

HOPWA PROGRAMS INTAKE, ASSESSMENT & HOUSING PLAN FORMS

Intake Date:		Ref. Agency:		HS:		Tel.#:					
First Name:		Last Name:		M.I.:	DOB:	Age:	ID#:	ID Type:			
Birth Place:		SSN:	Address:			City:		Zip:	SPA:		
Tel. #:		Ok to Leave VM:	Gender:	Race:			Hispanic:				
Email:		Okay to Email:		Internet Access:		Current Gross Monthly Income					
Language Spoken:		Recent TB Results:		TB Test Date:		Type of Income			Amount		
Diagnosis:		Mother's Maiden Name:				Gross Employment Inc.					
Transmission:		Emergency Contact:		Tel.:		Unemployment Ins. (UI)					
Domestic Violence:		Medical Facility:				State Disability Ins. (SDI)					
Veteran:		Hon. Dis.:		Primary Physician:		Sup. Security Inc. (SSI)					
Fam. Status: #		Medical Coverage By:				Soc. Sec. Dis. Ins. (SSDI)					
Other Household Mem.		DOB	Race	H	Relationship	Social Security (Retirement)					
						Private Disability Ins.					
						General Relief (GR)					
						VA Pension					
						CalWorks					
						Other: _____					
						Total Gross Monthly Income					
HUD FY12 Monthly Income Limits		1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons		
80% Area Median Income		\$3,937.50	\$4,500.00	\$5,062.50	\$5,620.83	\$6,070.83	\$6,520.83	\$6,970.83	\$7,420.83		
50% of Area Median Income		\$2,462.50	\$2,812.50	\$3,162.50	\$3,512.50	\$3,795.83	\$4,075.00	\$4,358.33	\$4,637.50		
HOUSING ASSESSMENT (Check All That Apply or Fill in Info.)											
Received STRMU w/n the year:		For Past 2 Contract Years:		For Past 3 Contract Years:		PHP Within Last 3 years:					
Lease in their name:		Moves in 12 Months:		Moves in 4 Yrs.:		Homeless W/in 12 Months:					
Chronically Homeless:		Ever Evicted:		Eviction Reason:		Sex Off.:		Crim.Background:			
		T.Monthly Rent:		Ct's Share of rent:		Utilities Included:					
Living in Sub. Hsg.:		Sub. Hsg. Type:		# of Bedrms.:		R/I:		Rent Past Due Amount:			
Util. Past Due Amt.:		Util. Shut-off:		3-Day Notice:		Court Date:					
Eviction Date:		Budget:		Stays w/n Bgt.:		Credit:		Util. Dis.:		Roommates:	Shared Hsg.:
# of Srv. Ani.:		Type:		Landlord Accept Sec8:		App. for Sub. Housing:		Date App. for Sub. Hsg.:			
Applied with:		Special Accommodations:		R/I Before Loss:		Housing Plan:		PCM:			
Contact with CM/benefits counselor:		Primary health care provider:		HOPWA/LAHD Job:		Not HOPWA/LAHD Job:					
Eligible for subsidized Housing:		Eligible for public/private benefits:		Accessed & maintained medical insurance/assis.:							
Hotel/Motel Voucher in the Last year:		Submitted by:									
Housing Quality (Check if the client has any of the following problems with their housing.) NONE:											
Broken Locks/ Windows		Cooling	Electrical	Elevator	Gas	Heating	Leaks	Smoke Det.			
Community Resources		Plumbing	Overcrowding	Safety Issues	Pests	Other: _____					
PSYCHOSOCIAL ASSESSMENT (Does the client have any of the following issues/needs: Check All that Apply) NONE:											
Medical Compliance		Employment		HIV Prevention		Mental Health		Transportation			
Benefits		Environmental		Life Skills Issues		DMH Ct:		Other:			
Child Care/Safety		Nutrition/Food		Legal		Risk Behavior					
Domes. Vio. Sur		Developmental		Medical		Social Support Sys		HOUSING STATUS			
Educational		Family Reunification		Medication		Substance Use					
By signing below, I hereby certify under penalty of perjury and to the best of my knowledge that the information on this form is true and correct in all respects. The Referring Agency declares and certifies that all of the information provided has been verified.											
Ct's Print Name:			Ct's Signature:			Date:		Ct Received Survey: (Ct Int.)			
Provider's Print Name:			Provider's Signature:			Date:					

