

# LAFLA'S MEASURE H LEGAL SERVICES

Javier Beltran, LAFLA

# What I Will Discuss Today:

1. Who is LAFLA's Measure H Legal Services Team?
2. Where do we work & provide services?
3. What services do we provide?
4. Overview of Measure H Legal Services & Numbers
5. The Referral Process & Required Referral Documents

# WHO, WHERE & WHAT - LAFLA'S MEASURE H LEGAL SERVICES

# The Measure H Legal Team

## □ Staff Attorneys:

- Brenton Inouye
- Monica Arellano
- Joshua Christian
- Matthis Chiroux
- Mallory Andrews

## □ Support Staff:

- Paralegal, Natalia Rodriguez-Khanh
- Legal Secretary, Rodolfo Gaona

## □ Managing Attorney:

- Javier Beltran

# Where We Work and Provide Services

## SPA 7 Locations:

- South Office
- East LA Office
- South Whittier Community Center – Whittier
- Salvation Army Bell Shelter – Bell
- Kingdom Causes – Bellflower
- Jovenes – Norwalk

## SPA 8 Locations:

- South Office
- Long Beach Office
- St. Margaret's Center – Inglewood
- Mental Health America – Long Beach
- And anywhere the client is located...

# What Legal Services to Be Provided

- ❑ Eviction defense and representation.
- ❑ Birth certificates advocacy and identification.
- ❑ Expungement of criminal records.
- ❑ Government benefits (not SSI, VA, or CAPI - CBEST).
- ❑ Reasonable accommodations.
- ❑ Landlord dispute resolution: pre-eviction matters.
- ❑ Counsel and advice on financial debt issues.
- ❑ Counsel and advice on minor immigration issues.
- ❑ Whatever else to end or prevent homelessness or remove barriers to housing

# OVERVIEW OF LAFLA'S MEASURE H LEGAL SERVICES & NUMBERS

# Overview of Measure H Legal Services

- Two Programs –
  - ▣ Homeless Prevention:
    - Help clients at imminent risk of homelessness from not becoming homeless. Also, allow to maintain housing or a “soft landing” transition to other housing.
  - ▣ Support Case Management and Homeless Individuals:
    - Provide legal services that remove barriers to housing
    - Training and capacity building for case managers
  - ▣ The Measure H Legal Collaborative to Provide Legal Services to 1800 clients annually (150 month)
    - Per year we must serve a total of **373 people** for SPA 7 and 8.

