



**COMMUNITY ACTION COALITION  
FOR SOUTH CENTRAL, WISCONSIN, INC.**

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www.cacsw.org

### **CDBG City Committee**

Thursday, July 12, 2012

Start Time: 5:30 p.m.

Madison Municipal Building - 215 Martin Luther King Jr. Blvd. Rm. 300, Madison, WI

**Organization Name:** Community Action Coalition for South Central WI, Inc. (CAC)  
**Objective X:** Access to Resources  
**Project Name:** Housing Counseling/Financial Services  
**Funds Requested:** \$30,000 (Continuing)

#### **1. Summary**

The program increases access to housing-related community resources for low and moderate income households by providing them with financial assistance and housing and budget consultation. All of these services create increase access to information and housing, thereby assisting households in avoiding homelessness.

The following are the primary Housing Consultation services CAC provides and their expected impacts:

- Information and referrals – CAC provides information on affordable housing options and connects participants with programs within CAC or other agencies, landlords and/or public assistance programs available in the community to assist them to obtain or retain housing;
- Budget consultation – Monthly income and expense plans are completed by the participant as part of the Financial Assistance application. When CAC awards an eviction prevention or entry cost grant to a participant, CAC conducts an in depth budget consultation session with that participant.
- Mediation between participants and landlords (and sometimes other housing-related service providers) – to arrange repayment plans and/or negotiate agreements in order to obtain, maintain and retain housing;

#### **2. Framework Objectives**

**X. Expansion of individual choice and access to resources**

**Increase access to housing, information and other non-monetary resources and support for employment and training opportunities.**

- 10,000 individuals will receive housing information, referrals and consultation specific to their household's needs (including budgeting assistance, landlord/tenant mediation and supportive services);
- 325 households who receive financial assistance to secure or maintain housing will be provided with in-depth housing and budget consultation; and
- At least 75% of households will retain housing after 6 months of receiving financial assistance.

**3. Questions that have been raised during preliminary reading.**

- a. What is the range of financial assistance that is offered to proposed 325 beneficiaries?

Financial assistance received from CAC comes from a variety of different sources. CAC currently receives Emergency Solutions Grant (ESG)/Homeless Prevention Program (HPP) through the Rentable Consortium for one time assistance for eviction prevention and entry cost as well as three or six month subsidies. CAC has phone assistance through the Public Service Commission (PSC) and will be starting a utility assistance program using CSBG through the end of 2012. There may also be other donations or funding for direct assistance to those who are case managed including A Fund for Women, United Way of Dane County and DCDHS (Dane County Department of Human Services).

- b. How are current financial service specialists distinct from proposed coordinated intake position?

Financial Service Specialists provide information and referrals, budget counseling and mediation to those who receive financial assistance at CAC. Since not everyone is assisted financially, not everyone gets this type of service. The two financial service specialists and all of the caseworkers (Case Management) work shifts at the intake desk at CAC. Staff does an intake and assesses participants' current situation, including financial assistance. CAC also gets many other calls asking about resources with the community and do our best to provide information and refer over 10,000 participants to different programs.

However, there are too often participants requesting intake services that need additional time and assistance in navigating the system, accessing mainstream benefits, and knowing what programs are available and what they may qualify for. The coordinated intake position would be able to fill this gap in services. This caseworker will be able to provide a full assessment beyond housing and take a comprehensive view including other services for mental health, child care, disability, etc.

**Contact Information:**

Greta Hansen, Executive Director: 608-246-4730 ext. 217, [gretah@cacscw.org](mailto:gretah@cacscw.org)  
 Kristina Dux, Manager of Family Development: 608-246-4730 ext. 213, [kristinad@cacscw.org](mailto:kristinad@cacscw.org)



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### **CDBG City Committee**

Thursday, July 12, 2012

Start Time: 6:30 p.m.

