



Participant Eligibility Screening Form Rapid Rehousing Program for All Populations

REFERRING AGENCY INFORMATION

Name of Agency:	
Name of Referring Staff:	Staff Title:
Phone:	Email:

HEAD OF HOUSEHOLD INFORMATION

Head of Household Name:		HMIS ID:
Date of Birth: _____	Age: _____	CES Acuity Score: _____ (0-17) Youth, Adults _____ (0-22) Families
Household Size: _____	Number of Adults (Qualified dependents: _____	Number of Minors in legal custody: _____
Phone: _____	Email: _____	
Family Composition Reference: A family is defined as the following: 1) Households consisting of one/or more minor children (17 or under) in legal custody of one or two adults who are living together. 2) Household with qualified dependent over the age of 18 who is (a) incapable of self-sustaining employment by reason of mental or physical disability, and (b) is dependent upon the head of household for support and maintenance. 3a) Head of household is pregnant at any trimester (Measure H, ESG, CoC, CDBG) 3b) Head of household is pregnant and in their second trimester (DPSS).		

HOUSEHOLD ELIGIBILITY FOR FAMILIES (ONLY for Families Rapid Rehousing Program)

PROOF OF PARENTAGE/PREGNANCY

Determine if the family has all the necessary documentation needed for all children or disabled adults that will be served under the program
<input type="checkbox"/> Birth Certificates for all children under the age of 18
<input type="checkbox"/> Legal dependency documentation for all qualified dependents over the age of 18
<input type="checkbox"/> Proof of pregnancy
<i>If a family is determined to meet the Family Composition Definition above and have proof of parentage/pregnancy move forward to Income Eligibility next section.</i>

HOUSEHOLD ELIGIBILITY FOR YOUTH AND ADULTS

Determine the participant's household eligibility.		YES	NO
1. Unaccompanied minors (Under the age of 18)	Is the participant currently under the supervision of the child welfare system, i.e. DCFS or Probation (dependent minors under the age of 18)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Unaccompanied minors (Under the age of 18)	Is the participant currently emancipated from their parents or from foster care?	<input type="checkbox"/>	<input type="checkbox"/>
3. Transitional Age Youth (Age: 18-21)	Is the participant currently in extended foster care (non-minor dependents between the ages of 18-21)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Adult (Age: 18 +)	Is the participant a single individual adult (not under the care of extended foster care) and over the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If YES to question 1, the applicant is NOT eligible for the Rapid Rehousing Program. If YES to questions 2 OR 3 OR 4, move forward to the next section.</i>			



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INCOME ELIGIBILITY

FY 2018 Income Limits Summary: Los Angeles County, CA									
Income Limits Summary for each fiscal year are found on the United States Department of Housing and Urban Development's (HUD) website at: https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn									
Income Limit	Household Size								
Area Median Income (AMI)	1	2	3	4	5	6	7	8	
0%-30% Income Limits Annual Household Income	\$20,350	\$23,250	\$26,150	\$29,050	\$31,400	\$33,740	\$38,060	\$42,380	
31%-50% Income Limits Annual Household Income	\$33,950	\$38,800	\$43,650	\$48,450	\$52,350	\$56,250	\$60,100	\$64,000	
Determine the participant's Income eligibility.								YES	NO
1. Does the participant's annual household income fall below 50% of the Area Median Income (AMI)?								<input type="checkbox"/>	<input type="checkbox"/>
2. Does the participant have proof of income?								<input type="checkbox"/>	<input type="checkbox"/>
<p>Verification of Income is required for program participation.</p> <p>Please complete the Household Composition & Income Eligibility Form.</p> <p>If the participant's annual Income is above 50 % AMI, they are NOT eligible for Rapid Rehousing.</p> <p>If the participant's annual Income is at or below 50% AMI AND has verification of Income move forward to the next section.</p>									

