

HOPWA SHORT-TERM ASSISTANCE PROGRAM

INTAKE FORM

1. REFERRAL INFORMATION:	INTAKE DATE:
Referral Agency: _____	Housing Case Manager: _____
Services Requested: _____	

2. CLIENT INFORMATION:			
Last Name: _____	First: _____	M.I.: _____	
AKA: _____			
Street Address: _____			
City: _____		State: _____	Zip: _____
Phone: _____	Social Security #: _____	Date of birth: _____	
Mother's maiden name: _____			

A. RACE:	B. HISPANIC/ LATINO ETHNICITY:	C. GENDER:	D. LANGUAGES SPOKEN:
White	American Indian or Alaska Native and White	Male	English
Black/African American	Asian and white	Female	Spanish
Asian	Black/African American and White	Transgender	Other: _____
American Indian or Alaska Native	American Indian or Alaska Native and Black/African American		
Native Hawaiian or Other Pacific Islander	Other: _____		

3. CURRENT LIVING SITUATION:			
A. HOMELESS:	B. RENTAL HOUSING:	C. OWN HOME/CONDO:	D. OTHER FACILITY:
Emergency Shelter	Alone	Alone	Hospital
Transitional Housing	With Family	With Family	Hospice
Living with friends/relatives	With Partner	With Partner	Psychiatric Facility
Streets	With Roommates	Rent to Roommates	Jail/Prison
Substance Abuse Treatment Facility	Ever evicted?		
Other: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>		
How many times homeless? _____	How many times? _____		

4. HEALTH INFORMATION:			
In emergency notify: _____		Relationship: _____	
Address: _____		Phone: _____	
Physician: _____		Phone: _____	
Name of the Clinic or Hospital you use: _____			
A. Do you have health insurance?			
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please specify type of coverage:		
Medi-Cal <input type="checkbox"/>	Medi-Cal Share-of-Cost <input type="checkbox"/>	Medicare <input type="checkbox"/>	Private Individual <input type="checkbox"/>
		Group <input type="checkbox"/>	HMO <input type="checkbox"/>
			VA <input type="checkbox"/>

5. HIV TRANSMISSION:		
Male-to-Male Sexual Contact	IV Drug Use	Heterosexual Sexual Contact
Female-to-Female Sexual Contact	Hemophilia	Male-to-Male Sexual Contact and IV Drug Use
Mother-to-Child (in utero)	Transfusion	Unknown

6. EMPLOYMENT HISTORY: (please state most recent job first)			
Name of Company:	Title:	Dates of Employment:	Salary/Wage:
_____	_____	_____	_____
_____	_____	_____	_____

CURRENT EMPLOYMENT STATUS: Full-time Part-time Not employed

Have you returned to work after being unemployed due to conditions related to your HIV status? **Yes** **No**

May we identify our Agency when calling your home or sending mail? **Yes** **No**

Other community agencies that have given you assistance: _____

Applicant's signature: _____ **Date:** ____/____/____

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The HOPWA/STAP program is a federally funded program that provides short-term rent, mortgage, and utility payment assistance to persons who are diagnosed HIV+ symptomatic, or AIDS, HIV+ asymptomatic with an unrelated disability.

The clients must initial the following statements:

- ___ Clients may only access program through one referral agency.
- ___ Clients wishing to change referral agencies must notify respective agencies.
- ___ Every application is considered on a case by case basis.
- ___ Qualification for the program does not guarantee approval.
- ___ Acceptance of one grant does not guarantee additional grants.
- ___ Many factors are considered prior to acceptance or denial of any application.
- ___ Additional documents maybe requested by the CCA prior to receiving housing assistance. (i.e. Rental Agreement, Mortgage Statement, Grant Deed, L. A. County Property Tax Bill, etc.)
- ___ Proof of rent being paid must be supplied at time of application, when client is residing with a family member or owner of property.

The Los Angeles Housing Department and the HOPWA/STAP Oversight Committee have developed guidelines that must be followed by all referral agencies. In order to apply for **HOPWA** assistance you must submit your application and support documents to a Housing Specialist at a referral agency to be submitted to the Central Coordinating Agency. If **ALL** required information is in compliance checks are usually available 10 to 15 working days after the application is faxed to the CCA. If additional information or documents are required the application process will be delayed. Your application can **NOT** be submitted to the CCA until you have provided **ALL** of the program's required documents.

