

Ryan White Part A/HOPWA Housing Application

Instructions: Complete all sections of the Application and send it via secure email to columbushousing@equitashealth.com, along with the client's most recent Columbus TGA Ryan White Part A Eligibility Form and Agency Release of Information/ Housing Network Release to Equitas Health, Lancaster-Fairfield Community Action Agency, Licking County Coalition for Housing, and Columbus Public Health. **Incomplete Applications will be returned to the referral source.**

Date: _____

Client Contact Information

First Name: _____ Last Name: _____

Chosen Name: _____ Date of Birth: _____

Gender Identity: ☐ Male ☐ Female ☐ Trans Male ☐ Trans Female Other: _____

Pronouns: ☐ He/Him ☐ She/Her ☐ They/Them ☐ Other: _____

Street Address: _____ ☐ Currently Homeless

City: _____ County: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

Preferred Method(s) of Contact (check all that apply): ☐ Mail ☐ Phone ☐ E-mail

May confidential messages be left on voicemail?

Preferred language: _____ Is an interpreter needed?

Does the client access transportation assistance through the Ryan White program?

Household Income

1. Please complete the table below to illustrate all individuals, including the client, who physically live/will live in the residence.

Name	Relationship to Client	Age	Monthly Gross Income	Source

If the client has no source of income:

1a. Is there a plan to gain income, e.g. employment, application for benefits?

If YES: 1a.i. Provide a brief description of the status of the plan, for example, client has applied for employment and has a start date, client applied for benefits (including date/status), etc.

Establishing Housing

2. Is the client requesting financial assistance to maintain current housing?

IF YES, SKIP THIS SECTION GO TO NUMBER 6.

3. What services is the client requesting to help establish housing? Enter Amount(s) Due.

- ☐ Housing Search Education ☐ Application Fees _____ Furniture Bank Referral
☐ Moving Costs _____ ☐ First Month's Rent _____

3a. If Housing Search Education, what specific items would be most helpful to discuss with the client? (referrals to community resources, budgeting, barriers to housing with legal/rental history, etc.)

3b. If Furniture Bank Referral, which of the following criteria does the client meet?

4. For moving costs and first month's rent, has the client been approved for a new unit?

If NO please wait until client has been approved to complete application.

5. Is the client applying for Housing Search Education or Furniture Bank?

If YES Skip to signatures.

If NO complete remaining sections of application

Client Housing Information

If requesting financial assistance with rent, please answer questions 6 - 7. If not go to question 8.

6. Does the client receive a housing subsidy, e.g. Section 8, HOPWA, FEMA, and/or other form of financial assistance to pay rent?

If YES: 6a. STOP! The referral source should work with the client to reach out to the housing program associated with the subsidy assistance to request the completion of a re-certification. Do not submit this referral.

7. Date of contact of communication between the referral source and landlord: _____

7a. Is the landlord willing/able to accept third party payments?

If NO: 7a.i. STOP! In order for rental assistance to be provided, the landlord must accept third party payments.

7b. If there is an eviction, is the landlord willing to hold off on eviction proceedings?

If NO: 7b.i. What is the date of the court hearing/eviction filing? _____

8. What is the client's current living situation?

If OTHER: 8a. Indicate the client's living situation:

9. How long has the client resided in their current living situation?

10. Does the client have a utility disconnection notice?

If YES: 10a. What is the date of disconnection? _____

If YES: 10b. What utility has a disconnect notice? _____

Housing Expenses

11. What are the client’s total current monthly housing expenses? (insert costs below that comprise the total)

Rent/Mortgage: \$_____ + Gas: \$_____ + Electric: \$_____ + Water/Sewer: \$_____

Internet: \$_____ + Phone: \$_____ + Food/Nutrition: \$_____ + Other: \$_____

TOTAL: _____

Request Information

12. Based on client need, what assistance is being requested? (check all that apply)

Rent \$	Mortgage \$	Gas \$	Electric \$
Water/Sewer/Trash \$		Internet (service must already be established) \$	
Phone (service must already be established) \$			
Hotel, Rationale: _____			

13. List each month that assistance is being requested.

If applying for financial assistance complete questions 14-15

14. Provide more information about the client's request

14a. What was the date of the circumstance(s)? -

14b. How long did the circumstance(s) last?

Describe how the client will maintain their housing with the following considerations:

- Client's access to resources (review client's monthly budget)
- What circumstance(s) happened to prompt the client to apply for emergency housing assistance?
- Client's ability to maintain their housing if approved to receive financial assistance.

16. Based upon the cleint’s financial need, what attempts have been made by the client and others to access assistance to address the need (financial assistance through Ryan White Part A/HOPWA must be payer of last resort)?

Date	Agency	Outcome (including who made contact with another agency to gain assistance)

17. Explain how the client's HIV diagnosis and health history has impacted their housing and ability to live independently. Include information about the client's viral load, co-morbidities, and activities of daily living.

18. Explain how the client's mental health/substance use/trauma and/or other circumstances that have and/or may impact their housing, including barriers towards obtaining and/or maintaining housing, e.g. eviction history, legal history, and credit history. Be sure to include experiences or specific behaviors that resulted in an eviction, threat of eviction, ability to live independently. N/A

Additional Information

19. Does the client attend medical appointments at the frequency recommended by their medical provider?

20. Has the client accessed and maintained medical health insurance for this calendar year?

Referral Source Information

Name of Professional: _____

Agency Name: _____

Phone Number: _____

Email: _____

Would you like to attend the intake meeting with the housing case manager and client?

IF NO: Are there any concerns about the housing case manager meeting one-on-one with the client?

IF YES: Explain:

Supervisor Approval

Name of Supervisor: _____

Phone Number: _____

Email: _____

I certify that I reviewed this housing application in totality, including verifying documentation completeness, and believe that the client's application is appropriate for RWA or HOPWA-STRMU.

Signature of Supervisor (required): _____

Date: _____