



Community Action Partnership  
Lancaster and Saunders Counties  
210 O Street  
Lincoln, NE 68508  
(402) 471-4515  
(402) 471-4844 FAX

## SUPPORTIVE HOUSING PROGRAM

You are applying for the Supportive Housing Program. This is a federally funded program that helps **homeless families with children** toward the goal of self-sufficiency in housing and avoiding a return to homelessness. You **must remain homeless** from the date of this application until you are called for an interview to qualify for this program. You are NOT eligible for the Supportive Housing Program if:

- You are staying with relatives or friends
- You are incarcerated
- You are a ward of the State
- You are under 18 years of age
- You do not have custody of your children or do not have a reunification plan within 6 months

The Supportive Housing Program provides a Family Advocate to assist with goal planning in the areas of your life that are making it hard for you to remain permanently housed. You must continue to work on these goals to stay in the program. We also provide rent subsidies according to a participant's ability to pay, two years is the maximum time you can be in the program, however, it may be shorter depending on your needs.

### **Turning in this application does not mean you are in the program.**

Once your application is completed and verification of homelessness is provided, your name will be placed on a waiting list and called in the order it was received. If you appear eligible for the Supportive Housing Program, you will be interviewed. The interviewer will present your application to the Supportive Housing staff. If you are still eligible and your application packet is determined to be complete, your application will then be presented to the Homeless Voucher Program Committee. This committee will make the final decision whether or not you are approved for the program.

It is important that you prepare for this interview. ***You will NOT be interviewed or eligible for the Supportive Housing Program if you are unable to provide the following information to SHP staff at the time of the scheduled pre-screen interview..***

- **Social security cards for you and your children**
- **Income verification**
- **Last 2 years of addresses**
- **Copy of all outstanding bills**
- **Documentation from CPS regaining custody of children placed elsewhere by the court**
- **Copy of Lincoln Housing Authority application or receipt of application if eligible for Section 8**
- **Copy of drivers license, State ID, or birth certificate**

Note: In order to process your application, we will be receiving information from, and releasing information to, transitional housing facilities (such as shelters), Lincoln Housing Authority, the members of the Homeless Voucher Program Committee, and law enforcement.

**INSTRUCTIONS:**

**\*\* Read the Supportive Housing Eligibility Criteria on the next page and make sure that you are eligible for the program.**

**\*\* Read the Compliance Requirements and Drug and Alcohol Policy on pages 3- You will be asked to sign a statement that you have read and agree to these requirements at the time of the pre-screen interview.**

**\*\* Fill out the Intake Application form.**

**\*\* Obtain** verification of homelessness (a letter from a homeless shelter or agency on their letterhead or a formal eviction notice of eviction occurring within the next 7 days). If you are not working with an agency and do not have an eviction notice, please call the SHP Program Administrator at 471-4515 to discuss how to verify homelessness.

**\*\* Return the Intake Application (pages 6-10) and verification of homelessness to the reception desk at Community Action.**

**\*\* KEEP PAGES 1-5.** These are your copies of the Supportive Housing Eligibility Criteria, Compliance Requirements, and the Drug and Alcohol Policy.

## Supportive Housing Program Eligibility Criteria

1. Applicant must meet verifiable homeless criteria until housed by SHP. Examples of homeless criteria are:
  - A supervised publicly or privately operated shelter designed to provide temporary living accommodations
  - A public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings (e.g. car, camping, streets)
  - A court summons to vacate a privately rented or owned housing unit
  
- Applicant is responsible for providing SHP with verification of their homelessness from another agency. This letter can come from a shelter, referring agency or institution. Verification is to be on their letterhead, signed and dated by staff. You will not be considered eligible until this document is received.***
  
2. Applicants must be at least 18 years of age and must provide verifiable information (valid driver's license, state ID, state certified or original birth certificate).
  
3. Applicants must have children living in the home, or meet one of the following criteria:
  - If applicant is pregnant, she must provide a doctor's statement verifying pregnancy, with a release of information to speak with doctor.
  - If applicant is securing custody of children, he/she must provide a case plan of reunification that states children could realistically be placed in the home ***within six months.***
  
4. Applicant must have identifiable case management needs in addition to the need for a housing subsidy
  
5. If applicants have identified drug or alcohol issues, they may be required to complete a drug/alcohol evaluation at their expense before completing the application process.