INCOME ELIGIBILITY CALCULATION WORKSHEET

HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS

This worksheet will determine income eligibility for the HOPWA program.

Note income exclusions on see pages 2 and 3.

HOPWA Regulation 24CFR574.3 Definitions states that a person is eligible for HOPWA housing and services if they are "low-income" as defined in the **AIDS Housing Opportunity Act Section 853(3)** which reads: "The term low-income individual means any individual or family whose incomes do not exceed 80 percent of the median income for the area (AMI), as determined by the Secretary of HUD." **Local jurisdictions may impose an eligibility threshold of 50% or 30% AMI with HUD Field Office approval.**

*The total income of the household (Annual Gross Income) is from all sources anticipated to be received in the 12-month period following the effective date of the income certification. Therefore, income must be ANNUALIZED, e.g. payment amount X number of payment periods/yr., for all income sources.

1. The full amount, before payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, other compensation for personal services prior to payroll deductions. (Applies to client and **all** household members 18 and older. For full-time students 18 and over, only \$480 of annual earned income should be included here). \$ _____
2. Periodic payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, excluding lump sum payments for the delayed start of a periodic payment. (Except as provided in (c)(14)). \$ _____
3. Payments in lieu of earnings, such as unemployment, disability, worker's compensation, and severance pay. (Except as provided in (c)(3)). \$ _____
4. Welfare Assistance, including payments made under other programs funded, separately or jointly, by federal, state, or local governments which are not excluded by Federal Statutes (see Income Exclusions). \$ _____
5. Periodic allowances including alimony and child support payments, and regular contributions or gifts received from organizations or persons not residing in the residence \$ _____
6. Net income from operation of a business or profession.
Interest, dividends, and other net income of any kind from real or personal property.
Where net family assets are in excess of \$5,000, annual income shall include the greater of actual income derived from net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. \$ _____
7. All regular pay, special pay and allowances of a member of the Armed Forces (Except Hostile Fire Pay). \$ _____
8. **ANNUAL GROSS INCOME* TOTAL OF LINES 1-7**
Note: Annual income must be reassessed at least annually. However, if there is substantial change in the household's income during the year, an adjustment must be made to the resident rent to reflect the change in income. \$ _____
9. Select Area Median Income used for this HOPWA jurisdiction's eligibility threshold:
80% AREA MEDIAN INCOME FOR THIS HOUSEHOLD SIZE \$ _____
50% AREA MEDIAN INCOME FOR THIS HOUSEHOLD SIZE \$ _____
30% AREA MEDIAN INCOME FOR THIS HOUSEHOLD SIZE \$ _____

Note: If # 8 is above applicable Area Median Income (AMI) the applicant is **not** eligible for HOPWA assistance.

10. **Is applicant eligible for the HOPWA program?** YES _____ NO _____

ZERO INCOME AFFIDAVIT

I, _____, have applied for emergency or rental assistance through a HUD program. Program regulations require verification of all income from participating households.

Income includes but is not limited to:

- Gross wages, salaries, overtime pay, commissions, fees, tips and bonuses
- Net income from operation of a business or from rental or real personal property
- Interest, dividends and other net income of any kind for real personal property
- Periodic payments received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of period receipts
- Lump sum payment(s) for the delayed start of a periodic payment (except as provided in 24 CFR 5.609 (b)(5))
- Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay
- Public assistance
- Alimony and child support payments (whether through the court system or not)
- Regular pay, special pay and allowances of a head of household or spouse who is a member of the Armed Forces (whether or not living in the dwelling)
- Regular monetary gifts from family and/or friends

I have stated during this verification process that I have no income at this time. I have not received income since _____. I do not expect to receive any income until _____. I applied for _____ (other financial assistance) on _____ (date).

