



Date: _____

Name: _____

Thank you for your interest in Elijah Family Homes (EFH). **To apply for our Transitional Housing and Supportive Services Program, please complete and return the items on the following application checklist.**

We will keep your application on file until we have an opening for you. While you are waiting for an opening in the Program, EFH asks that you attend **all Community Meetings**, which are generally held on the third Tuesday of every month, 6:00pm-7:30pm.

In order to keep your spot on our waiting list, please remember to **keep us informed of any changes or moves that you make.**

Remember, we are happy to help with filling out the forms, so feel free to call (509-943-6610), email (rcondie@elijahfamilyhomes.org) and/or visit us in the office if you have questions.

Sincerely,

Roger Condie, MSW
Program Director

APPLICATION COMPLETION CHECKLIST (required for consideration)

- _____ Completed Application for Rental Assistance
- _____ Signed Eligibility Requirements/Policies & Procedures/Applicant Agreement
- _____ Completed Housing Questionnaire
- _____ Background Information authorization
- _____ A letter of support **sent in by your service provider(s)** (form included for your convenience)
- _____ Copy of housing denial from a local public housing authority
- _____ Signed HMIS Release



Elijah Family Homes Program Eligibility Requirements

Elijah Family Homes (EFH) fosters hope, dignity, and self-sufficiency through stable housing and supportive services for families in recovery. We serve families with low income who do not qualify for public housing because of past criminal offenses, often as a result of drug and alcohol addiction. Our Transition to Success program provides families safe, stable, affordable housing and supportive services in the form of individualized case management for up to 3 years. Elijah Family Homes provides services without regard to race, religion, gender, age, national origin, sexual orientation, or disability.

Application Process:

- Complete every step on the application checklist. Only **complete** applications will be considered.
- Submit a hair follicle sample upon approval by the Program Director – go to Adept Testing Occupational Medicine, LLC @ 4303 W 27th Suite D, Kennewick, WA 99338.
- Attend monthly community meetings, held on the 3rd Tuesday of each month @MeadowSprings Presbyterian, while waiting for an opening with Elijah Family Homes.
- Agree to submit periodic random urine analysis or hair follicle tests as requested. This needs to happen on the same day called/texted that it is UA day. **Failure to comply will be considered a positive test result.**
- Attend and document weekly recovery meetings (minimum of 1/week) while waiting for an opening with Elijah Family Homes.
- Obtain a letter of support (form enclosed with intake & cannot be from a friend or family member).
- Participate in an interview with members of the Tenant Selection Committee once all documentation has been received. This Committee will call to set up an appointment.
- Complete Background Information Check
 - Level 2 or 3 sex offenders do not qualify.
 - If an applicant has a history of domestic violence charges, they must provide documentation of participation in DV or anger management treatment and have 12 months free of any DV charges or complaints

Qualifications:

EFH is an alcohol, marijuana and drug-free program. All tenants, while receiving supportive services and/or housing, remain abstinent from all substances except those prescribed by their physician. Marijuana, or marijuana-like substances, is not allowed even when used for medicinal purposes. Those tenants who have a history of substance abuse are required to have been clean and sober for a minimum of one year and be actively participating in a treatment and/or a recovery program.



Other qualifications for admittance to Elijah Family Homes are as follows:

The applicant:

- Must be age 18 or older and have dependent children under the age of 18 legally living with them during their tenancy.
- Must have a history of substance abuse, have been clean and sober for at least 12 months prior to program entry, and be actively participating in treatment and/or in a 12-step (or comparable) recovery program.
- Must NOT qualify for public housing for reasons other than income.
- Must have income (and can provide verifying documents), adjusted for family size, below the HUD Home Program limits for Kennewick-Richland-Pasco, WA for the current or previous year at 50% of the median income of this area.
- Must sign a Release of Information if taking any prescription medications for verification.
- Must complete periodic, random, urine analysis or hair sample to test for drugs.
- Must be involved in social services with the intent of making positive changes in their lives.