Madison Municipal Building - 215 Martin Luther King Jr. Blvd. Rm. 300, Madison, WI

**Organization Name:** Community Action Coalition for South Central WI, Inc. (CAC)  
**Project Name:** Centralized Intake for Homeless Services  
**Objective J:** Homeless Applications  
**Funds Requested:** \$45,419 (New)

#### **1. Summary**

In response to HUD's recent requirement of each CoC having a coordinated/centralized intake and assessment process as a part of receiving ESG funding, CAC will implement a Centralized Intake pilot program. A Centralized Intake Caseworker will provide individual assessments and information and referral services for homeless and at risk of homeless households throughout the community. These households will be linked to the available housing needs as well as services related to food, medical assistance, substance abuse and/or mental health services, child and family services, etc. The Caseworker will follow up with households to assure they are successfully connecting to the services they needed. CAC will continue working with United Way of Dane county 2-1-1 and other HSC partners to finalize a common assessment tool and centralized intake and referral processes for homeless services.

#### **2. Framework Objectives and Outcomes**

**J. Improvement of services to homeless and those with the potential of becoming homeless**

**Household informed, placed into housing, or helped to avoid homelessness**

- 900 unduplicated households that are homeless and/or at risk of homelessness will receive a full assessment, information and referral services to connect them to appropriate resources such as mainstream benefits and housing.
- 675 of those participants (75%) will be able to access maintain benefits, housing and/or services from resources within the community.

**3. Questions that have been raised during preliminary reading.**

Could we see a draft copy of the full assessment suggested?

The full assessment that the coordinated intake position would use has not yet been fully developed. CAC will consult the Homeless Services Consortium (HSC) in developing a tool that will be able to assess all needs of the participants including both immediate needs and barriers to obtaining and maintaining housing. CAC does have an intake form for financial assistance and case management. CAC then uses a self-sufficiency assessment tool to use for both case management entry and exit. In addition, the service point assessment uses a very detailed questionnaire that may help in determining how much participant data will be collected as part of the Dane County Continuum of Care. (See attached)

What is methodology for community needs assessment schedule for 2013?

CAC will be doing some preliminary surveys during the fourth quarter of 2012 after CAC's Plans, Program & Development Committee decides what information and questions should be included. CAC will work with organizations and agencies such as the HSC, Head Start, and the United Way in all three counties in a coordinated effort to include the low income people in developing the instrument and reduce duplication. After the instrument is fine tuned and collaborating partners on board, agencies and low income participants will be surveyed. The results will be tabulated and analyzed and the results reported. The final survey data will be in both electronic and hard copy, and the report will be widely distributed. In the 2014 application for Community Services Block Grant (CSBG), CAC will use these results to identify/develop new programs for the service areas. These community assessment results will also be available locally to anyone who is interested in the information and/or wants to use in development of their own programs for low income households.

Greta Hansen, Executive Director:

608-246-4730 ext. 217, [gretah@cacscw.org](mailto:gretah@cacscw.org)

Kristina Dux, Manager of Family Development:

608-246-4730 ext. 213, [kristinad@cacscw.org](mailto:kristinad@cacscw.org)

**HOUSING INTAKE FORM**

**GENERAL INFORMATION**

Staff: \_\_\_\_\_ Date: \_\_\_\_\_  
*(mo / day / yr)*

First & Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*(mo / day / yr)*

What is the reason for your call and/or visit?  
\_\_\_\_\_

Staff Notes:  
\_\_\_\_\_

Eviction Prevention	Entry Cost	Telephone	Housing Case Work
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**GENERAL ELIGIBILITY**

Have you received any type of assistance from CAC before? YES / NO

If yes, what type of assistance? EP EC Teleph Casewk When? \_\_\_\_\_  
*(mo / day / yr)*

Where are you currently staying / residing? \_\_\_\_\_

How long have you been staying / residing there? \_\_\_\_\_  
*(mo / day / yr)*

What are your sources of income? \_\_\_\_\_  
*(Type and Amount per month)*

Are you working with any other housing agencies? YES / NO

If yes, what agencies? \_\_\_\_\_

Do you currently have a Section 8 voucher and/or reside in subsidized housing? YES / NO

Are you a veteran? YES / NO      Are you currently a victim or domestic violence? YES / NO  
If yes, would you accept the number to DAIS? YES / NO