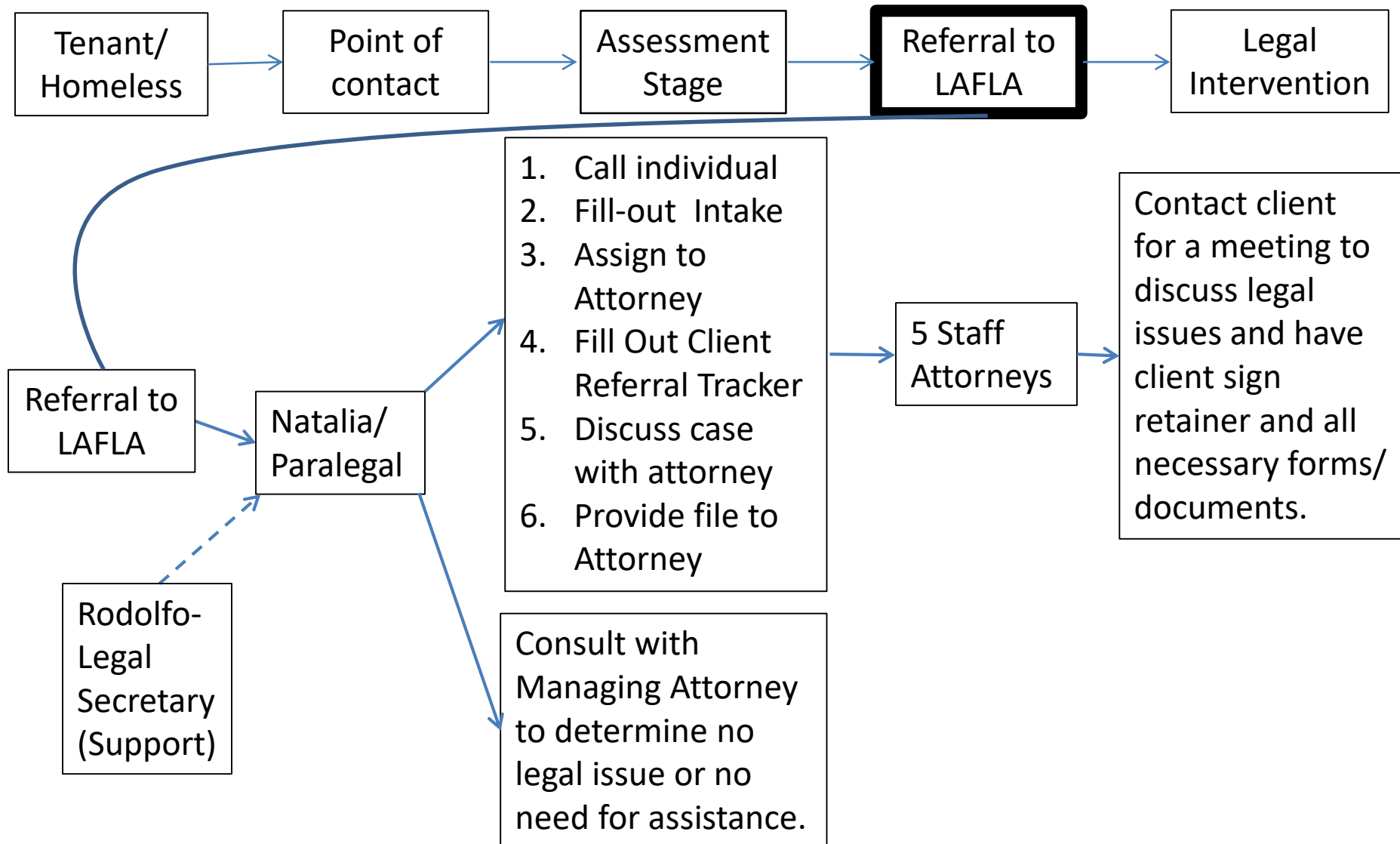


# The Numbers from 04/01/18 – 1/24/19

- Annually people served per Measure H grant = 373;  
Annually 70 people to be referred to partner agencies.
- The total number refers = 410
- Total number of clients retained = 381 (93%)
- 294 out 381 cases come out of SPA 8 (77%)
- We fulfilled our grant numbers within the first 8 months of program.

# MEASURE H REFERRAL PROCESS & REQUIRED REFERRAL DOCUMENTS

# Internal Referral Process



# Referral Information/Process

- All our clients must be screened for eligibility referred through CES participating agencies within our designated SPAs (7 and 8)
- Only HSPs with Homeless Prevention funds can refer for legal services for eviction matters
- A single referral can become multiple matters.
- CBEST clients are referred to existing collaborative agency.
- HSPs must send referral form and supporting documents

## Lawyers Preventing and Ending Homelessness Project (PEHP) Legal Services Referral Form

The legal services program known as the Lawyers Preventing and Ending Homelessness Project (PEHP) provides legal services and advocacy to individuals or households experiencing homelessness, or who are at imminent risk of becoming homeless in Los Angeles County. To obtain legal assistance, an individual or household must meet the U.S. Department of Housing and Urban Development (HUD) definition of "Homelessness" under either Category 1 or Category 4 OR meet the LAHSA definition of "Imminent Risk of Homelessness" (see below). In addition, the individual or household at imminent risk of homelessness must meet the income requirement, as outlined below. A brief glossary has been provided to assist agencies with unfamiliar terms used on the form.

Directions: The referring agency must a) complete the PEHP legal services referral form, b) ensure the applicant signs the form, and c) submit the required supporting documents. If requesting financial assistance for homeless prevention services, a referring agency must contact the funded Prevention Program provider in the Service Planning Area (SPA) where the applicant resides.