## Compliance Requirements

1. To participate as an SHP client, the approved applicant must have a face-to-face interview with their assigned family advocate within 10 working days of approval for SHP.
2. Participant has 30 days from the date of approval to find housing; applicant must keep in contact with SHP Family Advocate on a weekly basis. Cases will be evaluated in 30 days to determine housing status. If a participant feels he/she has a valid reason for not finding housing, they must contact their Family Advocate and request an extension, or they will have to reapply.
3. Participants are responsible for a portion of the rent and deposit as determined by the rent configuration sheet.
4. All SHP case files will be reviewed every three months by Family Advocate, SHP and Administrator to discuss compliance issues, income status, and progress in program.
5. All participants must be present for all scheduled home visits. If participants are unable to keep a scheduled appointment, they must notify their Family Advocate at least 24 hours prior to scheduled appointment. In the case of an emergency, they must notify the Family Advocate as soon as possible but no later than 24 hours after the scheduled appointment.
6. All participants must be actively involved with goal planning and must follow through with action steps identified to progress toward goals.
7. Participants must notify Family Advocate, in writing, **before** there are any changes in household composition. Failure to notify Family Advocate may lead to termination. (Adults must be prescreened and approved for the Supportive Housing Program and added to the lease **BEFORE** they are added to the household).
8. Failure to comply with the requirements of the Supportive Housing Program may lead to disciplinary action including but not limited to: Failure to Cooperate notice requiring compliance within 30 days, being placed on probationary status in the program, and termination. Termination from the program will result in a loss of the housing subsidy and all supportive services.
9. The Supportive Housing Program is a federally funded program. **Fraudulent information, illegal drug use, or alcohol abuse while on the program will be grounds for termination from the program.**

## Supportive Housing Program Drug/Alcohol Policy

- The Supportive Housing Program has adopted a policy of zero tolerance to drug use and alcohol abuse.
- Prior to your acceptance into the Supportive Housing Program, you will be asked to sign releases for any agency or counselor that has knowledge of substance use, mental health, or psychiatric history.
- As a part of the Supportive Housing Program, you will be required to agree to a Drug/Alcohol evaluation and recommended services, if deemed necessary. This may include a random urinalysis or urinalysis due to suspected drug or alcohol use.

***YOUR COMPLIANCE WITH THIS POLICY WILL BE MANDATORY. IF YOU CHOOSE NOT TO COMPLY, YOUR HOUSING SUBSIDY WITH SHP, AS WELL AS FUTURE SUBSIDIES, MAY BE AT RISK. Any Participant terminated from the Supportive Housing Program due to failure to follow the Drug/Alcohol Policy will be ineligible to re-apply for the program for a minimum of two years. A Drug/Alcohol evaluation and completion of recommendations of that evaluation will be required prior to consideration for re-application.***

**Community Action Partnership  
 Supportive Housing Program  
 Intake Application**

**Applicant Information:**

Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_ SS# \_\_\_\_\_  
 Other names used \_\_\_\_\_

Race (please check one):

- |   |   |
|---|---|
| <input type="checkbox"/> Caucasian/White                          | <input type="checkbox"/> African American/Black |
| <input type="checkbox"/> Native Hawaiian                          | <input type="checkbox"/> Alaskan Native         |
| <input type="checkbox"/> Black/African American and White         | <input type="checkbox"/> American Indian        |
| <input type="checkbox"/> American Indian/Alaskan Native and White | <input type="checkbox"/> Pacific Islander       |
| <input type="checkbox"/> American Indian/Alaskan Native and Black | <input type="checkbox"/> Asian                  |
| <input type="checkbox"/> Other Multi-racial _____                 | <input type="checkbox"/> Other _____            |

Ethnicity:

- Hispanic  
Non-Hispanic

Marital Status:

- Single    Married    Divorced    Separated    Widowed

Are you a US citizen? yes no

If not, do you have legal status?    yes no

**Current Living Situation:**

Where are you currently living (please be specific)? \_\_\_\_\_

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

*Verification of homelessness is a requirement for the Supportive Housing Program. Verification may be a letter from a shelter you are staying at, camping receipts, letter from an outreach worker, formal eviction notice of eviction within the next 7 days, etc. If you do not know how to verify your homelessness, please contact the Supportive Housing Program Administrator at 471-4515 for assistance.*

How can you be contacted now? \_\_\_\_\_

Alternate/ emergency contact person \_\_\_\_\_

Contact's relationship to applicant \_\_\_\_\_ Contact's Phone Number \_\_\_\_\_

- By supplying this information you are authorizing Community Action Partnership permission to contact this person in an attempt to contact you.