Staff notes:  
\_\_\_\_\_

Referred to:  
\_\_\_\_\_

**EVICTION PREVENTION**

Have you received a written notice to pay rent? YES / NO  
 If yes, which notice have you received? 5-day 14-day Eviction served

How much back rent do you owe? \$\_\_\_\_\_ How much is rent per month? \$\_\_\_\_\_/mo

How did you fall behind in rent? \_\_\_\_\_

Have you had a loss of income? YES / NO When? \_\_\_\_\_ (mo / yr)  
 Are you behind on your utility bill? YES / NO If yes, how much? \$\_\_\_\_\_

Have you tried to work out a payment plan with your landlord? YES / NO

If yes, explain: \_\_\_\_\_

Do you receive Section 8 assistance or live in subsidized housing? YES / NO  
 (If yes, person seeking assistance is not eligible to receive eviction prevention assistance.)

Have you applied for and/or received Emergency Assistance grant from the County? YES / NO

If you have applied for the EA, when? \_\_\_\_\_ (mo / yr)  
 If you have received the EA, when? \_\_\_\_\_ (mo / yr)  
 If ineligible and/or denied the EA, why? \_\_\_\_\_

Do you have any other resources &/or contacted any organizations to assist you? YES / NO

Explain: \_\_\_\_\_

Staff Notes: \_\_\_\_\_

**ENTRY COST**

Are you and/or your household? Homeless Doubled up Eviction Non-renew Other

Have you been accepted into a new apartment? YES / NO If yes, when? \_\_\_\_\_  
 (mo / day / yr)

How much is the security deposit? \$\_\_\_\_\_ How much will rent be per month? \$\_\_\_\_\_

Have you applied for and/or received Emergency Assistance grant from the County? YES / NO  
 If you have applied for the EA, when? \_\_\_\_\_ (mo / yr)  
 If you have received the EA, when? \_\_\_\_\_ (mo / yr)  
 If ineligible and/or denied the EA, why? \_\_\_\_\_

Do you have any other resources &/or contacted any organizations to assist you? YES / NO

Explain: \_\_\_\_\_

Staff Notes: \_\_\_\_\_

**HOUSING CASE WORK**

Explain current housing situation: \_\_\_\_\_  
\_\_\_\_\_

What neighborhood and/or town do you live in? \_\_\_\_\_

What area and/or neighborhood do you want to live? \_\_\_\_\_

How much can you afford to pay for rent? \$\_\_\_\_\_ Does that include heat? YES / NO

Do you have transportation to find housing? YES / NO  
If yes, what type of transportation do you use? \_\_\_\_\_

Do you have prior evictions? YES / NO  
If yes, when? \_\_\_\_\_(mo/yr) Do you owe money? YES / NO How much? \$\_\_\_\_\_

Do you have a criminal record? YES / NO  
If yes, when? \_\_\_\_\_(mo/yr) Explain: \_\_\_\_\_

Explain your current credit situation (how much is owed, what kind of bills, etc.):  
\_\_\_\_\_

Is someone in your household disabled? YES / NO  
If yes, have you applied for housing for people with disabilities? YES / NO

Do you receive Section 8 assistance or live in subsidized housing? YES / NO

Have you applied for low income housing? (*Section 8, subsidized housing etc.*) YES / NO

If yes, where have you applied? \_\_\_\_\_

If yes, when did you apply? \_\_\_\_\_ (mo / yr)

Have you applied and/or do you receive Food Share? YES / NO

If yes, how much do you and/or will you receive monthly? \$\_\_\_\_\_/mo

Please explain the main reason(s) why you are having difficulty finding and/or maintaining housing?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Staff Notes: \_\_\_\_\_





