

Homeless Applications		
Community Action Coalition – Coordinated Intake	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.
Dane County Parent Council – Eviction Prevention and Housing Assistance for Headstart	May we get a copy of your 'Family Profile' assessment/intake form?	DCPC's Housing Protocol is a resource, used in conjunction with the Housing Needs Interview, by staff to support families in their preparation for housing applications and assistance. Copies of these documents are attached. One of the responsibilities of the staff person in this project is to provide training and assistance for staff to ensure they are effective in using these resources with families.
	What is your current 'service protocol for housing and employment' assistance to families? (experience section) Is there someone already hired for this position?	DCPC's Housing Protocol is a resource, used in conjunction with the Housing Needs Interview, by staff to support families in their preparation for housing applications and assistance. Copies of these documents are attached. One of the responsibilities of the staff person in this project is to provide training and assistance for staff to ensure they are effective in using these resources with families. Yes. DCPC currently employs an individual (.8FTE) who is responsible for supporting housing assistance and case management for our Hope House program. The person in this position has significant housing, mental health and case management expertise. This additional funding will bring the position to full time status, offering increased flexibility and accessibility by both staff and parents.
<b>Response to questions in the staff review notes:</b>	<b>Comment: "The proposal did not include outcomes for families receiving services"</b>	DCPC includes the following outcome:-90% of the families receiving case management services and found housing with assistance remained in stable housing at the six month mark.
DAIS – Housing Related Aid	What percent of calls into crisis-line result in shelter/hotel bed stay? Is anyone ever 'screened out'?	<ol style="list-style-type: none"> <li>1) In 2011, 14% of the total crisis line calls (5,576 calls) resulted in a shelter screening. Of those screenings, 35% resulted in a shelter/hotel bed stay.</li> <li>2) Callers to the 24-hour DAIS Help/Crisis Line requesting shelter services are screened and prioritized using a national lethality index based on the work of Dr. Jacquelyn Campbell. This is due to the fact that our current shelter is the smallest emergency domestic violence shelter in the entire state of</li> </ol>

		Wisconsin. There is one emergency domestic violence shelter bed per 19,300 people in Dane County. The state average is 1 bed/7,500 people. In fact, our shelter is the same size as the shelter in Shawano County which has a population that is one-tenth the population of Dane County. Therefore, the need for these shelter beds far exceeds our capacity which is why we prioritize those callers for shelter who are in immediate danger and at risk of being murdered. This fact could explain the 643% increase in the number of nights that DAIS had to waitlist people with high safety needs for our emergency shelter between 2010 and 2011.
	Reason for anticipated impact of almost \$1M decrease in fundraising / donations 2011 through 2012?	<ol style="list-style-type: none"> <li>1) DAIS is currently in the midst of a Capital Campaign to build a new facility on the north side of Madison that will more than double the capacity of our emergency shelter and double the capacity of all of our other programs. We have been in the "silent phase" of this campaign for a year and will publicly launch on August 1st. The \$1M in fundraising revenue in the 2011 actual budget represents \$1M that we raised for the Capital Campaign due to a one-time event – the Merrill Lynch Grand Gala. The 2012 budget does not assume events of this capacity and is more conservative, representing the absolute bare minimum that we need to raise to keep current operations going. When we complete our 2012 financial statement audit in the spring of 2013, those statements will reflect any additional progress towards our capital campaign goal which we anticipate will be significant, but which our board budgeted for conservatively.</li> <li>2) I am happy to do a presentation about our expansion plans and capital campaign for the CDBG Committee later this fall after the funding process is complete.</li> </ol>
Porchlight - Housing Operation	Could I get an intake/assessment document used by Porchlight for clients seeking service in program?	Intake/Assessment is attached.
Porchlight – Hospitality House	Describe intentions to continue / repeat daytime site (like Don Miller) in coming winter?	At this time, Porchlight does not have plans for a repeat of the Don Miller site. There was limited funding available for staffing for that site and the site was provided by the City to Porchlight without cost, other than utilities. The total cost of operation of Don Miller site to Porchlight was approximately, \$18,000. Porchlight is not aware of other similar sites being available in the downtown area, particularly on the terms that the City provided the Don Miller site. Also, there are very limited funds available for such an operation. Porchlight is considering other alternatives that include increasing van service to Hospitality House on Martin Street, Bethel's Homeless Assistance Program, Off the Square Club, the Catholic Multicultural Center on Park Street, as well as branch libraries. Porchlight has always been willing to consider moving Hospitality House if another suitable site could be found with sufficient funding to operate the site.
	What interaction does Porchlight and DIGS have with CAC Rentable Program?	DIGS has from time to time in the past been able to access slots through the CAC Rentable Program. More recently, with some of the cutbacks in slots available and skyrocketing demand, this has been more difficult. Later this year and next year, there will be some excess ESG funding available that CAC is applying for on behalf of a number of members of the Homeless Consortium. Porchlight is a part of that application and will receive several slots that will be allocated to the DIGS program for both this current year and the following year.
Porchlight –	Have participants in	The project remains steady, hovering around 50% of participants in the project receiving employment after

