, as a subgrantee of Oregon Housing and Community Services (OHCS), must notify OHCS within 10 days if you have filed a Request for Review, and MCCAC will notify you and OHCS in writing of its final determination and the basis for the decision within 10 days of the date of the decision.

Anyone requesting a hearing/review will be assigned a date as soon as possible and always within 10 days of the agency having received the Request for Review. The hearing will be conducted by our local panel, which can include the case worker(s) and/or housing coordinator and our executive director.

You are encouraged to bring with you to the hearing any people and documentation you feel can be good witness to your defense. As stated above, the hearing will be held in a manner that emphasizes fairness and impartiality.

I _____ have read and been offered a copy of this grievance policy:

Signature: _____

Printed name: _____

Date _____

Part 8: MCCAC Program Referral Form and Documentation Checklist

Program Referral:

Household Prioritization Score or Ranking: _____ Date of Referral or Rejection: _____

Based on screening info collected and household prioritization score or ranking listed above, household is being referred to the following MCCAC housing or shelter program(s):

Veterans/Military Service:

Supportive Services for Veteran Families

General Population (non-Veteran), Unstably Housed/At Risk of Houselessness:

Houselessness Prevention

General Population (non-Veteran), Houseless

The Annex (shelter in The Dalles)

Hood River Shelter

Rapid Rehousing (Housing Placement and Retention)

Street Outreach

Name of MCCAC Staff Member whose Waitlist Household was Added to: _____

Date Household was added to Waitlist: _____

If household was DENIED for MCCAC services (not added to a program waitlist), what was the reason?

Was this reason clearly articulated to the household? YES NO

If yes, how was reason articulated (phone, in person, in writing or via email): _____

If not, why could reason not be clearly articulated to household? _____

If household was referred to other services first and told to come back to MCCAC only after assessing other resources offered by those service providers, what was the reason? _____

Was this reason clearly articulated to the household? YES NO

If yes, how was the reason articulated (phone, in person, in writing or via email): _____

If not, why could reason not be clearly articulated to household? _____

Client Documentation and External Referral Checklist:

The following documents (provided by household or third-party verifier) are attached to this intake packet:

ID for all household members (list names): _____

Housing status verification documents from third-party verifier (if applicable, list type of documentation such as printed email from third-party verifier, etc.):

Income verification documentation for all household members (list types of income documentation provided and for whom):

Eviction notice paperwork (if applicable, list type of eviction notice):

Housing Voucher paperwork AND verification of Housing Voucher status from Mid-Columbia Housing Authority (attach paperwork if retrieved AND list name of housing authority staff member who verified status, date when you spoke to housing authority; or attach email with housing authority; and/or add notes on if you helped client complete/submit paperwork to get on waitlist, and on what date, then attach a copy of that paperwork):

PacificSource/Oregon Health Plan Enrollment/Member ID Number (+ add notes if needed, such as if client was enrolled for first time by MCCAC staff during this interaction, and on what date):

Military status verification/documentation? Other? DHS Referral Tracking similar to Pacificsource?

Name of MCCAC Intake Staff Member who Completed this Packet: _____

Date all info in this packet was updated/added in Servicepoint: _____

Servicepoint number for Head of Household: _____

Verification of Use of Coordinated Entry/Client ServicePoint Data Entry/Casework Log

Client first name: _____

Client last name: _____

Client ServicePoint number: _____

Name of primary MCCAC caseworker: _____

Name of MCCAC program(s) client is enrolled in: _____

Date when client was first entered into ServicePoint (if known): _____

Is client's initial data that's required to be entered in ServicePoint based on the program(s) they're enrolled in entered into ServicePoint? YES NO

If no, what date will data be entered? _____

If no, who will enter the data? _____