# ***SELF-SUFFICIENCY ASSESSMENT***

**Participant Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Entry or Exit** (circle one) **Staff:** \_\_\_\_\_

<i><b>DOMAIN</b></i>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>N/A</b>
<b>Income</b>	No income.	Inadequate income and/or spontaneous or inappropriate spending.	Can meet basic needs with subsidy; appropriate spending.	Can meet basic needs and manage debt without assistance.	Income is sufficient, well managed; has discretionary income and is able to save.	
<b>Employment</b>	No job.	Temporary, part-time or seasonal; inadequate pay, no benefits.	Employed full time; inadequate pay; few or no benefits.	Employed full time with adequate pay and benefits.	Maintains permanent employment with adequate income and benefits.	
<b>Housing</b>	Homeless or threatened with eviction.	In transitional, temporary or substandard housing; and/or current rent/mortgage payment is unaffordable (over 30% of income).	In stable housing that is safe but only marginally adequate.	Household is in safe, adequate subsidized housing.	Household is safe, adequate, unsubsidized housing.	
<b>Food</b>	No food or means to prepare it. Relies to a significant degree on other sources of free or low-cost food.	Household is on food stamps.	Can meet basic food needs, but requires occasional assistance.	Can meet basic food needs without assistance.	Can choose to purchase any food household desires.	
<b>Childcare</b>	Needs childcare, but none is available/accessible and/or child is not eligible.	Childcare is unreliable or unaffordable, inadequate supervision is a problem for childcare that is available.	Affordable subsidized childcare is available, but limited.	Reliable, affordable childcare is available, no need for subsidies.	Able to select quality childcare of choice.	
<b>Children's Education</b>	One or more eligible children not enrolled in school.	One or more eligible children enrolled in school, but not attending classes.	Enrolled in school, but one or more children only occasionally attending classes.	Enrolled in school and attending classes most of the time.	All eligible children enrolled and attending on a regular basis.	
<b>Adult Education</b>	Literacy problems and/or no high school diploma/GED are serious barriers to employment.	Enrolled in literacy and/or GED program and/or has sufficient command of English to where language is not a barrier to employment.	Has high school diploma/GED.	Needs additional education/training to improve employment situation and/or to resolve literacy problems to where they are able to function effectively in society.	Has completed education/training needed to become employable. No literacy problems.	
<b>Legal</b>	Current outstanding tickets or warrants.	Current charges/trial pending, noncompliance with probation/parole.	Fully compliant with probation/parole terms.	Has successfully completed probation/parole within past 12 months, no new charges filed.	No active criminal justice involvement in more than 12 months and/or no felony criminal history.	
<b>Health Care</b>	No medical coverage with immediate need.	No medical coverage and great difficulty accessing medical care when needed. Some household members may be in poor health.	Some members (e.g. Children) on AHCCCS.	All members can get medical care when needed, but may strain budget.	All members are covered by affordable, adequate health insurance.	

<b>DOMAIN</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Life Skills</b>	Unable to meet basic needs such as hygiene, food, activities of daily living.	Can meet a few but not all needs of daily living without assistance.	Can meet most but not all daily living needs without assistance.	Able to meet all basic needs of daily living without assistance.	Able to provide beyond basic needs of daily living for self and family.
<b>Mental Health</b>	Danger to self or others; recurring suicidal ideation; experiencing severe difficulty in day-to-day life due to psychological problems.	Recurrent mental health symptoms that may affect behavior, but not a danger to self/others; persistent problems with functioning due to mental health symptoms.	Mild symptoms may be present but are transient; only moderate difficulty in functioning due to mental health problems.	Minimal symptoms that are expectable responses to life stressors; only slight impairment in functioning.	Symptoms are absent or rare; good or superior functioning in wide range of activities; no more than every day problems or concerns.
<b>Substance Abuse</b>	Meets criteria for severe abuse/dependence; resulting problems so severe that institutional living or hospitalization may be necessary.	Meets criteria for dependence; preoccupation with use and/or obtaining drugs/alcohol; withdrawal or withdrawal avoidance behaviors evident; use results in avoidance or neglect of essential life activities.	Use within last 6 months; evidence of persistent or recurrent social, occupational, emotional or physical problems related to use (such as disruptive behavior or housing problems); problems have persisted for at least one month.	Client has used during last 6 months, but no evidence of persistent or recurrent social, occupational, emotional, or physical problems related to use; no evidence of recurrent dangerous use.	No drug use/alcohol abuse in last 6 months.
<b>Family Relations</b>	Lack of necessary support from family or friends; abuse (DV, child) is present or there is child neglect.	Family/friends may be supportive, but lack ability or resources to help; family members do not relate well with one another; potential for abuse or neglect.	Some support from family/friends; family members acknowledge and seek to change negative behaviors; are learning to communicate and support.	Strong support from family or friends. Household members support each other's efforts.	Has health/expanding support network; household is stable and communication is consistently open.
<b>Mobility</b>	No access to transportation, public or private; may have car that is inoperable.	Transportation is available, but unreliable, unpredictable, unaffordable; may have care but no insurance, license, etc.	Transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured.	Transportation is generally accessible to meet basic travel needs.	Transportation is readily available and affordable; car is adequately insured.
<b>Community Involvement</b>	Not applicable due to crisis situation; in "survival" mode.	Socially isolated and/or no social skills and/or lacks motivation to become involved.	Lacks knowledge of ways to become involved.	Some community involvement (advisory group, support group), but has barriers such as transportation, childcare issues.	Actively involved in community.