Partnership for Transitional Opportunities (PTO)	maintenance program received employment in past? (Describe program learning curve since 2009 inception.)	or during participation. In 2009 - 2010 the project had 5 of 9 participants receive employment. In 2011, the project had 3 of 7 receive employment. Currently for 2012, there are 2 of 5 gaining employment. As each participant to the program bears their own, unique skill set, it is difficult to standardize a curve. Some strategies that work are intensive one-on-one job training procedures, an initial period of job training for participants and then pairing more competent participants with participants that have less competencies, and utilizing a participant's strongest skill set in that particular job area for a job. The program tailors strategies to particular individuals so that confidence is built and participants can see their success.
Porchlight –Outreach Worker	Could I get a copy of an 'Individual Service Plan' blank template?	AODA Outreach ISP is attached.
	Percent of 'new faces' vs 'old faces' from past couple years of program?	All individuals that were enrolled were new to the program except for 16 people (7%). Of the 228 people enrolled, 16 are 'old faces' who were re-enrolled by different outreach worker. Some of these individuals had been in housing and lost their housing.
	What is percent of individuals expressing no desire for program / service support?	About 22% of the people outreached were one time contacts. The 22% were not enrolled on Service Point. The total outreached number is 294 and 66 (22%) were one time contacts and not enrolled.
Porchlight – Eliminating Barriers to Stable Housing	CDBG Staff / Alders – Was this Common Council request intended to become ongoing service or to utilize one-time funds?	\$25,000 has been added to the CDBG Office contract for services budget every year since its original approval. Porchlight successfully responded to an RFP and the Division has entered into a contract with Porchlight each year for this service.
Project Home – Prairie Crossing	Update us with status of development; vacancy rate, financial stability, section 8 usage, etc?	<p><u>Status of the Development:</u></p> <p>Prairie Crossing is a well-managed affordable housing community serving households with very low incomes. With a property manager and resident services coordinator on staff, we have developed a supportive atmosphere for families struggling with issues of poverty. Amenities at Prairie Crossing include:</p> <ul style="list-style-type: none"> <li>• Tasteful landscaping, with two outdoor common areas with grills and playground equipment</li> <li>• 24 urban garden spaces, 4 large container gardens</li> <li>• Holiday parties and community activities, monthly newsletter</li> <li>• On-site food pantry</li> <li>• Located on the bus route</li> <li>• Includes heat</li> <li>• Hardwood floors throughout</li> <li>• Off-street parking</li> <li>• Coin-op laundry</li> <li>• Free storage lockers</li> <li>• Worry free renting with bi-annual pest control, lawn care and snow removal, and security services on the property as needed</li> </ul> <p><u>Vacancy Rate:</u></p>

		<p>Currently 6 units (2 market rate units and 4 project-based voucher units) are vacant (13% vacancy rate). All units have applicants approved for move-in.</p> <p><u>Financial stability:</u></p> <p>Prairie Crossing has become more financially stable over the past several years as the neighborhood has improved and more qualified applicants are applying for residency. We recently achieved a new level of occupancy at Prairie Crossing. In December 2011, we were fully occupied and were able to institute a waiting list system to deal with the demand. There is currently a list of 45 families/individuals waiting to fill out applications for housing. Of those, 40 are waiting to fill out the Section 8 application. By September, we will be fully occupied again.</p> <p>In 2011 the operating loss was \$40,534, less than one half of the 2010 loss. We are continuing to make progress in stabilizing the finances of the property, in large part due to the City's support in conjunction with the increased demand.</p> <p><u>Section 8 usage:</u></p> <p>Four of these units are currently vacant. We also have 9 units where the tenants have their own tenant-based vouchers. The voucher subsidizes rents that exceed those of Prairie Crossing, so we think that it is a vote of confidence that people with vouchers choose to live at Prairie Crossing, when they could live elsewhere.</p>
The Road Home Interfaith Hospitality Network Shelter Program	How many permanent / transitional housing units does Road Home currently operate?	We currently have 24 units in permanent housing programs (Housing & Hope and House-ability) and provide case management for 40 families in transitional housing programs, meaning 1-2 years (Rapid Rehousing, Second Chance, Housing Stabilization). We only own and operate the buildings for Housing & Hope, but we provide case management for all of the programs. We collaborate with the YWCA and The Salvation Army on the others.
	Is Executive Director really a 0.10 FTE position only?	The Executive Director position is full-time. However, since we have other programs and the ED has other responsibilities, we allocate 10% of the ED's time to our shelter program, which is why you see 0.1 FTE.
The Salvation Army – Emergency Family shelter (ie Warming Shelter)	Does Salvation Army or HSC or City have different long-term plan than warming shelter?	<p>In collaboration with HSC, The Salvation Army works to minimize and eliminate the multitude of barriers that homeless, or at-risk of homelessness, families face during their housing crisis so as to stabilize their housing and, in effect, reduce the need for Emergency Family Shelter. In addition to the provision of shelter and consequential case management, The Salvation Army sponsors several varieties of community case management programs, including two modeled after Housing First, with the intention of stabilizing families in their existing housing.</p> <p>A long-term plan is complex and contingent, namely, upon the housing market. Our community lacks available and affordable housing. Emergency Family Shelter was born out of a community need for emergent shelter. HSC-affiliated agencies are in the process of building and/or acquiring properties to increase options for homeless families with, oftentimes, unique needs. Short of adequate transitional and permanent housing options, a need for short-term shelter may always exist.</p>
Tellurian - ReachOut	Why has housing retention goals changed from 6	The proposal to change the retention goal is based on the clarification from PATH, ReachOut's main funding source, on allowable length of follow-up services. There was a decision in 2011 that Wisconsin