Signature

Date

I have read and understand the Program Eligibility Requirements for EFH's Transition to Success Program.



Elijah Family Homes Policies & Procedures for Tenant Assistance

Tenant rent share:

Upon entering the program, the tenant's share of the rent will be a minimum of \$100 + utilities. Their actual share of the rent is calculated so that rent and utilities do not exceed 30% of the participant's adjusted household income.

The tenant is required to provide documentation regarding their household income at the time of their acceptance into the program and at least annually. If there are any substantial changes in income (increase of \$200 or more, or decrease of \$100 or more), they will provide documentation within 45 days of those changes. Rent may be adjusted based on the new information. Rent calculations are evaluated for all tenants.

Requirements for ongoing housing assistance:

- Tenants maintain healthy drug and alcohol-free lifestyles, demonstrated through periodic random urine analysis or hair samples. Any narcotic or psychotropic medication changes are immediately reported to EFH staff.
- Unless otherwise stated in these policies, EFH follows HUD policy.
- Tenants pay rent consistently on or before the 1st of each month. Any rent paid after the 5th day of each month will be assessed a \$25 late fee. There are no exceptions to this policy.
- Tenants participate in community services that are helpful in maintaining a healthy lifestyle such as counseling, parenting classes or anger management groups.
- Tenants document annually their long and short term goals towards self-sufficiency.
- Tenants maintain their homes such that they are clean and safe for the children residing in the homes, demonstrated by random site visits and home inspections.
- Adult family members who are not disabled obtain employment or are on a track to obtain employment.
- All alterations in income and other changes of circumstance, as well as copies of current annual tax returns, are reported to EFH staff.
- Tenants notify EFH staff of any criminal activity, fines, tickets, arrests, convictions, etc. since their approval to become a tenant.
- Tenants notify EFH staff regarding changes in family makeup.
 - ◆ In order to add additional people to households or to house overnight guests for more than two nights, tenants **must** obtain prior approval.
 - ◆ All guests in the household must comply with EFH policy regarding alcohol and drug usage.
 - ◆ No level 2 or 3 sex offenders are allowed in the home.
 - ◆ Any additional adults staying in an EFH-supported home for more than seven days (consecutive or not) within any 60 day period, must complete an application packet and meet the qualifications for acceptance.



- ◆ Children in EFH properties must sign rental agreements upon turning 18.
- ◆ The number of residents in a home may not exceed the number allowable by city ordinances.
- Tenants regularly document how they are taking steps to handle their financial responsibilities using available resources.
- Tenants attend regular EFH meetings, along with providing emotional support to other participants of EFH.
- Tenants treat all EFH members with respect, courtesy and dignity.
- Tenants with a history of drug or alcohol abuse attend and document at least one 12-Step or comparable “recovery” meeting per week.

Housing assistance may be provided for up to three years to participants who actively pursue their goals.

Non-Compliance:

Elijah Family Homes takes compliance issues very seriously. Tenants and applicants are expected to adhere to the signed participant agreement in order to receive services from EFH. When clients are found to be out of compliance, there is a good chance they will be terminated from the program.

If a compliance issue is suspected, the Client Services Team will convene for a compliance meeting. The client involved will be invited to the compliance meeting. Though every effort will be made to ensure the client is available for the meeting time, in some cases, the client will be expected to rearrange his/her schedule to make time to attend.

At the compliance meeting, the Client Services Team will come to one of three conclusions:

1. The client will be terminated from the program.
2. The client will sign a “compliance agreement,” which will spell out specific specialized criteria that the client will be expected to follow in order to remain in the program. The Client Services Team will meet again approximately six weeks later to review the compliance agreement, and to make another determination about the client’s continued participation in the program.
3. The client will continue in the program as before.

If terminated from this program for any reason, a participant cannot be reinstated or re-apply for a minimum of twelve calendar months following the date of termination. Potential for reinstatement is not guaranteed or implied.