You are strongly urged NOT to rely on this assistance as it can be delayed or denied for several reasons beyond our control. Please budget your finances accordingly and pay your rent on time (regardless of the status of your application) to avoid receiving an eviction or late notice from your landlord. If you are moving into your housing situation for the first time we DO NOT advise paying or moving before you receive your rental assistance check. HOPWA does NOT reimburse paid move-in expenses.

I have read and understand the above information

Client Signature:

Date:

Client Name (Print)

Date:

HOPWA SHORT-TERM RENT ASSISTANCE PROGRAM

Consent to Release Information and Income Certification

I, _____, certify that:

I authorize staff and/or volunteer staff of the following agencies to release/share information regarding services I have received or requested, my HIV status, or my physical, financial and/or mental condition among those same agencies for the express purpose of receiving or gaining access to services related to my current or future needs:

Agencies:

Beyond Shelter, Los Angeles Housing Department, Aid for AIDS, AIDS Project Los Angeles, AIDS Service Center, AltaMed Health Services, APAIT, Bienestar- Hollywood, Bienestar – ELA, Bienestar- SF, Caring for Babies with AIDS, Catalyst Foundation, CHIRP/LA, Common Ground HIV Westside Community Ctr., East Valley Community Health Clinic, Foothill AIDS Project, Freedom Assembly, Gay & Lesbian Ctr. Of Greater L.B., High Desert Hospital, Jenese Center, L.A Gay & Lesbian Ctr./Jeffrey Goodman Special Care Clinic, L.A. Family Housing Corp., HACLA, HACOLA, LAMP, L.A.F.A.N., Long Beach Health Dept./EIP, Long Beach Housing Authority, Maternal/Child Clinic, Minority AIDS Project, New Image Emergency Shelter, Oassis Clinic, PAWS/LA, Palms Residential Care Facility Project Angel Food, Prototypes/Women'sLink, Rand Schrader Clinic 5P21, Salvation Army-Alegria, South Bay Family Healthcare Center, Spectrum Community Services, St. Mary's C.A.R.E. Program, Substance Abuse Foundation, Tarzana Treatment Center, Serra Project, Trinity Home Health Care, Valley Community Clinic, Project New Hope, Watts Health Foundation, Watts Labor Community Action Committee, Whittier-Rio Hondo AIDS Project.

I authorize disclosure of this information to any governmental agency entitled to receive this information by law or contract, and further authorize the staff and/or volunteer staff to obtain information from any government agency pertaining to my application for HOPWA Short Term Rental, Mortgage and Utility (STRMU) funds.

I acknowledge that any assistance given to me by the Central Coordinating Agency (CCA) is at the sole discretion and option of the CCA and those dollar assistance levels and criteria for grants are subject to change without notice to me.

I acknowledge that any grant given to me is based upon this certification and the truthfulness of the information provided. I hereby release to and authorize the HOPWA STAP Referral Agency and the CCA to take reasonable steps to verify the truthfulness of the information contained herein and information submitted by me to obtain a grant. Additionally, I give permission to the HOPWA STAP Referral Agency and the CCA to exchange pertinent information about me with the following:

1. Other agencies: _____
2. Businesses and individuals recited in the data I have submitted to the CCA. _____

I acknowledge that if I am participating in the 2007-08 HOPWA/ STAP I will only apply for HOPWA/ STAP assistance through the agency that first submitted an application on my behalf to the Central Coordinating Agency. If the total amount of my monthly income changes or my residency changes, I agree to provide this agency with the appropriate documentation that verifies this change.

I acknowledge, under penalty of perjury, that false statements, misrepresentations, or abusive behavior made to the Central Coordinating Agency or the HOPWA STAP Referral Agency will not be tolerated by the Central Coordinating Agency and will result in a permanent loss of this service. _____ (Client initial)

Signature: _____ Date: _____
 ____/____/____

D.O.B. ____/____/____

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CASE MANAGEMENT VERIFICATION

I, _____ declare that _____
print name agency name

has offered to provide the following case management services, which include but are not limited to:

- Crisis** intervention
- Residential** planning
- Assistance** with obtaining public benefits
- Counseling**
- Budget** management
- Health** care
- Follow-up**
- Other** _____

Please indicate by a \surd one of the following options:

- A.** I accept the case management services from this agency
- B.** I decline to accept case management services from this agency
- C.** I am receiving case management services from the following agency: _____
(they will be notified of your application for HOPWA STAP by this referring agency)

OR **D.** I have been referred to _____ for the following services: _____

I declare, under penalty of perjury, that the above information is true and correct to the best of my knowledge.