	<p>months to 3 months when past performance indicates 90% success at higher (6 month) threshold?</p>	<p>PATH providers are to provide follow up services for two(2) months after a client is placed in housing with some room for justifiable exceptions. Prior to this decision, there had not been any set guidance on follow-up services length from PATH, and Tellurian ReachOut typically provided follow-up services for three(3) months after housing placement. In the City proposal, Tellurian considered the fact that keeping the retention goal consistent with the PATH allowable follow-up services length eliminates the need to justify and document extended follow-up, but concluded that two(2) months is not a long enough timeframe to gauge an on-going housing stability. Tellurian proposed three(3) months instead, as it seemed acceptable and justifiable indicator based on programs experience in providing three(3) months follow-up.</p> <p>Please note that all clients who move into housing are encouraged to call the ReachOut staff immediately, if there were to be any crisis including housing issues, as staff can resume working with them (“re-enrolling” in the PATH term). The reason our six(6) months retention is so high is because previous clients do call in crisis situations and staff can work with them in resolving those crisis. Therefore, Tellurian does not expect significant changes in housing retention at the six(6) month mark, despite the change in the follow-up point.</p> <p>If the review committee feels strongly about keeping the goal at six(6) months mark, however, Tellurian can discuss with the PATH administrator to see if routine exceptions can be made for the six(6) month follow-up.</p>
	<p>Are there any other strategic partnership opportunities being considered between Tellurian and other similar providers? (How involved, if at all, is Tellurian in Homeless Services Consortium?)</p>	<p>(We apologize for not providing sufficient information on this matter in the application.)</p> <p>Tellurian does have strong relationships with all relevant housing and services providers in the Madison area. In fact, great staff retention is one of the program’s core strengths which enable staff to develop knowledge in all available resources and working relationships with other service providers. For example, Tellurian ReachOut staff does outreach to single homeless women at the Salvation Army shelter twice a week. Staff used to do a coordinated outreach with the VA at the downtown Madison public library, which will be resumed once the new building opens up. Housing referrals are routinely made to YWCA, Holly House, Seton House, St. Vincent de Paul as well as to the Porchlight and Tellurian housing programs and clients get placed based on availability. ReachOut also has great working relationships with many service providers including Access Community Health Centers, Meriter HEALTH, Hope Haven, ARC, Journey Mental Health Center, Lutheran Social Services and Recovery Dane.</p> <p>Tellurian has been a strong participant in the Homeless Services Consortium (HSC). At least one ReachOut staff attends monthly HSC meetings and networks with other homeless service providers. Tellurian’s contract manager was a chair of the HSC in 2008 and is a member of the HSC Coordinating Committee.</p>
<p>Tenant Resource Center – Coordinated Intake</p>	<p>Does TRC have draft template of “uniform intake application” proposed, if so, please provide?</p> <p>Describe why RRC is best positioned for this role in HSC?</p>	<p>No, this would take substantial coordination with other organizations. We requested applications of from agencies to see what they were currently doing, some submitted applications and we have that information, but to be effective, we would have to work with those agencies to ensure they were comfortable with the process and it met their needs. If the grant were awarded to us, we would work closely with the agencies to develop this tool to make it easier for clients to access the various programs.</p> <p>The Tenant Resource Center is a resource center for tenants and increasingly, for the homeless and those seeking housing. We are a natural place for people looking for housing to access. Our three locations (Job Center, Willy St and campus) increase the accessibility and because we don’t have a phone system to</p>