Have you ever been a client in the Supportive Housing Program in the past? \_\_\_\_\_

If yes, when were you in the program and length of time in program \_\_\_\_\_

Why did you leave the Supportive Housing Program? \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

**Household Information:**

Other Adults living in your household:

Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_ SS# \_\_\_\_\_

Children:

Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_ SS# \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_ M/F \_\_\_\_\_ SS# \_\_\_\_\_

Number of children in household now: \_\_\_\_\_ Do you have legal custody of them? \_\_\_yes\_\_\_no

Do you have a CPS worker? \_\_\_yes\_\_\_no

If yes, Name? \_\_\_\_\_ Number \_\_\_\_\_

Do you have a written plan from CPS stating that children will be in the home within 6 months for children

who are not in the household now? \_\_\_yes\_\_\_no

Are there other children who will live with you? \_\_\_yes\_\_\_no

Are you pregnant? \_\_\_yes\_\_\_no What is your due date? \_\_\_\_\_

If the family is not together, where are other members staying now? \_\_\_\_\_

\_\_\_\_\_

How did you become homeless? \_\_\_\_\_  
\_\_\_\_\_

**Addresses:**

What were your addresses for the last two years (include city, state, zip)?

1. Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

2. Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

3. Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

4. Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

5. Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

6. Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Did you have a lease in your name for any address? \_\_\_\_\_

How long have you lived in Lancaster County? \_\_\_\_\_

Have you ever rented from a Housing Authority in Lincoln or in another city or state? \_\_\_yes \_\_\_no

If yes, where? \_\_\_\_\_

Do you owe any Housing Authority money? \_\_\_yes \_\_\_no Where? \_\_\_\_\_

How much? \_\_\_\_\_ For what? \_\_\_\_\_

**Financial Resources:**

What is your current monthly income? \_\_\_\_\_

What is your source of income? \_\_\_\_\_

**Participation with other agencies:**

Do you receive assistance from the Department of Health and Human Services? \_\_\_yes \_\_\_no

If yes, Caseworker's name/number: \_\_\_\_\_

Are you currently being sanctioned by DHHS? \_\_\_\_yes\_\_\_\_no

If yes, why?\_\_\_\_\_

Do you participate in any of the following: ACS      Workforce Development      Voc Rehab

**Work History:** (Please complete the chart below regarding your work history, include current position)

Employer	City/State	Dates Employed	# hours/week	Wage	If ended, reason

**Legal:**

Do you have a criminal record? \_\_\_\_yes \_\_\_\_no If yes, where?\_\_\_\_\_

For what offenses?\_\_\_\_\_

Does any other member of your household have a criminal record? \_\_\_\_yes\_\_\_\_no

If yes, who and for what?\_\_\_\_\_

If yes, who and for what?\_\_\_\_\_

**You may be required to have an active application in at Lincoln Housing Authority before you will be accepted to this program.**

**I certify that the above information is true and correct to the best of my knowledge. I understand and authorize that every applicant considered by the Supportive Housing Program will be subject to a Tenant Data and Criminal History Check prior to prescreening for this program.**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

## SUPPORTIVE HOUSING CASE MANAGEMENT

*Please indicate which of the following topics are concerns for you or you would like to improve upon while on the Supportive Housing Program.*

### **CASE MANAGEMENT (standard for all participants)**

- Regular home visits with case manager
- Program Administrator will review your progress, compliance, and goals quarterly with your Family Advocate
- Release of information will be signed to communicate with all other agencies involved
- Sanitation and cleanliness walk-through of rental property

### **EMPLOYMENT**

- \_\_\_\_\_ Working up to 40 hours per week
- \_\_\_\_\_ Attend job readiness workshops
- \_\_\_\_\_ Volunteer 10-30 hours per week/Community Services Work
- \_\_\_\_\_ Comply with Dept. of Health & Human Services rules and regulations

### **COUNSELING**

- \_\_\_\_\_ Parenting skills
- \_\_\_\_\_ Domestic violence workshops
- \_\_\_\_\_ In-home individual/family counseling
- \_\_\_\_\_ Outpatient counseling

### **DRUG AND ALCOHOL COUNSELING**

- \_\_\_\_\_ Outpatient drug and alcohol
- \_\_\_\_\_ In-patient drug and alcohol
- \_\_\_\_\_ AA/NA support groups

### **FINANCIAL**

- \_\_\_\_\_ Monthly budgets monitored
- \_\_\_\_\_ Set up repayment agreements
- \_\_\_\_\_ Credit counseling
- \_\_\_\_\_ Consumer workshops

### **LEASING**

- \_\_\_\_\_ Landlord/tenant workshops
- \_\_\_\_\_ Repayment agreements with housing authority or case manager

### **EDUCATION**

- \_\_\_\_\_ Enroll and/or complete GED
- \_\_\_\_\_ Enroll in post secondary schooling and attend regularly
- \_\_\_\_\_ Attend adult literacy classes

### **OTHER**

\_\_\_\_\_