**Step 1: Determine if the presenting household meets "Homeless" status or is "Imminently at Risk" of becoming homeless.** All individuals or households must meet HUD Category 1 or 4, or the LAHSA-defined "Imminent Risk of Homelessness" and provide documentation of status (homeless or imminently at risk of becoming homeless). The referring agency staff can provide a homeless verification letter on agency letterhead or use the LA CoC Homeless Certification form to document the individual's or household's homeless status. If documenting those imminently at risk of becoming homeless, it is sufficient to provide a copy of an eviction notice, 'pay or vacate' notice, or an Unlawful Detainer.

HOUSING STATUS	
HUD Category 1: Literally Homeless	<input type="checkbox"/> Living in a place not meant for human habitation (i.e. street, sidewalk, car, park, abandoned building, etc.) <input type="checkbox"/> Emergency Shelter, Safe Haven, Transitional Housing <input type="checkbox"/> Motel or Hotel paid for by charitable organization or government program (Federal, State, or Local)
Imminent Risk of Homelessness	<input type="checkbox"/> Individual or family who will imminently lose their primary nighttime residence within 30 days AND has no subsequent residence identified AND lacks the resources or support networks needed to obtain other permanent housing
HUD Category 4	<input type="checkbox"/> Fleeing or attempting to flee domestic violence, dating violence, sexual assault, human trafficking, or other dangerous life-threatening conditions that relate to violence against the individual or a family member
Rapid Rehousing Participant	<input type="checkbox"/> Housed and actively enrolled in a Rapid Re-Housing program (A Rapid Re-Housing participant maintains their homeless status when they are actively enrolled in a Rapid Re-Housing program.)

**Step 2: Determine if the household meets the Annual Gross income eligibility requirement.** If the individual or household is imminently at risk of homelessness, they must be at or below 50% of the Area Median Income (AMI) to qualify for legal services. If the individual or household is imminently at risk of becoming homeless AND is in subsidized housing, they can also qualify for legal services with income up to 80% of the Area Median Income (AMI). See income limit summary below (on referenced chart) or at the United States Department of Housing and Urban Development (HUD) link to determine the latest annual income limits.

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: <a href="https://www.huduser.gov/portal/datasets/il/2018/2018summary.cfm">https://www.huduser.gov/portal/datasets/il/2018/2018summary.cfm</a>								
AREA MEDIAN INCOME (AMI)	HOUSEHOLD SIZE							
	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
51%-80% Income Limits Annual Household Income	\$54,250	\$62,000	\$69,750	\$77,500	\$83,700	\$89,900	\$96,100	\$102,300

**Step 3: Determine where to submit the PEHP referral and supporting documentation.** See list below. The Referring Agency will send a referral to the legal services provider in each SPA where the applicant resides. Note: If a referring agency is seeking financial assistance for homeless prevention, please contact the LAHSA funded Prevention Program provider.

SPA 1: Antelope Valley Neighborhood Legal Services Email: <a href="mailto:PEHPspa1@nlsa.org">PEHPspa1@nlsa.org</a>	SPA 2: San Fernando Valley Neighborhood Legal Services Email: <a href="mailto:PEHPspa2@nlsa.org">PEHPspa2@nlsa.org</a>	SPA 3: San Gabriel Valley Neighborhood Legal Services Email: <a href="mailto:PEHPspa3@nlsa.org">PEHPspa3@nlsa.org</a>	SPA 4: Metro Los Angeles Inner City Law Center Email: <a href="mailto:PEHPspa4@innercitylaw.org">PEHPspa4@innercitylaw.org</a>
SPA 5: West Los Angeles Bett Zedeck Email: <a href="mailto:PEHPspa5@bettzedek.org">PEHPspa5@bettzedek.org</a>	SPA 6: South Los Angeles Public Counsel Email: <a href="mailto:PEHPspa6@publiccounsel.org">PEHPspa6@publiccounsel.org</a>	SPA 7: East/Gateway Cities Legal Aid Foundation LA Email: <a href="mailto:PEHPspa7@lafila.org">PEHPspa7@lafila.org</a>	SPA 8: South Bay/Harbor Cities Legal Aid Foundation LA Email: <a href="mailto:PEHPspa8@lafila.org">PEHPspa8@lafila.org</a>

