

Vermont Coalition of Runaway and Homeless Youth Programs  
 Youth Homelessness Demonstration Project  
**Transitional Housing Application**

*SEND VIA ENCRYPTED EMAIL TO: HUD Housing Program Coordinator at [demo@wcysb.org](mailto:demo@wcysb.org)*

**PROVIDE THE FOLLOWING INFORMATION FOR THE HEAD OF HOUSEHOLD:**

Applicant's Preferred Name: \_\_\_\_\_

Applicant's Pronouns: \_\_\_\_\_ HMIS ID #: \_\_\_\_\_

Contract Information: Email \_\_\_\_\_

Phone \_\_\_\_\_

Alternative Contact \_\_\_\_\_

Does the applicant or members of household require special accommodations?  Yes  No

If yes, please explain: \_\_\_\_\_

**HOUSEHOLD INFORMATION:** *(List all household members)*

Name of Applicant and Household Members	Relation to Applicant	Soc. Sec. # <i>(if available)</i>	Gender <i>(see codes below)</i>	Date of Birth <i>(MM/DD/YYYY)</i>	State/ Country of Birth
<b>Gender Selection Codes:</b> F= Female, M= Male, GN= Gender Non-Conforming, TF= Trans-Feminine, TM= Trans-Masculine, CR= Client Refused, DK= Client Doesn't Know, DNC= Data Not Collected					
(legal name)	<b>SELF</b>  (Head of Household)				

## VERIFICATION OF HOMELESSNESS

To qualify for the VCRHYP Rapid Rehousing Project the applicant head of household must meet one of the following conditions and be able to obtain supporting documentation. *Please see page 7 for list of acceptable documentation.*

- Lacking a fixed, regular, and adequate nighttime residence and be either:** (Category 1)
  - **Residing in place(s) not meant for human habitation:** street, car, tent, woods, campground, bus station, under a bridge, airport, abandoned/condemned building, etc. OR
  - **Staying in an emergency shelter:** residing in an emergency shelter program bed for individuals or families, seasonal/overflow shelter or hotel paid by charitable org, domestic violence (DV) shelter/safe home, youth emergency shelter/host home OR
  - **Staying in transitional housing:** residing in a transitional housing program specifically for homeless persons such as VCRHYP Transitional Living Program or DV transitional housing, etc.
  
- In a short-term institution stay:** Resided on streets or in an emergency shelter immediately prior to entering a less than 90 day stay (mental health hospital/crisis bed, jail/prison/Dept. Corrections transitional housing, substance abuse treatment facility, hospital/rehab, etc.). (Category 1)
  
- At imminent risk of losing housing:** Currently housed but losing housing within 14 days, including residing in own housing but being evicted; in a hotel/ motel paid by someone else (no-charitable org) but cannot continue to stay due to lack of funding or other reason; staying with friends or family but has been asked to leave. (Category 2)
  
- Fleeing violence:** Actively fleeing or attempting to flee their housing or the place they are staying because of domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions related to violence that has taken place in the house or has made them afraid to return to the house. (Category 4)

## DOCUMENTATION REQUIREMENTS TO VERIFY HOMELESSNESS

HUD requires a good faith effort to attain third party documentation to verify eligible homelessness. Documentation must be obtained that verifies applicant is currently experiencing Category 1, 2 or 4 definitions of homelessness.

### **Order of priority to document verification of homelessness:**

- 1) Third party documentation,
- 2) Intake worker observations,
- 3) Self-certification from individual seeking assistance.

### **Examples of third-party documentation:**

- HMIS data
- Statement from a relevant third party *Note: Sponsor Agency can be relevant third party*
- Discharge paperwork from hospital
- Letter from property owner/ landlord stating that that applicant is no longer able to stay
- Letter from emergency shelter
- Written referrals from other agencies such as law enforcement, emergency medical service
- Oral verification over the phone from outreach workers, law enforcement, emergency medical service
- Verification of Category 4 can include a letter from a victim service provider, social worker, pastoral counselor, mental health provider, or other professional from whom the victim has sought assistance, court records, law enforcement records or written certification by the participant to whom the violence occurred

### **Due diligence in obtaining verification documentation:**

- Efforts to obtain verification must be documented in file including number of attempts, description of attempts (phone, email, in person, correspondence), and why attempts were unsuccessful; signed and dated by staff attempting to obtain verification as true and complete.
- A Third Party Verification statement form is included below. Additional documentation may be requested.