October 3, 2004



## Service Point Assessment

Date of Assessment: \_\_\_\_\_

Participant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Ethnicity (*circle one*):**

- a. Hispanic/Latino
- b. Other (Non-Hispanic/Latino)

**Race (*circle one*):**

- a. American Indian or Alaskan Native
- b. Native Hawaiian or Other Pacific Islander
- c. Asian
- d. Black or African American
- e. White
- f. Other
- g. Other Multi-Racial

**Gender (*circle*):**      Male                  Female

**Is client a US Military Veteran (*circle*)?**    YES                  NO

**Is client a domestic violence victim (*circle*)?**    YES                  NO

**Type of living situation on the night prior to entering program (*circle one*):**

- a. Don't know
- b. Foster care/group home
- c. Hotel/Motel without emergency shelter
- d. Permanent housing for formerly homeless
- e. Refused
- f. Jail, Prison, Juvenile facility
- g. Domestic Violence Situation
- h. Emergency shelter
- i. Hospital
- j. Living with family
- k. Living with friends
- l. Psychiatric hospital or facility
- m. Non-VA contracted halfway program
- n. Own house/apartment (owned by participant)
- o. Rental house/apartment
- p. Substance abuse treatment center
- q. Place not meant for habitation
- r. Transitional housing for homeless
- s. VA contracted halfway program
- t. Other

**Length of Stay (*circle one*):**

- a. One week of less
- b. More than one week, but less than one month
- c. One to three months
- d. More than three months, but less than one year
- e. One year or longer

**Since what date have you lived in Dane County?** \_\_\_\_\_

**Since what date have you lived in Wisconsin?** \_\_\_\_\_

**Zip Code of last permanent address:** \_\_\_\_\_

**Is participant homeless?** \_\_\_\_\_

**Is participant chronically homeless?** \_\_\_\_\_

**When did present homelessness begin?** \_\_\_\_\_

**When was the last time you had stable housing (month/year)?** \_\_\_\_\_

**Homelessness Primary Reason (*circle one*):**

- |  |                                 |
|--|---------------------------------|
| a. Addiction                             | l. Low or no income             |
| b. Can't find affordable housing         | m. Moved (not work related)     |
| c. Denied/delayed/term public assistance | n. Moved to seek work           |
| d. Disaster (fire, flood, etc.)          | o. Needs better environment     |
| e. Discharge-hospital or detox           | p. Non-renewal of lease         |
| f. Eviction                              | q. Physical/mental disabilities |
| g. Family/domestic violence              | r. Poor rental/credit history   |
| h. Family/personal illness/injury        | s. Roommate or family conflict  |
| i. In transit                            | t. Transient                    |
| j. Jail/prison-criminal history          | u. Unable to pay rent/mortgage  |
| k. Lifestyle preference                  | v. Unemployment                 |
|  | w. Other                        |