Signature

Date

I have read and agree to comply with the Policies & Procedures for EFH’s Transition to Success Program



Requirements for Applicants waiting for Housing

Individuals who have completed the application packet and turned it into the office, are considered to be members of Elijah Family Homes (EFH) Transition to Success (TTS) Program. The following is required of those who want to stay on the applicant housing list and to participate in the family support programs:

- Applicants will attend the monthly EFH Community meetings that are currently being held on the third Tuesday of each month. If you are unable to attend a meeting, please contact the EFH office (943-6610) ahead of time and make an appointment to discuss alternative options with Program Director. Meetings are held at:
Meadow Springs Presbyterian Church
325 Silver Meadows Dr.
Richland
- Applicants will attend at least one 12-Step or comparable recovery meeting **each week**. Documentation of attendance will be required from each applicant. You will need to provide documentation to EFH by the third Tuesday of each month at the Community meeting. If you do not attend this meeting, you will be required to provide this at your follow up appointment as noted above.
- Applicants will submit periodic, random UAs as requested. Tri Cities Mobile Drug and Alcohol Testing provides this service at 2780 Salk Avenue in Richland between 9am and 4pm Monday through Friday. Call 509-371-1000 to make sure they are available to take your sample when you plan to arrive. If you are unavailable during open hours, a specified alternative time in the evening is usually available through EFH. Please consult with the Program Administrator if you would like to use this alternative time.

Signature

Date

I have read and agree to follow the Requirements while I am an Applicant for EFH's Transition to Success Program



Application for Rental Assistance
Do Not Leave Any Spaces Blank; If Not Applicable, Write N/A

Name:	Date:
Address:	City:
State & Zip:	Date of Birth:
Phone:	Email:
Clean Date:	Length of Time Homeless:

Person to Contact in Case of an Emergency

PRIMARY CONTACT		
Name:	Relationship:	Phone:
Address:	City:	State & Zip:
SECONDARY CONTACT		
Name:	Relationship:	Phone:
Address:	City:	State & Zip:

Household Composition: (List all members that will be living in the unit)

Member's Full Name	Relationship	Date of Birth	Age	Sex	Race/ Ethnicity	Full Time Residence (Circle one)
						YES or NO
						YES or NO
						YES or NO
						YES or NO
						YES or NO
						YES or NO

Yes No Is any family member residing in the unit pregnant?

If yes, please list following information:

Name	Pre-Natal Care	Physician or Clinic	WIC	Due Date



Income Information: List total monthly income of all household members: (*Include wages, salaries and tips; other income such as TANF, child support, alimony, and Social Security or other benefits*)

Member's Full Name	Source of Income	Amount	Payment Basis (Weekly, Biweekly, etc.)
	Total Monthly Income	\$	

Expense Information:

Yes No Does your household have un-reimbursed medical expenses?

If yes, list amount and please explain:

Yes No Does your household pay childcare expenses for children under the age of 13 which **enables** a family member to work or go to school?

If yes, list amount: _____

What is Your Form of Transportation? Public Transit Personal Vehicle

Housing Information:

Yes No Are you currently homeless and/or living in substandard housing?

If yes, please explain:

Yes No Have you been (or are you about to be) displaced from your housing?

If yes, please explain:

Yes No Are you or a family member considered disabled?

If yes, please explain:



Yes No Applied for housing/rental assistance through the housing authorities?

If yes, which one and what is your status:

Yes No Have you ever been evicted?

If yes, please explain:

Yes No If you have been evicted, was it from subsidized housing?

Yes No Does any household member have a history of substance abuse?

Yes No Is any household member in active substance abuse addiction?

Yes No Has any household member been convicted of the illegal manufacture or distribution of a controlled substance?

Yes No Has any household member been convicted of a misdemeanor or a felony?

If yes, please explain:

Citizenship Status:

Yes No U.S. Citizen

Yes No Permanent Resident Alien

Yes No Temporary Employment Authorization Card

Application Certification: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize Elijah Family Homes to verify all information provided on this application.