Signature: _____ Date: _____

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REQUIRED SUPPORTIVE DOCUMENTS Clients must provide the following:	PHP Grant	Section 8 PHP Grant	STRMU Grant
Proof of Diagnosis: The diagnosis form must be an original document signed by a State of California licensed physician, nurse practitioner or physician's assistant. A diagnosis form that is faxed from the physician's office or clinic is acceptable only if transmitted with date; name of clinic or physician and phone number printed at the top of the cover page or the information is at the top of the diagnosis form being faxed. Diagnosis form must show clients HIV/AIDS status. (Form F) Stamp signatures are not acceptable. (Must be renewed every 2 years.)			
Proof of Income: Any one of the following, which must be dated within the last 3 month of current Application: a.) Award Letter, copy of check or check stub from SSI, SSDI, SDI, AFDC, and General Relief. b.) Pay stubs equal to one-month earnings. (Letter from employer on company stationary verifying date of hire, hours of work per week and amount of earnings both gross and net). c.) Use Form G only if client is self-employed. (3 Months of income divided by 3.) d.) If you rent any portion of your owned property, the money received is considered income and must be reported on Form A (rental agreements for tenants must be submitted at time of application.) e.) Income from friends or family must be verifiable, i.e. canceled checks, front & back.			
Photo Identification: California Driver's License/Identification Card, Passport, etc.			
Copy of Lease or Rental Agreement: If you live with the owner of the property or the owner is related or domestic partner proof of payment will be required. Canceled Checks (front & back) or U.S. Postal Money Orders (copy before paying rent) or Certified Check, No Cash. We must have verifiable proof that clients are paying rent to owner of property. No rent receipts please or notarized letters.	Due within 30 days of grant	Due within 30 days of grant	
Copy of Mortgage Statement: If you live in a home you own a current copy of the mortgage statement is required. Proof of auto deduction from bank account requires a copy of your bank statement. If you live with family member, S/O or the owner of property is your roommate; proof of rent being paid must be submitted at time of application. No rent receipts please.			
Proof of Residence: An official document in your name at the residency address dated within the last 3 month. (Such as utility bill, bank statement, any "Government" document.)	Due within 30 days of grant	Due within 30 days of grant	
Form C: Housing Verification Form/Permanent Housing Placement Letter.			
Form C8: Housing Verification Form/Section 8 Permanent Housing Placement Letter.			
Section 8 Request for Lease Approval (RLA) and Worksheet: The Property must pass the Section 8 inspection before your appointment with HOPWA.			
Form J: Letter of Intent to return federal funds used to pay Security Deposit to CCA.			
If you have a Roommate: Rent and utilities must be divided equally between all adult roommates. Roommate's names must appear on the rental agreement and proof of residence for each roommate must be provided.			
Medi-Cal Share of Cost/Health Insurance Payments: If client is paying a medical provider or pharmacy expenses not covered by insurance, bills dated within the last 3 months can be used to reduce monthly income. (HIV related expenses only)			
If you are Utilizing Family Unit Status: 1. If Two Adults are part of the Family Unit, client must provide: a. Proof of income for all family members; and b. Any two of the following: I. Marriage Certificate: II. Executed health care or financial power of attorney, naming the other as agent: III. Designation of the other as beneficiary in a will, life insurance policy, 401(k), IRA accounts, etc.: IV. Joint Bank Account or Credit Cards: V. Jointly signed lease or utilities under both names: VI. Recognized registration as a Domestic Partnership: 2. If children are part of the Family Unit, client must provide a. Proof of income for all family members, including children; and, b. Any two of the following for each child claimed as a dependant: I. Birth Certificate: II. Social Security Card: III. Court Order IV. The most recent tax return showing the child(ren) as dependent:			
If you are Requesting Utility Assistance: For PHP switch-on assistance, a notice of estimated cost from the utility company or documentation from Housing Case Mgr. on Referral Agency Letterhead. For STRMU assistance, a current utility bill (must provide all pages of bill.)			