		<p>navigate or require appointments for information, we are more accessible than most organizations in the HSC. We already provide resources for those who are homeless to find programs (Singlewomen <a href="http://tenantresourcecenter.org/pc/documents/SinglewomenShelterandTranshousing2010.pdf">http://tenantresourcecenter.org/pc/documents/SinglewomenShelterandTranshousing2010.pdf</a> Single men - <a href="http://tenantresourcecenter.org/pc/documents/SingleMenShelterandTransitionalHousing.pdf">http://tenantresourcecenter.org/pc/documents/SingleMenShelterandTransitionalHousing.pdf</a> Families - <a href="http://tenantresourcecenter.org/pc/documents/FamilyShelterandTransitionalHousing.pdf">http://tenantresourcecenter.org/pc/documents/FamilyShelterandTransitionalHousing.pdf</a>) along with weekly housing lists, inexpensive hotel lists and flexible landlord lists. (Available here: <a href="http://tenantresourcecenter.org/pc/helpdesk.html#HVL">http://tenantresourcecenter.org/pc/helpdesk.html#HVL</a>) Additionally, we already have applications for many low-income housing programs available at the Housing Help Desk and at our main office. In short, it is something we already do partially.</p>
Tenant Resource Center – Homeless Day Shelter	How is this different from Hospitality House program and Road Home Day center?	<p>This is different from the Hospitality House in multiple ways. First of all, it would have showers, laundry, lockers, phones, computers, etc all in one place. Second, there it would be much larger and accommodate 4 to 5 times as many people. Third, and most importantly, it would have a dramatically different philosophy. This would be a place where people who use the services determine what they need to have available. And the staffing by staff and volunteers would provide information and resources that are currently not accessible. A place to store insulin, a place to learn how to use your new cell phone, a place to relax and talk with friends or a place to take a nap if that is what is needed. Hopefully, we will also have other services utilize our space and bring them all together in one place that reduces the need for transportation and bus tickets.</p> <p>The Road Home Day Center only serves families.</p>
	Has TRC worked with the City (CD office or Mayor's Office) in defining this as a city priority / strategy?	<p>No. The City Attorney banned me from talking to the Mayor during the Occupy law suit and I did not have time to talk to him during the time the applications were being submitted. Additionally, this is something many have been talking about for years, but it seems to fly in the face of the current city strategy to "not make it too easy" for the homeless. This does quite the opposite. We have been in contact and working with the Madison Police Department, downtown businesses, other non-city funded homeless programs, Madison Urban Ministry, former Occupy residents and participants and virtually anyone who will listen to our proposal.</p>
Tenant Resource Center – Housing Mediation Service	No Questions	
YWCA of Madison – Second Chance Tenant & Financial Education/SKILLS	Is Second Chance program at capacity or are many clients waitlisted or turned away?	<p>The Second Chance Workshops can accommodate 20 individuals per workshop. The capacity is capped at 20 due to the room size and to ensure a manageable participant to instructor ratio for maximum learning potential. If the class reaches capacity, interested participants will be placed on a waitlist for the next workshop. Participants are not turned away. Most likely due to the economic climate and the current low vacancy rate in Madison, there has been a steady increase in workshops registrations this year. In fact, this past month 40 people registered for the workshops, more than twice the individual workshop capacity. Because of this increased demand, the workshops are serving more individuals than at the same time last year.</p>
Access to Resources Applications		
Community Action Coalition – Housing Counseling / Financial Services	What is range of financial assistance is offered to proposed 325 beneficiaries?	<p>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</p>

		<p>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).</p>
	<p>How are current financial services specialists distinct from proposed coordinated intake position?</p>	<p>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.</p> <p>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.</p>
<p>Fair Housing of Greater Madison – Fair Housing Services</p>	<p>Please provide 'complaint and testing' data from 2011?</p>	<p>While our comprehensive databases record information such as race, gender, and residence of complainants, we do not record all data the Demographics section of the application is seeking for every participant. Specifically, (with the exception of some complainants), we do not record the disability of those we serve or of staff. We also do not record age for those we serve (with the exception of complainants), and we do not record race for those noncomplainants we are providing technical assistance and referrals to over by phone.</p>
	<p>Demographic numbers didn't come out right. What are actual numbers?</p>	<p>I will bring a hard copy of the numbers and bases of complaints and the number of tests done in 2011 for each Committee member.</p>
<p>Independent Living – Home Share</p>	<p>Has Home Share Plus been launched as a program already? How long in operation?</p>	<p>Independent Living has had the Home Share program since 1984; Home Share plus was added in 2008.</p>

**HOUSING INTAKE FORM****GENERAL INFORMATION**

Staff: _____	Date: _____ (mo / day / yr)		
First & Last Name: _____			
Address: _____			
Date of Birth: _____ (mo / day / yr)	Phone #: _____		
What is the reason for your call and/or visit? _____			
Staff Notes: _____			
Eviction Prevention	Entry Cost	Telephone	Housing Case Work

**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? If yes, would you accept the number to DAIS?		YES / NO 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
<i>(If yes, person seeking assistance is <u>not</u> eligible to receive eviction prevention assistance.)</i>				
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:** \_\_\_\_\_

<b>DOMAIN</b>	<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.	



## 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 or 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:** \_\_\_\_\_



Label Here  
Child's Name \_\_\_\_\_  
Program \_\_\_\_\_  
PY \_\_\_\_\_

## FAMILY SERVICES INTERVIEW

Parent/guardian name: \_\_\_\_\_ Phone # \_\_\_\_\_ (circle: home cell)

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_ HS program/EHS advocate: \_\_\_\_\_

Parent prefers reading materials in \_\_\_ English \_\_\_ Hmong \_\_\_ Spanish \_\_\_ Other language \_\_\_ Doesn't want reading materials

**These questions are for family members living with the Head Start/Early Head Start child.** (√ the line as you share the following) :

- \_\_\_\_\_ the information gathered here will be kept confidential;
- \_\_\_\_\_ answering yes means that the parent wants to participate in these services this program year;
- \_\_\_\_\_ answering yes means that a HS/EHS staff person will discuss with the family information, direct service, or a referral.