Applicant Signature

Co-Applicant Signature

EFH Representative Signature

Date



BACKGROUND AUTHORIZATION

Please print clearly and use INK

SECTION 1: APPLICANT INFORMATION		
1. Name	2. Address	
3. City/State/Zip Code	4. Telephone (Including area code)	
SECTION 2: ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY APPLICANT		
5. Social Security Number	6. Date of Birth	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
CURRENT NAME	OTHER NAMES YOU HAVE BEEN KNOWN BY	
9. Last Name	12. Birth Name	Last First Middle
10. First Name	13. Other married name(s) (write N/A if none)	
11. Middle Name (write N/A if none)	14. Nickname(s)/other name(s) (write N/A if none)	
15.	Have you been convicted of, or do you have charges pending for any crime? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the crime, the conviction date or charge status and the state where it occurred.	
16.	Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name of court, state, licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.	
17.	Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.	
18.	Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give date, court, and the state where it occurred.	
19. Driver's license or state identification number	20. Number of consecutive years lived in Washington state Years: Months:	
21. I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answers or any deliberate omissions will result in my immediate disqualification for service and/or employment. I hereby authorize Elijah Family Homes to obtain background information including but not limited to, convictions, licensing, child and protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states.		
22. Signature of Applicant	23. Date	



Housing Questionnaire for Applicants to Elijah Family Homes

Name: _____

What is your present housing situation?

Please list everywhere you have lived for the past 3 years including any periods of homelessness and emergency shelters (continue on back if you need more room, or attach another sheet of paper)

Where and with whom I lived	Date moved in	Date moved out

What is the major problem you have with your housing? What circumstances caused you to have this problem?

Describe your goals for the next 9 to 12 months:

Why would you like to be part of Elijah Family Homes (use back of page if needed)?



HMIS Client Privacy Rights



Department of Commerce
Innovation is in our nature.



Elijah Family Homes
(HMIS Partner Agency)



<p>ABOUT YOUR INFORMATION:</p> <p>USES</p> <p>RISKS</p> <p>PROTECTIONS</p>	<ul style="list-style-type: none"> • Information you provide to this agency will be entered into the HMIS computer system, unless you tell them you do not want it entered. • You will receive the same services, whether or not you allow your personal information to be entered into the HMIS. • Your personal information that is in the HMIS will not be shared with any other people or organizations unless you say it can be. • Your personal information that is in the HMIS will not be shared with any other government agencies except as required by law. • Personally identifying information, such as names, birthdays and social security numbers, will be kept in the HMIS Database for seven years. • Although careful measures are taken to protect the personal information entered in to the HMIS, it may be possible that a person could access your information and use the information to locate you, commit identity theft or learn about sensitive personal information entered into the HMIS. • Your data is protected by legal agreements signed by users of the HMIS and by electronic encryption of your personal information. • Information in the HMIS is used to improve services to clients like you. • You can contact the Department of Commerce at the number below if: <ul style="list-style-type: none"> ➤ You have questions about the information collected in the HMIS and your rights regarding that information. ➤ In the event of an injury to you related to the collection information in the HMIS 		
<p>YOUR RIGHTS & CHOICES</p>	<ul style="list-style-type: none"> • You have the right to refuse to provide personal information, or to stop this agency from entering your personal information into the HMIS computer system. • You have the right to decide what personal information can be shared about you in the HMIS, and who it can be shared with. • You have the right to change your mind about what personal information about you this agency has in the HMIS, what types of information about you they can share, and who they can share it with. You must notify this agency in writing if you change your mind. 		
<p>CONTACT INFO</p>	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>Department of Commerce, HMIS Data Manager Housing Assistance Unit, P.O. Box 42525 Olympia, WA 98504-2525 360-725-4000 www.commerce.wa.gov/HMIS</p> </td> <td style="width: 50%; vertical-align: top;"> <p>Elijah Family Homes 660 George Washington Way, Ste G. Richland, WA 99352 admin@elijahfamilyhomes.org www.elijahfamilyhomes.org</p> </td> </tr> </table>	<p>Department of Commerce, HMIS Data Manager Housing Assistance Unit, P.O. Box 42525 Olympia, WA 98504-2525 360-725-4000 www.commerce.wa.gov/HMIS</p>	<p>Elijah Family Homes 660 George Washington Way, Ste G. Richland, WA 99352 admin@elijahfamilyhomes.org www.elijahfamilyhomes.org</p>
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Client Release of Information and Informed Consent