## Lawyers Preventing and Ending Homelessness Project (PEHP) Legal Services Referral Form

Today's Date: \_\_\_\_\_ Shriver Client: ☐ Yes ☐ No

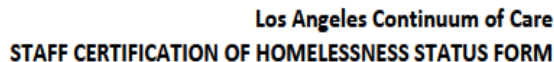
I. APPLICANT'S INFORMATION		HMIS:
First Name: _____	Last Name: _____	
Date of Birth: _____	Age: _____	Pronoun: _____ Household Size: _____ # of Adults: _____ # of Minors: _____
Permanent Housing Address: _____		
Phone Number: _____	Permission to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No; Email: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____	Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____	

II. CURRENT HOUSING STATUS (Please attach a Homeless Certification or notice for any of the checked categories)	
HUD Category 1: Literal Homeless	<input type="checkbox"/> Living in place not meant for human habitation (i.e. street, sidewalk, car, park, abandoned building, etc.) <input type="checkbox"/> Emergency Shelter, Safe Haven, Transitional Housing <input type="checkbox"/> Motel or Hotel paid for by charitable organization or government program (Federal, State, or Local)
Imminent Risk of Homelessness	<input type="checkbox"/> Individual or family who will imminently lose their primary nighttime residence within 30 days AND has no subsequent residence identified AND lacks the resources or support networks needed to obtain other permanent housing.
HUD Category 4	<input type="checkbox"/> Fleeing or attempting to flee domestic violence, dating violence, sexual assault, human trafficking, or other dangerous life-threatening conditions that relate to violence against the individual or a family member.
Rapid Rehousing Participant	<input type="checkbox"/> Housed and actively enrolled in a Rapid Re-Housing program (A Rapid Re-Housing participant maintains their homeless status when they are actively enrolled in a Rapid Re-Housing program.)

**III. INCOME: ONLY complete this section if applicant is imminently at risk of becoming homeless.**  
Please attach income statements for any of the checked categories below and complete the chart below using the reference guide.  
Annual Gross Household Income: reference: a) **Source of Income:** See examples of income below; b) **Gross Documented Income Per Pay Period:** Income is the total amount of money earned before taxes or other deductions; c) **Frequency of Income:** Weekly, Every other week, twice a month; d) **Number of Payment Per Year:** Weekly=52 payments; Every other week=26 payments; Twice a month=12 payments; Monthly=12 payments; e) **Annual Gross Income:** Annual Gross Income amount multiplied by # of payments per year (b x d = e)

	a.	b.	c.	d.	e.
Source of Income	Gross Documented Income Per Pay Period	Frequency of Income	Number of Payments Per Year	Annual Gross Income	
No Income	\$0.00	NA	0	\$ 0.00	
Earned Income				\$ 0.00	
Self-Employment				\$ 0.00	
Pension/Retirement Income				\$ 0.00	
Private Disability Insurance				\$ 0.00	
Child Support				\$ 0.00	
Alimony				\$ 0.00	
General Relief (GR)		Monthly	12	\$ 0.00	
CalWORKS/ TANF/ CAPI		Monthly	12	\$ 0.00	
Social Security Benefits (SSI/SSDI)		Monthly	12	\$ 0.00	
Social Security Retirement		Monthly	12	\$ 0.00	
Worker's Compensation		Weekly	52	\$ 0.00	
State Disability Income		Weekly	52	\$ 0.00	
Unemployment Insurance		Weekly	52	\$ 0.00	
OTHER (Describe: _____)				\$ 0.00	

Total Annual Gross Household Income from all Sources **\$ 0.00**  
Applicant meets the income requirements for legal services? ☐ Yes ☐ No (See the Income Limits Summary chart on page 1)