### Adult Education

Yes No

\_\_\_ \_\_\_ 1. Do you want to work on getting your high school diploma? (GED, HSED)

If yes, I could attend class in (√ all that apply)

\_\_\_ morning \_\_\_ afternoon \_\_\_ evening

### English as a Second Language

Yes No

\_\_\_ \_\_\_ 1. Do you want to learn English as a second language?

If yes, I could attend class in (√ all that apply)

\_\_\_ morning \_\_\_ afternoon \_\_\_ evening

### Employment

Yes No

\_\_\_ \_\_\_ 1. Are you currently unemployed and looking for a job?

\_\_\_ \_\_\_ 2. Would you like employment assistance?

### Housing

Yes No

\_\_\_ \_\_\_ 1. Are you currently without housing?

\_\_\_ \_\_\_ 2. Would you like help planning a family budget?

### Healthy Lifestyles Program

Yes No

\_\_\_ \_\_\_ 1. Do you, or someone in your family, need assistance with alcohol or drug issues?

\_\_\_ \_\_\_ 2. Would you like assistance in responding to medical or insurance concerns?

\_\_\_ \_\_\_ 3. Would you, or someone in your family, like assistance in responding to mental health concerns?

\_\_\_ \_\_\_ 4. Would you like assistance in managing your Head Start child's behavior?

If yes, please rate your current stress level with your child's behavior:

\_\_\_ Low (*generally able to manage*) \_\_\_ Medium (*difficult 3-4 days/week*)

\_\_\_ High (*difficulty getting through the day*)

### Parenting Program

Yes No

\_\_\_ \_\_\_ 1. Would you like to participate in activities designed for fathers and children?

\_\_\_ \_\_\_ 2. Would you like to have the opportunity to participate in a parenting group?

\_\_\_ \_\_\_ 3. Would you like tips on helping your child to succeed in school?

## Family Profile

*(Office Use Only)*

Family ID #: \_\_\_\_\_

*Label Here*

Child's Name \_\_\_\_\_

Program \_\_\_\_\_

PY \_\_\_\_\_

**Enrolling Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Applicant's Name (EHS only):** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Have you had other children enrolled in DCPC HS/EHS programs?** **Y N** If yes, child's full name \_\_\_\_\_

<b>A. Single-Parent Family</b> <i>** (only fill out this section (A)) **</i>	<b>B. Two-Parent Family</b> <i>** (fill out both sections A &amp; B) **</i>
<b>Parent/Guardian Name:</b> _____ <b>Sex (Please Circle):</b> Male Female <b>Primary Health Insurance (Please Circle):</b> Badger Care/MA Private Insurance Other _____ <b>Highest Educational Grade Completed (Please Circle):</b> 1 2 3 4 5 6 7 8 9 10 11 12 GED HSED 13 14 15 16 Associates BA Grad School No Education <b>Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>In School/Job Training:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Parent/Guardian Name:</b> _____ <b>Sex (Please Circle):</b> Male Female <b>Primary Health Insurance (Please Circle):</b> Badger Care/MA Private Insurance Other _____ <b>Highest Educational Grade Completed (Please Circle):</b> 1 2 3 4 5 6 7 8 9 10 11 12 GED HSED 13 14 15 16 Associates BA Grad School No Education <b>Employed:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>In School/Job Training:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

**Other Household Members:**

Name: _____	Age: ____	Sex: ____	Rel to Child: _____	Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Age: ____	Sex: ____	Rel to Child: _____	Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Age: ____	Sex: ____	Rel to Child: _____	Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Age: ____	Sex: ____	Rel to Child: _____	Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____	Age: ____	Sex: ____	Rel to Child: _____	Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No

**If no insurance, has family applied for BadgerCare/MA?**  Yes  No

**Was this child born in the United States?**  
 Yes  No

**Child Care (for Enrolling Child)**

Does the EHS/HS Enrolling Child *need or have* **Full-Day/Full-Year** child care?  Yes  No

**Does the family receive a child care subsidy (voucher or contracted slot), whether the care is provided through HS/EHS or another provider?**  Yes  No

If Yes, please answer the following:

Received **Full-Day, Full-Year** care with EHS/HS?  Yes  No

**Primary Source of child care when the child was NOT in EHS or HS?**

Receive care at family childcare home

Receive care at a childcare center or classroom

Receive care at home or at another home with a relative or unrelated adult

Receive care through a public school pre-Kindergarten program.

Other (specify): \_\_\_\_\_

**Which is the primary language used at home?**

English

Spanish

Far Eastern Asian Languages (e.g. Japanese, Vietnamese, Hmong, Laotian)

Caribbean Languages (e.g. French-Creole, Haitian)

Middle Eastern & Indic Languages (e.g. Arabic, Indic)

Native Central American, South American, & Mexican Languages (e.g. Mixteco, Quechua, Maya, Nahuatl, Zapateco)

Native North American/Alaska Native Languages

Pacific Island Languages (e.g. Palauan, Fijian)

European & Slavic Languages (e.g. Italian, Croatian, Albanian)

African Languages (e.g. Swahili, Wolof)

Other: \_\_\_\_\_

**Who has custody or guardianship?**  
 Mother  Father  Other \_\_\_\_\_

**Does the Enrolling Child live in the physical custody of more than one parent/guardian during the enrollment year (Dual Custody)?**  Yes  No

**Are there any custody or visitation issues?**  Yes  No

*If yes, please specify, & attach a court order:*

\_\_\_\_\_

\_\_\_\_\_

## Housing Support Protocol



It may be helpful to complete the Housing Needs Interview before contacting the following resources.