HOMELESS STATUS

Determine the participant's homeless status.		YES	NO
HUD CATEGORY 1: Literally Homeless <i>(Youth, Adults & Families)</i>	(i) Has a primary residence that is a public or private place not meant for human habitation (ex. Street, sidewalk, vehicle, park, abandoned building)	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Is Living in a publicly or privately operated shelter designated to provide temporary living arrangements (including emergency shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs)	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Is exiting an institution where the individual has resided for 90 days or less <u>and</u> who resided in an emergency shelter or a place not meant for human habitation immediately before entering that institution. (Examples of Institutions: Hospital, Jail, Prison, Psychiatric Hospital, Substance Abuse treatment facility)	<input type="checkbox"/>	<input type="checkbox"/>
HUD CATEGORY 4: Fleeing Domestic Violence <i>(Youth, Adults & Families)</i>	Individuals who: (i) Is fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member; (ii) Has no other residence; <u>and</u> (iii) Lacks the resources or support networks to obtain other permanent housing.	<input type="checkbox"/>	<input type="checkbox"/>
Exiting Dependent Care <i>(Youth Only)</i>	Youth (18-24) that will be homeless upon exit from dependent Care (ex. exiting group home, foster home, probation placement or other dependent care placement).	<input type="checkbox"/>	<input type="checkbox"/>
Does the participant have homeless verification documentation?		<input type="checkbox"/>	<input type="checkbox"/>
<p>Verification of Homelessness is required for program participation.</p> <p>Homeless Certification MUST be filed in the participant's master file.</p> <p>If the individual is a Youth and meets any of the following Categories: 1, 4 or Exiting Dependent Care AND they have verification of homelessness, move forward to the next section.</p> <p>If the individual is an Adult (18+) or a family and meets HUD Category 1 OR Category 4 AND they have verification of homelessness, move forward to next section.</p>			



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HOUSING SEARCH AND PLACEMENT PROGRAMS

If your applicant is being screened for Rapid Rehousing complete the following section.

Is the applicant currently enrolled or have been matched through CES to one of the following permanent housing programs that provides HOUSING SEARCH ASSISTANCE, SUPPORTIVE SERVICES and/or RETENTION SERVICES?			
Housing Authority County of Los Angeles (HACoLA)		YES	NO
1.	Shelter + Care/ Continuum of Care (CoC)	<input type="checkbox"/>	<input type="checkbox"/>
2.	Tenant Based Supportive Housing	<input type="checkbox"/>	<input type="checkbox"/>
3.	Homeless Section 8	<input type="checkbox"/>	<input type="checkbox"/>
Housing Authority City of Los Angeles (HACLA)		YES	NO
4.	Shelter + Care/ Continuum of Care (CoC)	<input type="checkbox"/>	<input type="checkbox"/>
5.	Tenant Based Supportive Housing	<input type="checkbox"/>	<input type="checkbox"/>
6.	Homeless Section 8	<input type="checkbox"/>	<input type="checkbox"/>
Housing Authority of the City of Long Beach (HACoLB)		YES	NO
7.	Shelter + Care/ Continuum of Care (CoC)	<input type="checkbox"/>	<input type="checkbox"/>
8.	Homeless Section 8	<input type="checkbox"/>	<input type="checkbox"/>
City of Pasadena		YES	NO
9.	Shelter + Care/ Continuum of Care (CoC)	<input type="checkbox"/>	<input type="checkbox"/>
10.	Homeless Section 8	<input type="checkbox"/>	<input type="checkbox"/>
Department of Health Services (DHS)		YES	NO
11.	Housing for Health	<input type="checkbox"/>	<input type="checkbox"/>
12.	Housing & Jobs Collaborative Rapid Rehousing	<input type="checkbox"/>	<input type="checkbox"/>
LAHSA		YES	NO
13.	Continuum of Care (CoC) Rapid Rehousing	<input type="checkbox"/>	<input type="checkbox"/>
Department of Mental Health (DMH)		YES	NO
14.	Mental Health Service Act (MHSA) Housing	<input type="checkbox"/>	<input type="checkbox"/>
15.	Shelter + Care/ Continuum of Care (CoC)	<input type="checkbox"/>	<input type="checkbox"/>
Housing Opportunities for Persons with Aids (HOPWA)		YES	NO
16.	HOPWA-Tenant Based Rental Assistance (TBRA)	<input type="checkbox"/>	<input type="checkbox"/>
17.	HOPWA- Short-Term Rent, Mortgage, and Utility (STRMU) program	<input type="checkbox"/>	<input type="checkbox"/>
VETERANS		YES	NO
18.	HUD-Veteran Affairs Supportive Housing (HUD-VASH) Housing Choice Vouchers	<input type="checkbox"/>	<input type="checkbox"/>
19.	Supportive Services for Veteran Families (SSVF)	<input type="checkbox"/>	<input type="checkbox"/>
Public Housing Authorities (PHA):		YES	NO
20.	Other Housing Choice Voucher attached to an agency providing services	<input type="checkbox"/>	<input type="checkbox"/>
If the head of household answered YES to any of these questions, they are NOT eligible for the Rapid Rehousing Program.			



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SIGNATURES

I hereby certify that all the information provided on this form is true and correct.

Participant Name (Print)

Participant Signature

Date

Staff Name (Print)

Staff Signature

Date

Supervisor Name (Print)

Supervisor Signature

Date