## IMMINENT RISK OF HOMELESSNESS CERTIFICATION FORM

**Imminent Risk of Homelessness (HUD Category 2)- Individual or family who will imminently lose their primary nighttime residence with 14 days AND has no subsequent residence identified AND lacks the resources or support networks needed to obtain other permanent housing.**

**SECTION I: HEAD OF HOUSEHOLD INFORMATION**

Head of Household Name: \_\_\_\_\_ DOB: \_\_\_\_\_ HMIS #: \_\_\_\_\_

Household Size: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Number of Minors: \_\_\_\_\_

Permanent Housing Address: \_\_\_\_\_ Unit/Apt: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

## SECTION II: THIRD PARTY CERTIFICATION OF IMMINENT RISK OF HOMELESSNESS

(Third party documentation to be verified by provider)

Please check one of the following boxes below to indicate the Third-Party documentation that has been provided. If you have checked box 2, 3 or 4 additional accompanying documentation is required by the household member requesting assistance.

1.	<input type="checkbox"/>	An <b>Unlawful Detainer ("Eviction") notice</b> . An Unlawful Detainer is a formal eviction action that has been filed in the justice court.
2.	<input type="checkbox"/>	A <b>3-Day Pay or Quit Notice</b> provided by a property owner/property manager; <b>AND</b>
	<input type="checkbox"/>	Accompany documentation to include economic hardship to demonstrate the household lacks the financial resources. Documentation may include, but not limited to: letter of termination from employer, unemployment benefits letter, loss of wages or benefits, garnishment notification letter, unexpected medical costs, unexpected loss of contributing household member (e.g. death, divorce, separation, etc.), letter from a property manager/owner indicating an increase in the rent
	<input type="checkbox"/>	A <b>signed letter from motel or hotel</b> , not paid for by a charity organization or a federal, state, or government, program stating that the household must vacate <b>within 14 days</b> ; <b>AND</b>
3.	<input type="checkbox"/>	Accompany documentation to include economic hardship to demonstrate the household lacks the financial resources. Documentation may include, but not limited to: letter of termination from employer, unemployment benefits, loss of wages or benefits, garnishment notification letter, unexpected medical costs, unexpected loss of contributing household member (e.g. death, divorce, separation, etc.).
	<input type="checkbox"/>	<b>If DOUBLED UP, a signed letter provided by the lease holder/property homeowner</b> indicating that the household must vacate <b>within 14 days</b> . Doubled up refers to a person/household living with another person in a home due to economic hardship; <b>AND</b>
4.	<input type="checkbox"/>	Accompany documentation to include economic hardship to demonstrate the household lacks the financial resources. Documentation may include, but not limited to: letter of termination from employer, unemployment benefits, loss of wages or benefits, garnishment notification letter, unexpected medical costs, unexpected loss of contributing household member (e.g. death, divorce, separation, etc.).

**HEAD OF HOUSEHOLD CERTIFICATION**

(To be signed and dated by the Head of Household)

I, certify that, to the best of my knowledge and belief, all the information above and any other information I have provided is true, accurate and complete. I am also certifying that I have provided third party documentation as indicated above, I have no subsequent residence and I lack the financial resources and support networks needed to obtain other permanent housing.

Head of Household Printed Name

Participant Signature \_\_\_\_\_

Date \_\_\_\_\_

# Required Documents for Referrals:

- 1) Complete Legal Service Referral Form document (including signatures)
- 2) Homeless Services = Cert. of Homelessness Status Form
- 3) Eviction Prevention = (1) Imminent Risk of Homelessness Cert. form; (2) proof of income; and (3) eviction notices or UD complaint

## PEPH REFERRAL CHECKLIST

Determine your clients "Housing Status" either 1) HUD Category 1, 4 or Rapid Rehousing or 2) Imminent Risk of Homelessness. Follow the correct checklists below & email the referral and required documentation to correct agency:

