

HOPWA Short Term Assistance Program

REVIEWERS AUTHORIZATION CHECKLIST

All of the following must be in the client's case file at the referring agency/

Highlighted items are to be faxed to the CCA.

FORMS TO SUBMIT	STRMU	PHP
HOPWA Programs Intake, Assessment, & Housing Plan Forms		
Page 1. Intake and Housing and Psychosocial Assessment		
Page 2: Individual Housing Plan		
Page 3: Outcomes & Progress Notes		
Page 4: Income Eligibility Calculation Worksheet		
Page 5: Zero Income Affidavit (If applicable)		
Page 6: Release of Case Management Form (If applicable)		
FORM A. STRMU/PHP Grant Request Form (STRMU & PHP)		
Supporting Documentation of Need (STRMU & PHP)		
FORM B. Permanent Housing Placement Verification Form (Only for PHP)		
FORM C. Security Deposit Agreement (Only for PHP's)		
FORM D. Property Management Verification Form (STRMU & PHP, if applicable)		
Worksheet from Housing Authority (Only for PHP's)		
FORM E. Tenant/Project Based Section 8 or Low Income Housing Form (if there is no worksheet from the housing authority)		
FORM F. Utility Verification Form (Only PHP, if applicable)		
FORM G. Roommate Rent Apportionment Form (STRMU & PHP, if applicable)		
FORM H. Income Declaration/Verification Form & Supporting Documentation		
Rental Agreement & proof of residency (STRMU & within 30 days of PHP)		
Photo Identification (STRMU & PHP)		
Family Status Documentation (STRMU & PHP, if applicable)		
FORM I. Diagnosis Form or Provider Diagnosis Form (STRMU & PHP)		
FORM J. Cash Flow/Budget Worksheet (STRMU & PHP)		
W-9 (STRMU & PHP, if applicable)		
Proof of Return of Security Deposit (STRMU & PHP, if applicable)		
FORM K. Disclaimer Form (STRMU & PHP)		
FORM L. Case Management Verification Form (STRMU & PHP)		
FORM M. Consent to Release (STRMU & PHP)		
CHECK THE REASON(S) FOR APPLYING		
Unexpected loss of income		
Unexpected medical expenses related to HIV/AIDS		
Other financial crisis arising from the client's HIV/AIDS condition with 3-Day Notice.		
Transitioning to Section 8 from TBRA or Connections Study (Conversion)		
Move-in Assistance-Affordability (moving into lower cost housing)		
Move-in Assistance-Habitability		
Move-in Assistance-Safety		
Move-in-Assistance-Social/Medical Services		
Move-in Assistance-Crowding		
Move-in Assistance-Community Resources		

By signing below the reviewer acknowledges they have reviewed the application, it is correct and complete, and there is adequate documentation to support the need.

Reviewers Signature: _____ Date: _____

Agency _____ Client ID# _____