### If a family is homeless:

- Have them contact the **Salvation Army** for intake or to be placed on the waiting list. Call daily @ 256-2321.
- Apply for the **Rapid Rehousing Program** which provides interventions for homeless families who have requested shelter and are Dane County residents. Contact the YWCA @ 257-1436
- **The Road Home** provides shelter for homeless families with children in collaboration with local faith communities and organizations. Call Road Home @ 294-7998.
- An **EAP Grant** can be acquired through the family's social worker at the job center. Funds may be used for security deposit or eviction prevention @ \$150 / family member. Eligible every 3 years.
- Complete an application for **Subsidized Housing**.
  - Subsidized apartment buildings have waiting lists of varying lengths (i.e. Wexford Ridge, Bayview, Kennedy Heights, Northport, etc.).
  - Public Housing (CDA – Community Development Authority and DCHA – Dane County Housing Authority) also have long waiting lists, but homeless families may receive higher priority.
- **If a family has school age children**, contact their public school social worker.
  - MMSD families may be enrolled in the **Transitional Education Program (TEP)** @ 442-0926.
- In a case of **Domestic Violence**, call DAIS @ 251-1237x327 / 250-2473.
- **For adults with a disability**, including diagnosed mental health issues, contact the YWCA **Houseability Program** @ 257-1436.
- Secure a **furniture voucher**. Contact **Society of St. Vincent de Paul** @ 257-0919.

### If a family is at risk of being evicted, determine *why* they are at risk of being evicted.

- **If it is because of lack of rent payment:**
  - Refer to "Eviction Prevention and Security Deposit Assistance" pamphlet
  - Complete applications for Public Housing or Subsidized Apartment complexes.
  - An **EAP Grant** can be acquired through the family's worker at the job center. Funds may be used for security deposit or eviction prevention @ \$150 / family member. Eligible every 3 years.
  - Contact the neighborhood Joining Forces for Families (JFF) for available funds.
  - If the family has school age children, contact the public school social worker for additional resources.
- **If it is because of other issues with the landlord:**
  - Suggest ways to remedy the situation or come to an agreement w/ landlord
  - Contact the Tenant Resource Center for mediation services 257-2799
  - Help them stay in their current housing. Apply for the YWCA **Second Chance Program** @ 257-1436.
- **Tenant Resource Center** weekly Housing Vacancy List is available every Wednesday or call 257-0006 [http://www.tenantresourcecenter.org/pdf/current\\_housing\\_list.pdf](http://www.tenantresourcecenter.org/pdf/current_housing_list.pdf)

**If a family is searching for new housing:**

- **You can assist the family** by helping them write down their housing history, work history, references and gather all information necessary for apartment applications.
  - Ask housing questions:
    - What is their family size?
    - What is their price range?
    - How many bedrooms do they desire for their family?
    - Are they homeless, doubled-up, living in a shelter, or are they looking for different housing?
- **Tenant Resource Center** publishes a weekly Housing Vacancy List every Wednesday  
[http://www.tenantresourcecenter.org/pdf/current\\_housing\\_list.pdf](http://www.tenantresourcecenter.org/pdf/current_housing_list.pdf)  
*--Visit their website for more helpful information or call with questions @ 257-0006*



# Understanding Homelessness

Contact a community housing support **immediately** for the following HIGH PRIORITY families. Refer to the “Housing Support Protocol” and “Housing Needs Interview” for next steps.

- The family is **HOMELESS**. This is defined as:
  - Doubled up with friends or family members
  - Living in a motel
  - Living on the street or in their vehicle
  - Living in a shelter, but **not** working with a caseworker
  
- The family is **in danger of losing their housing or at risk of being evicted**. This means the family:
  - Received an eviction notice (i.e. a 5-day notice).
  - Is in conflict with their current landlord, and the conflict could lead to eviction.
  - Is behind on their rent.
  - Is unable to pay the current month’s rent.
  - **The sooner these families are referred, the better their chances of accessing resources and staying housed.**
  
- The family is applying for **subsidized housing**, such as:
  - Public housing through Community Development Authority (CDA) or Dane County Housing Authority (DCHA)
  - Housing with a subsidized housing complex such as Wexford Ridge or Northport Apartments
  - The family was **denied for subsidized housing** and needs to file an appeal with CDA or DCHA.

## Dane County parent Council, Inc.



## Housing Needs Interview

Parent(s): \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_

List the names and birthdates of all adults who will be living with you.

List the names and birthdates of all children who will be living with you.

How many bedrooms do you need?

Current Address:

Current Phone:

Describe your current living situation? Include the amount of time you have been living at this location.

If you are not currently homeless, how much longer are you able to stay in your current housing?

How did you become homeless this time? How long have you been homeless?

Have you been homeless at any other time in the last five years? No Yes  
If so, please describe the situation(s) and provide dates.