**THIRD PARTY VERIFICATION OF HOMELESSNESS FORM**

I certify that the household of (name of applicant) \_\_\_\_\_  
meets the definition of homelessness as follows: *(check only one box)*

- Staying in a place not meant for habitation such as on the street, in a tent, in a vehicle, or in an abandoned building. (Obtain verification from case managers or service providers familiar with the household's situation).
- Staying in short-term emergency shelter, including motel vouchers. (Obtain verification from emergency shelter or agency staff).
- Staying in transitional housing for homeless persons. (Obtain verification from shelter or agency staff).
- Asked to leave current place of residence. (Obtain verification from landlord or property owner or manager).
- Staying in a hotel or motel paid without a voucher. (Obtain verification from hotel/motel staff including a copy of receipt or bill).
- Actively or attempting to flee domestic violence, has no other residence and lacks the resources or support network to obtain other permanent housing. (If possible, obtain verification from DV shelter staff)
- Another situation not identified above, describe: \_\_\_\_\_

Length of time in location: \_\_\_\_\_ to \_\_\_\_\_  
Date Date

Third party name: \_\_\_\_\_ Relationship/Title: \_\_\_\_\_

Third party signature: \_\_\_\_\_ Date: \_\_\_\_\_

Third party agency, business name: \_\_\_\_\_

Third party phone number: \_\_\_\_\_

Third party email address: \_\_\_\_\_

Additional documentation submitted: \_\_\_\_\_



**RELEASE OF CONFIDENTIAL INFORMATION**

*Each adult in household must sign a separate release*

I, \_\_\_\_\_, (Applicant) give my consent for the mutual exchange of information between the following listed agencies/individuals, the Vermont Coalition of Runaway and Homeless Youth Programs (VCRHYP), my sponsor agency, and myself through verbal, electronic or written formats.

The purpose of this release is for VCRHYP to verify housing status, request additional or updated application information, and make a determination of program eligibility. I understand that I can terminate this release of information at any time by emailing demo@wcysb.org. This authorization is valid for two years from date signed or until exit from this VCRHYP housing project.

Agency/ Business/ Employer	Address and Phone Number	Purpose:
		TH Sponsor Agency /Service Provider

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Previous Name or Alias: \_\_\_\_\_

# INFORMATION FOR APPLICANT

## IMPORTANT CONTACT INFORMATION AND NEXT STEPS

MY CASE MANAGER IS: \_\_\_\_\_

THEIR CONTACT INFORMATION:      PHONE: \_\_\_\_\_  
*Text okay?*      YES                      NO

EMAIL: \_\_\_\_\_

## YOUR RESPONSIBILITIES WHEN YOU ARE HOUSED

1. If there is something requiring maintenance in your unit, you must notify your sponsor agency in a timely manner.
2. If you plan on moving out of the unit, or have left a unit, please notify your case manager immediately.
3. If you are having issues with your neighbors or landlord, tell your case manager.

## YOUR SPONSOR AGENCY'S RESPONSIBILITIES WHEN YOU ARE HOUSED

### **Your Sponsor Agency/ Case Manager:**

1. Completes an assessment of your service needs (needs to be done at least annually) and makes referrals to other service agencies.
2. Creates a plan of care/ housing stability plan with you that addresses housing stability, education or employment advancement, permanent connections/ social inclusion, and physical and emotional well-being (needs to be updated at least annually).
3. Offers you a minimum of one case management meeting a month, but may meet with you more to support you working towards your goals.
4. Documents case contacts and services provided to you by them or a partner provider.
5. When you are getting ready to move to a new unit or to exit from the project:
  - a. Your Sponsor Agency needs to inform VCRHYP of your completion in program with 30 days prior notice if possible, and immediately upon exit if not. After VCRHYP has been notified:
  - a. Your Sponsor Agency may provide you with 6 months of case management support after you have exited the project.
6. If you have any questions or concerns about your support, you can contact [demo@wcysb.org](mailto:demo@wcysb.org) or call 802-229-9151 and as for the VCRHYP HUD Housing Projects Administrator.