HOPWA- AYUDA FINANCIERA A CORTO PLAZO PARA LA VIVIENDA

DOCUMENTOS REQUERIDOS Cientes deben proveer lo siguiente:	Gastos De Mudanza	Section 8 Gastos De Mudanza	STRMU-
<p>Comprobante De Diagnostico: Presentar forma de diagnostico con firma original del medico con licencia en California: VIH+ con sintomas; SIDA; o VIH+ sin sintomas con incapacidad no relacionada al VIH/SIDA. El diagnostico puede ser enviado via FAX acompañado con una nota con el nombre y telefono del doctor. Firmas estampadas no se aceptan (Diagnostico debe ser renovado cada dos años).</p>			
<p>Comprobante De Ingresos: Su comprobante debe estar fechado en los ultimos tres(3) meses: a.) Comprobante de SSI, SSDI, SDI, AFDC, GR, o b.) Cuatro copias consecutivas de su cheque de pago que muestren un mes de ingresos o carta del empleador en papel oficial, o c.) Copia de sus impuestos sobre ingresos. Si renta una porcion de su casa, el dinero que recibe es considerado ingreso y debe ser reportado en la forma(A), o d.) Ayuda financiera de familia o amigos (Debe ser comprobable; Cheque cancelados), o e.) Forma(G), si no tiene ninguno de los mencionados arriba.</p>			
<p>Identificación Con Foto: Licencia de manejo o tarjeta de identificación, Pasaporte, etc.</p>			
<p>Contrato de Arrendamiento: Necesitamos prueba comprobable de pagos de renta al dueño de la propiedad. Si vive con el dueño o el dueño es un familiar, prueba de pago de renta cera requerida en forma de cheque cancelado (copia del frente & atras), o US money order- (copia antes de pagar la renta) o copia de Cheque Certificado por un banco. Recibos de renta pagada en efectivo y cartas ante notario no seran aceptadas.</p>			
<p>Copia de Hipoteca y Pagos: Debe estar fechado en los ultimos tres(3) meses. Si usted es dueño de la casa donde vive necesita proveer una copia reciente de la hipoteca. Si vive con familia o el dueño de la casa es su compañero de cuarto; Prueba de pago de renta debe ser presentada al tiempo de completar la aplicacion. No recibos de pagos en efectivo.</p>			
<p>Comprobante Que Reside en el Condado de Los Angeles: Fechado en los ultimos tres meses con su nombre y dirección (Ejemplo: factura de utilidades, cuenta bancaria, etc.)</p>			
<p>Forma C: Forma de verificación de vivienda (Move-in Letter).</p>			
<p>Forma C8: Forma de verificación de vivienda (Section 8 Move-in Letter).</p>			
<p>Certificado y Solicitud De Renta (RLA) De Sección 8: Antes de la cita con el programa HOPWA la propiedad debe haber pasado la inspección de Sec-8.</p>			
<p>Forma J: Forma que verifica su intención de devolver los fondos federales a CCA.</p>			
<p>Si Usted Vive Con Otros Adultos: Forma H. El pago de renta y utilidades debe ser dividido igualmente entre los compañeros de cuarto. Nombres de los compañeros de cuarto deben aparecer en el contrato de arrendamiento.</p>			
<p>Costos Medicos: Fechados en los ultimos tres(3) meses. Presentar un comprobante de la cuenta o prueba comprobando los pagos medicos. (Costos relacionados con el VIH solamente)</p>			
<p>Si Usted Solicita Ayuda Para Usted y su Familia:</p> <ol style="list-style-type: none"> 1. Para dos adultos, debe presentar: <ol style="list-style-type: none"> a. Comprobante de ingresos de todos los adultos de la familia; y b. Dos de los siguientes documentos: <ol style="list-style-type: none"> I. Certificado de Matrimonio II. Comprobante de que tiene "Poder Legal" de solicitante III. Comprobante de ser beneficiario del solicitante (HERENCIA) IV. Cuenta de banco o cuenta de credito unido V. Factura de utilidades con los dos nombres en la cuenta VI. Registro de cónyugue doméstico 2. Si desea incluir a sus hijos debe presentar: <ol style="list-style-type: none"> a. Comprobante de ingresos de su hijo(s); y b. Cualquier dos de los siguientes documentos por cada hijo(s) que aparezca como dependiente: <ol style="list-style-type: none"> I. Certificado de Nacimiento II. Carta de Seguro Social: III. Orden de Corte IV. Impuestos recientes sobre los ingresos que verifique la dependencia de su hijo(s) 			
<p>Si Usted Esta Solicitando Ayuda Para Pagar Utilidades: Para activación de utilidades se necesita un comprobante del costo estimado; Para ayuda de STRMU presente una factura actual de utilidades.</p>			
<p>Forma de Verificación de la Gerencia de Propiedad: (Si el pago es hecho a una compañía, LLC, o nombre del edificio, etc.</p>			