Do you have any evictions in the last five years? No Yes  
If so, describe each one, including dates, landlords and circumstances.

Do you currently owe money to any landlords? No Yes  
If so, describe:  
Whom do you owe? How much do you owe? Do you have a payment plan? Are you up to date on payments?

Do you currently owe money to any utilities? No Yes  
If so, describe:  
Whom do you owe? How much do you owe? Do you have a payment plan? Are you up to date on payments?

Have you ever been convicted of a felony or do you have any pending felony charges? No Yes  
If yes, describe.

Are you currently employed? No Yes	(Describe on Employment History Chart.)
List the <b>amount</b> and <b>source</b> of any income other than your current employment.	
Are you currently enrolled in school? No Yes (i.e. High School, GED, HSED, CAN, College) If so, describe.	
Have you applied for public or subsidized housing? No Yes If yes, describe.	
Have you received EAP grant funds for rent within the last 3 years? No Yes If yes, when:	
Have you received furniture from St. Vincent De Paul within the last 3 years? No Yes If yes, when:	
Do you have a vehicle that will require parking? No Yes Please list license number: Do you have proof of insurance:	

### It is important to have copies of the following information:

- Copy of MA cards for all adults and children
- Copy of Social Security cards for all adults and children
- Copy of Birth Certificates for all adults and children
- Copy of your current rental lease
- Copy of your Credit score



## Housing Goals

What supports do you think you will need to find housing?

What support do you think you will need to maintain housing once you have found it?

What are your short and long term goals regarding finding and maintaining housing?

**Housing History**

(Start with most recent housing. Attach additional pages if needed):

Address:	Start Date:
Landlord Name:	End Date:
Landlord Address:	Landlord Phone #:
Reason for Leaving:	Amount of Rent:

Address:	Start Date:
Landlord Name:	End Date:
Landlord Address:	Landlord Phone #:
Reason for Leaving:	Amount of Rent:

Address:	Start Date:
Landlord Name:	End Date:
Landlord Address:	Landlord Phone #:
Reason for Leaving:	Amount of Rent:

Address:	Start Date:
Landlord Name:	End Date:
Landlord Address:	Landlord Phone #:
Reason for Leaving:	Amount of Rent:

Address:	Start Date:
Landlord Name:	End Date:
Landlord Address:	Landlord Phone #:
Reason for Leaving:	Amount of Rent:

Address:	Start Date:
Landlord Name:	End Date:
Landlord Address:	Landlord Phone #:
Reason for Leaving:	Amount of Rent:

**Employment History**

(Start with current or most recent employment. Add additional pages if needed.):

Employer:	Start Date:
Job Title:	End Date:
Job Responsibilities:	Rate of Pay:
Reason for Leaving:	# of Hours per Week:

Employer:	Start Date:
Job Title:	End Date:
Job Responsibilities:	Rate of Pay:
Reason for Leaving:	# of Hours per Week:

Employer:	Start Date:
Job Title:	End Date:
Job Responsibilities:	Rate of Pay:
Reason for Leaving:	# of Hours per Week:

Employer:	Start Date:
Job Title:	End Date:
Job Responsibilities:	Rate of Pay:
Reason for Leaving:	# of Hours per Week:

Employer:	Start Date:
Job Title:	End Date:
Job Responsibilities:	Rate of Pay:
Reason for Leaving:	# of Hours per Week:

Employer:	Start Date:
Job Title:	End Date:
Job Responsibilities:	Rate of Pay:
Reason for Leaving:	# of Hours per Week:



306 N. BROOKS ST. MADISON, WI 53715 (608) 257-5734

## INTAKE DATA

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

PROPERTY: \_\_\_\_\_ UNIT #: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ D.O.B. \_\_\_\_\_

AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

DOCTOR NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

SOURCE OF INCOME: \_\_\_\_\_ MONTHLY INCOME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PERSONAL CONTACTS (FAMILY, COUNSELORS, DOCTORS, PAYEE):

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>PHONE#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



**Porchlight Housing Intake Form**

Staff Completing Form: \_\_\_\_\_ Move-in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Client Profile**

First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SSN Data Quality:  Full  Partial  Don't know  Refused

**Client Demographic Information**

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DOB Type:  Full  Approximate  Don't know  Refused  
Ethnicity:  Hispanic  non-Hispanic Race: \_\_\_\_\_  
Gender:  Male  Transgender  Female  Unknown  
Domestic Violence Victim/Survivor?  Yes  No  
Extent of Domestic Violence  0-3 Months  3-6 Months  6-12 Months  > 12 Months  
US Military Veteran? (check one)  Yes  No  
If Client is a Veteran: Veteran DD Form 214?  Yes  No Receiving Veterans Services?  Yes  No