I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the program, and may be grounds for termination of assistance. WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

I certify that the above information is true and correct. I also understand that it is my responsibility to report all changes to my household composition or income in writing to within ten (10) business days of such change.

Signature: _____

Date: _____

Witness: _____

Date: _____

Case Manager/Care Coordinator's Notes:

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Release of Case Management Form

This form is intended to facilitate the transfer of a client between providers. In the event of a change in agencies, this form must be completed and housing specialist/case managers should communicate with each other regarding the client's needs and services. A copy of this document should be kept in the client's file at each provider.

Today's Date: _____ **Regarding:** _____ **D.O.B.:** _____

I, _____ of _____
(Forwarding Housing Specialist/Case Manager) (Forwarding Agency)

hereby release the above named individual of all housing/case management services due to the following circumstances: _____

(Please identify any aberrant forms of behavior)

If applicable, remaining Emergency Voucher Days: _____
If applicable, # of times the client has accessed STRMU assistance in the last year: _____
If applicable, the date of the last time the client received a PHP grant: _____
If applicable, please list all the permanent subsidized housing programs the client has applied for or is on a waiting list for: _____

I, _____ will agree to provide housing/case management
(Newly Assigned Housing Specialist/Case Manager)

services to _____ located at _____
(Client's Name) (Receiving Agency Name and Address)

effective as of _____
(Today's Date)

Forwarding Housing Specialist/Case Manager's (Signature)

Accepting Housing Specialist/Case Manager's (Signature)

By signing below the client accepts the above stated transfer of their file.

Client's Signature

INCOME DECLARATION/VERIFICATION FORM

WARNING: It is unlawful to provide false information to the government when applying for federal public benefit programs per the Program Fraud Civil Remedies Act of 1986, 31 U.S.C. §§ 3801-3812.

I, _____, hereby certify that the following is a true and full statement(s). I understand that any misrepresentation of information or failure to disclose information requested on this form may disqualify me from participation in the HOPWA program, and may be grounds for termination of assistance.

Month:									Ave. Monthly Gross Income
Type of Income	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount	Amount
Employment Income									
Unemployment Insurance (UI)									
State Disability Insurance (SDI)									
Supplemental Security Income (SSI)									
Social Security Disability Insurance (SSDI)									
Social Security (Retirement)									
Private Disability Benefits									
General Relief (GR)									
VA Pension									
CalWorks									
Other (Specify: _____)									
Total Gross Income									
Rent-to-Income									
Supporting Document									
Supporting Document									
Supporting Document									
HUD 2012 Monthly Income Limits	1	2	3	4	5	6	7	8	
	Person	Persons	Persons	Persons	Persons	Persons	Persons	Persons	Persons
80% Area Median Income	\$3,937.50	\$4,500	\$5,062.50	\$5,620.83	\$6,070.83	\$6,520.83	\$6,970.83	\$7,420.83	

I certify under penalty of perjury that all the information I have provided on this form is true and correct. I understand that failure to develop and implement a system for documenting my cash income may result in denial of my application. I understand that this is a Federally Funded program and that all funds must be used in the manner for which they are intended. Failure to comply may result in permanent termination from the HOPWA Program.

Print Client's Name: _____ **Client's Signature:** _____ **Date:** _____

HOUSING SPECIALIST/CASE MANAGER STATEMENT: I have reviewed the client's supporting documentation and believe the above to be true and correct. If the client does not have any supporting documentation, I agree to work with the client to develop a system to document their cash wages. I understand that failure to develop a system for documenting their cash wages is grounds for denial of application.

HS Print Name: _____ **HS's Signature:** _____ **Date:** _____