### 1) HUD Category 1, or 4 & Rapid Rehousing Participant Housing Status:

HOUSING STATUS	
<b>HUD Category 1: Literally Homeless</b>	<input type="checkbox"/> Living in a place not meant for human habitation (i.e. street, sidewalk, car, park, abandoned building, etc.)
	<input type="checkbox"/> Emergency Shelter, Safe Haven, Transitional Housing
	<input type="checkbox"/> Motel or Hotel paid for by charitable organization or government program (Federal, State, or Local)
<b>Imminent Risk of Homelessness</b>	<input type="checkbox"/> Individual or family who will imminently lose their primary nighttime residence within 30 days AND has no subsequent residence identified AND lacks the resources or support networks needed to obtain other permanent housing
<b>HUD Category 4</b>	<input type="checkbox"/> Fleeing or attempting to flee domestic violence, dating violence, sexual assault, human trafficking, or other dangerous life-threatening conditions that relate to violence against the individual or a family member
<b>Rapid Rehousing Participant</b>	<input type="checkbox"/> Housed and actively enrolled in a Rapid Re-Housing program (A Rapid Re-Housing participant maintains their homeless status when they are actively enrolled in a Rapid Re-Housing program.)

- ☐ PEPH Referral Form (4 Pages)
  - Determine "Housing Status" HUD 1, 4 or Rapid Rehousing Pages 1 (include HMIS#) & 3
  - Complete Page 3, Sections I, II, IV (Describe Legal Issue), Check off necessary boxes in "Other Barriers to Housing" section, Client signature; and
  - Case Manager Contact Information
- ☐ LA CoC Staff Certification of Homelessness Status Form OR Agency Letterhead verifying Homelessness Status or Rapid Rehousing
- ☐ Necessary Legal Documents

### 2) Eviction Prevention Referral (Imminent Risk of Homelessness)

HOUSING STATUS	
<b>HUD Category 1: Literally Homeless</b>	<input type="checkbox"/> Living in a place not meant for human habitation (i.e. street, sidewalk, car, park, abandoned building, etc.)
	<input type="checkbox"/> Emergency Shelter, Safe Haven, Transitional Housing
	<input type="checkbox"/> Motel or Hotel paid for by charitable organization or government program (Federal, State, or Local)
<b>Imminent Risk of Homelessness</b>	<input type="checkbox"/> Individual or family who will imminently lose their primary nighttime residence within 30 days AND has no subsequent residence identified AND lacks the resources or support networks needed to obtain other permanent housing
<b>HUD Category 4</b>	<input type="checkbox"/> Fleeing or attempting to flee domestic violence, dating violence, sexual assault, human trafficking, or other dangerous life-threatening conditions that relate to violence against the individual or a family member
<b>Rapid Rehousing Participant</b>	<input type="checkbox"/> Housed and actively enrolled in a Rapid Re-Housing program (A Rapid Re-Housing participant maintains their homeless status when they are actively enrolled in a Rapid Re-Housing program.)

- ☐ PEPH Referral Form (4 Pages)
  - Page 1 & 3 check off "Imminent Risk of Homelessness"
  - Complete All of Page 3, Section I, II, III (Income), IV, V
  - Client Signature; and
  - Case Manager Contact Information
- ☐ Provide Proof of Income
  - Employment Check Stubs
  - DPSS Benefits Letter
  - Social Security Administration Letter regarding Yearly Benefits
- ☐ Imminent Risk of Homelessness Certification
- ☐ Eviction Notices, 3/14/30/60 Day Notices or Unlawful Detainer

Determine where to submit the PEPH referral and supporting documentation

- ☐ SPA 7: East/ Gateway Cities - [PEPHspa7@lafila.org](mailto:PEPHspa7@lafila.org) or [spa7referral@lafila.org](mailto:spa7referral@lafila.org)
- ☐ SPA 8: South Bay/Harbor Cities - [PEHPspa8@lafila.org](mailto:PEHPspa8@lafila.org) or [spa8referral@lafila.org](mailto:spa8referral@lafila.org)

**PLEASE NOTE:** We will be unable to process your referral if the required documentation is missing.