**Below indicate where the client spent the night prior to entering your program.**

Type of Living Situation: \_\_\_\_\_ Length of Stay: \_\_\_\_\_  
In which county were you? \_\_\_\_\_ In which state were you? \_\_\_\_\_  
Since what date have you lived in Dane county? \_\_\_\_/\_\_\_\_/\_\_\_\_ Wisconsin? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Zip Code of Last Permanent Address: \_\_\_\_\_  
Zip data quality:  Full  Don't know  Refused  
Client Homeless?:  Yes  No  
Housing Status:  Literal Homeless  Housed at Imminent Risk  Housed at Risk  Stable Housing  
 Don't know  Refused  
Chronically Homeless?:  Yes  No  
If Homeless, When did Present Homelessness begin? \_\_\_\_/\_\_\_\_/\_\_\_\_  
Homelessness Primary Reason: \_\_\_\_\_  
Household County Median Income (CMI) Percentage (see CMI chart if more than 1 person):  0-30%  
(<\$16,300)  31-50% (\$16,300.01-\$27,150)  51-80% (\$27,150.01-\$43,050)  >80%(>\$43,050)  Don't know

**To appear on HUD APR report, disability start date must be prior to program start date.**

Do you have a disability of long duration?:  Yes  No  
Disabilities: See chart on reverse side.  
On Probation?:  Yes  No On Parole?:  Yes  No  
Client's Residence: See reverse side.  
Household Type:  Single  Other: \_\_\_\_\_ Number in Household \_\_\_\_\_  
Highest Level of Education Attained: \_\_\_\_\_  
Employment Status:  Full  Part-time  Unemployed seeking work  Unemployed not seeking work  
 Student  Not a workforce participant  Not job ready or employable  Retired  
Employment Type:  Permanent  Seasonal  Temporary

**To appear on HUD APR report, income start date must be prior to program start date.**

Income received from any source in past 30 days?  Yes  No  
Source of Income: See reverse side. Amount (Monthly): See reverse side.  
Non-cash benefit received in past 30 days?  Yes  No



**Porchlight Housing Intake Form**

Staff Completing Form: \_\_\_\_\_ Move-in Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Non-Cash Benefits (example, Food Stamps): See chart on reverse side.

**Client's Porchlight Residence**

County: \_\_\_\_\_ Street Address: \_\_\_\_\_

Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Permanent?:  Yes  No

**Disabilities** (Note: if disability listed below be sure to answer "Yes" to 'Disability of long duration?' on reverse.)

(Number all that apply and match to corresponding date slot below; fill-in date):

Alcohol Abuse	Physical	Other: Cognitive
Both Alcohol and drug abuse	HIV/AIDS	Other: Alzheimer's/Dementia
Developmental	Hearing Impaired	Other: Learning
Drug Abuse	Vision Impaired	Other: Mental Handicap/Injury
Physical/Medical	Other	Other: Speech
Mental Illness		

List start date for each disability: 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_  
4. \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. \_\_\_\_/\_\_\_\_/\_\_\_\_

**Monthly Income**

1. Income Amount: \$ \_\_\_\_\_ Source of Income: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

2. Income Amount: \$ \_\_\_\_\_ Source of Income: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. Income Amount: \$ \_\_\_\_\_ Source of Income: \_\_\_\_\_

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Source Examples: A Veteran's Disability Payment, Child Support, Contributions From Other People, Earned Income, General Assistance (Interim Assistance), No Financial Resources, Non-Service Connected Disability, Retirement Disability, Retirement Income From Social Security, Pension From a Former Job, Pension/Retirement, Private Disability Insurance, Self Employment Wages, Service Connected, Service Connected Benefit, Service Connected Disability, SSDI, SSI, Unemployment Insurance, VA Non-Service Connected, VA Service Connected Disability, Worker's Compensation.

**Non-Cash Benefits**

(Number all that apply and match to corresponding date slot below; fill-in date):

Supplemental Nutrition Assistance Program (Food Stamps) \$ _____ /Month	Veteran's Administration (VA) Medical Services
MEDICAID \$ 90.00	TANF Child Care Services
MEDICARE \$ 90.00	TANF Transportation Services
SCHIP (BadgerCare) \$ 90.00	Other TANF-Funded Services
WIC	Section 8, Public Housing or Rental Assistance
Other Source:	

List start date for each resource: 1. \_\_\_\_/\_\_\_\_/\_\_\_\_ 2. \_\_\_\_/\_\_\_\_/\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_  
4. \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. \_\_\_\_/\_\_\_\_/\_\_\_\_

## Mainstream Resource Checklist-HUD

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Case Manager: \_\_\_\_\_ Agency: \_\_\_\_\_

Mainstream Resource	Initial Assessment Date	Describe Enrollment Assistance Provided	Application Date	Expected Enrollment Date Or Date to Call for Follow-Up	Notes
TANF (W-2)					
Food Stamps					
Medicaid					
SSI					
Veterans Benefits					
Workforce					
CHIP (children)					
Chronically Homeless	Yes/No	Describe characteristics pertaining to HUD's definition of chronically homeless			

# AODA Outreach Individual Service Plan

**Client name:**

**Date of initial assessment:**

**Date of reassessment:**

**List at least three measurable goals focusing on AODA**

**Goal date**

**1.**

**2.**

**3.**

**List at least three measurable goals for increasing skills and/or income**

**Goal date**

**1.**

**2.**

**3.**

**List at least three measurable goals for obtaining housing**

**Goal date**

**1.**

**2.**

**3.**