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or 4) under 13 with no parent or guardian available to consent to enter the minor's information in HMIS. If this applies to you, STOP- Do not sign this form.

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of people facing homelessness. RCW 43.185C.180 and RCW 43.185C.030

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to insure that clients are not counted twice, we need to collect four pieces of personally identifying information. Specifically, we collect: name, birth date, and race/ethnicity. You may also choose to provide your social security number. However, signing this form does not require you to do so. Your information will be stored in our database for 7 years after the last date of service. If you have questions about collection of data or your rights regarding your personally identifying information, contact the HMIS System Administrator at: (360) 725-3028
We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and two-factor authentication required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: (360) 725-3028
The data you provide may be combined with data from the Washington State Department of Social and Health Services (DSHS) and Education Research and Data Center for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members, who have signed confidentiality agreements, will be able to see this information. Your information will not be used to determine eligibility for DSHS programs. Washington State HMIS system administrators have full access to all information in HMIS. This includes the Department of Commerce staff, designated HMIS system administrators, and the software vendor.
By signing this form, you acknowledge and allow Department of Commerce staff to obtain additional records of information from other state agencies with which there is a data sharing agreement (DSA) on file between Commerce and the other agency. Our DSA guides data transfer and storage security protocols. If DSAs are in place, Commerce is authorized by you to obtain, add to HMIS, and use for evaluation purposes any other data you have provided to other Washington state agencies.
Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, assistance, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to provide your personally identifying information in HMIS in order for you to receive services from that funding source.

I understand the above statements and consent to the inclusion of personally identifying information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personally identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by filing a 'Client Revocation of Consent' form with this agency. I understand that I may obtain a copy of my signed consent form from this Agency (including forms signed electronically).

Dependent children under 18 in household, if any (Please print first and last names):

Client Signature (Parent/Guardian)

Date

Client Name (Print clearly)

Agency Staff Name (Print clearly)

Initials

Client refused consent _____ (Agency Staff Initials)

HMIS Unique Identifier (optional) _____



P.O. Box 2005
Richland, WA 99352
Phone: 509-943-6610

LETTER OF SUPPORT

Applicants Name:	Date:
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The individual identified on this form has applied for Elijah Family Homes (EFH) Transition to Success Housing Assistance Program.

EFH provides safe, affordable, stable housing and supportive services for up to 3 years. This Program is intended to assist low income, homeless families in recovery achieve self-sufficiency and break the cycle of substance abuse and generational poverty while providing accountability in the form of regular drug testing, regular home visits, and highly individualized case management to support families with their goals.

In order to be interviewed for the program, a family must provide at least one letter of support by a case manager, sponsor, counselor, pastor, etc. **Letter cannot be written by a friend or family member.**

The letter is requested to contain the following information:

1. A brief description of your experience with the family, including how long you have known them.
2. A description of why you believe this family is well suited (or not) for this program, including any information you have regarding the family's demonstrated motivation to decide upon and work toward self-sufficiency goals.
3. Any other relevant information regarding this family.

Reference Information:

Your name:	Position/Title:
Address:	Phone #:
City/State/Zip:	
Signature:	Date:
Relationship to Applicant:	

Letter (Maximum 2 pages) must be returned by mail to the above address or faxed to 509-943-6645

If you have any questions, please call 509-943-6610 or email Carissa Lieberman at clieberman@elijahfamilyhomes.org

Thank you for your time in assisting our clients in this matter. All information is kept strictly confidential.