**Homelessness Secondary Reason (*circle one*):**

- |  |                                 |
|--|---------------------------------|
| a. Addiction                             | l. Low or no income             |
| b. Can't find affordable housing         | m. Moved (not work related)     |
| c. Denied/delayed term public assistance | n. Moved to seek work           |
| d. Disaster (fire, flood, etc.)          | o. Needs better environment     |
| e. Discharge-hospital or detox           | p. Non-renewal of lease         |
| f. Eviction                              | q. Physical/mental disabilities |
| g. Family/domestic violence              | r. Poor rental/credit history   |
| h. Family/personal illness/injury        | s. Roommate or family conflict  |
| i. In transit                            | t. Transient                    |
| j. Jail/prison-criminal history          | u. Unable to pay rent/mortgage  |
| k. Lifestyle preference                  | v. Unemployment                 |
|  | w. Other                        |

**Disabilities (circle all that apply):**

- a. Alcohol abuse (start date: \_\_\_\_\_)
- b. Developmental (start date: \_\_\_\_\_)
- c. Drug abuse (start date: \_\_\_\_\_)
- d. Physical/medical (start date: \_\_\_\_\_)
- e. Mental illness (start date: \_\_\_\_\_)
- f. Physical/mobility limits (start date: \_\_\_\_\_)
- g. HIV/AIDS (start date: \_\_\_\_\_)

**Do you have a disability of long duration?** \_\_\_\_\_

**Household Type (circle one):**

- a. Single
- b. Female Single Parent
- c. Male Single Parent
- d. Married couple with children
- e. Unmarried couple with children
- f. Married couple without children

**Highest Level of Education Attained (circle one):**

- a. No schooling completed
- b. Nursery school to 4<sup>th</sup> grade
- c. 5<sup>th</sup> grade or 6<sup>th</sup> grade
- d. 7<sup>th</sup> grade or 8<sup>th</sup> grade
- e. 9<sup>th</sup> grade
- f. 10<sup>th</sup> grade
- g. 11<sup>th</sup> grade
- h. 12<sup>th</sup> grade/no diploma
- i. High school diploma
- j. GED
- k. Post-secondary school

**Employment Status (circle one):**

- a. Full-time
- b. Part-time
- c. Unemployed-seeking work
- d. Unemployed-not seeking work
- e. Student
- f. Not job ready or employable

**Source of income:**

Source #1: \_\_\_\_\_ Amount: \_\_\_\_\_ Date source began: \_\_\_\_\_  
Date last received: \_\_\_\_\_ Date will next receive: \_\_\_\_\_

Source #2: \_\_\_\_\_ Amount: \_\_\_\_\_ Date source began: \_\_\_\_\_  
Date last received: \_\_\_\_\_ Date will next receive: \_\_\_\_\_

Source #3: \_\_\_\_\_ Amount: \_\_\_\_\_ Date source began: \_\_\_\_\_  
Date last received: \_\_\_\_\_ Date will next receive: \_\_\_\_\_

Source #4: \_\_\_\_\_ Amount: \_\_\_\_\_ Date source began: \_\_\_\_\_  
Date last received: \_\_\_\_\_ Date will next receive: \_\_\_\_\_

**Amount of income received in the last 30 days:** \_\_\_\_\_

**Mainstream Resources (circle all that apply):**

- a. Badger Care
- b. DVR
- c. General Public Assistance
- d. Healthy Start
- e. Medical Assistance/Medicaid
- f. Medicare
- g. Mental Health Block Grant Services
- h. Section 8 or Public Housing
- i. Substance Abuse Block Grant Services
- j. TANF Childcare
- k. TANF Transportation
- l. VA Medical Services
- m. WIA (Workforce Investment Act)
- n. WIC (Women, Infants, and Children)

**Household County Median Income (CMI) Percentage (circle one):**

- a. 0 to 30% CMI
- b. 31 to 50% CMI
- c. 51-80% CMI
- d. Over 80% CMI
- e. Don't Know

**Is the participant on probation?** \_\_\_\_\_

**Is the participant on parole?** \_\_\_\_\_

**Case Worker Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_