HOMEWARD BOUND PROGRAM

POLICIES AND PROCEDURES

Neighborhood Housing Services, Inc.
416 S. 8th Street, Boise, ID 83702
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INTRODUCTION

This handbook outlines the policies and procedures to be followed by Neighborhood Housing Services, Inc. during each phase of the Homeward Bound Program. It provides basic information about eligibility, processing new clients, reports, exit procedures, and special projects, case monitoring, program and property management.
PROGRAM PURPOSE

The purpose of the Homeward Bound Program is to provide transitional/supportive housing and social services to homeless and at-risk families with children and to facilitate their self-sufficiency. The Homeward Bound transitional housing program is much more than temporary shelter. Those accepted into the program must be willing to work hard toward goals and accomplishments that will improve their ability to become independent.

Social Services are defined as, but not limited to, case management such as goal setting, referrals to needed community resources, no-interest loans, emergency funds, counseling, career development, and other Homeward Bound programs, such as Back-to-School and holiday assistance, leadership development. These services are only for those families who live in a designated Homeward Bound home.

Social services also include a series of required workshops such as budgeting, parenting, home maintenance and nutrition. Optional workshops include support groups, powder puff mechanics, educational/vocational opportunities, preparing for the holidays, stress management, and other life skills. Workshops may be expanded to include non-Homeward Bound participants on a space available basis.

Policies and Procedures
PROGRAM DESCRIPTION

Homeward Bound is a scattered-site, transitional/supportive housing program divided into three components:

- The first component involves two-year, transitional/supportive housing for homeless and at-risk families.

- The second component, referred to as "Next Step", involves those families that have been extended, based on need. Extensions are granted for reasons such as finishing school or job training, working towards home ownership, medical concerns, or unforeseen problems.

- The third component is our New Americans Program, low-income refugees or immigrants focusing on home ownership.

Policies and Procedures
ELIGIBILITY CRITERIA

In order to be determined eligible for participation in the Homeward Bound Program, the applicant must:

- Hold a valid Section 8 Certificate/Voucher or have income sufficient to pay the rent.
- At least one family member must be capable of working at gainful employment and is willing to conduct a job search or participate in a vocational training or an education program.
- Demonstrate a readiness to participate in all aspects of the social service program.
- Have two good landlord references.
- Have no prior rental history of destruction of property or disorderly conduct.
  In the event the applicant has no rental history, personal or referral agency recommendations may be considered. Exceptions to the above may be made when considering women coming out of domestic violence situations, substance abuse followed by a treatment program, or other extenuating circumstances that would justify an appeal.
- Be an intact family, based on the following definition of an intact family: “A family unit consisting of one or two parents with minor children present.”
  This can also be extended to include a grandparent or legal guardian with children.
- Have income that does not exceed the current qualifying requirements for Section 8 certificates/vouchers.

To qualify as “homeless” the family must fit at least one of the following criteria:

- Un-Housed: Those intact families with no access to traditional or permanent housing. This includes families in temporary shelter programs, those with no housing at all, and those undergoing eviction.
- Sub-Housed: Those families living in unsafe, unsanitary or inadequate housing, such as unit with no heat, water, bathroom or kitchen facilities, utilities or any combination of these conditions.
- Under-Housed: Families living in conditions of severe overcrowding; houses, apartments, etc. too small for the family size, or more than one family occupying the same unit.
- Have a need for decent, safe and sanitary housing.

Policies and Procedures
Participation in the Homeward Bound Program shall be offered to those applicants who are determined eligible, based on the following priority ranking:

* **Priority Groups:**
  - Priority Group #1: Homeless families holding a Section 8 certificate/voucher
  - Priority Group #2: At-risk families holding a Section 8 certificate/voucher
  - Priority Group #3: Families holding a Section 8 voucher who would benefit from a supportive housing program
  - Priority Group #4: Other qualified applicants who meet income guidelines

* **Preferences:**
  - Within each Priority Group, preference will be given as follows:
    - First to those who are actually without housing.
    - Second to those applicants who are under-housed.
    - Third to those applicants who are residing in substandard housing, as defined.

Ranking within the preference groups shall be as follows:

* Through no fault of their own.
* Other

"No fault" in this document shall mean: Eviction due to nonpayment of rent as a direct result of loss or reduction of income from:

* Loss of job due to lack of work.
* Reduction of working hours, or
* Separation or divorce action

Or loss of shelter due to:

* Government action
* Natural disaster, or
* Private owner action (i.e., repossession of the unit for owner’s personal or business use, rehabilitation of the unit, substantial increase in the rent ($50.00 or more).
The applicant should notify Homeward Bound immediately if there is a change in circumstances that might affect eligibility or priority.

Homeward Bound management reserves the right to determine acceptability of all documents submitted. Any applicant who is determined ineligible or wishes to grieve his/her priority status, will be afforded the right to an informal hearing. However, any applicant desiring a hearing must make a written request within ten days of the date of the notice of priority/preference or ineligibility. Any applicant wishing to grieve his/her priority status may submit, with the request for informal hearing, a written explanation and/or documentation disputing the determination. Please note, however, submission of any documentation with the request for an informal hearing is voluntary and is not required. Any information that is submitted with the request will be reviewed by management, and if it is apparent a change to the applicant’s benefit is warranted, the change will be authorized without an informal hearing and the applicant will be notified of the change. Otherwise, the hearing will be scheduled and the applicant notified of the date, time and place.
INTAKE PROCEDURES

Referrals: When an opening is coming up, do the following:

- Contact Community House, Salvation Army, Women and Children’s Alliance, and other sources for possible referrals.
- List the home in the rental availability book at Boise City/Ada County Housing Authority.

Screening:

- Assess whether or not the family has a Section 8 voucher.
- The family needs to be screened in terms of whether or not they wish to have the involvement with a social service agency that provides housing. Some families are simply looking for a landlord.
- If the family appears to be appropriate for the program, and we are taking applications, then schedule an appointment for an intake interview.

Note: It is easier to give the family an application and schedule the interview for a time after the paperwork is complete.

Intake Interview:

- Homeward Bound Program Manager will assess why the family is homeless or in need of the services of Homeward Bound.
- Look at application to see if they provided two landlord references. If not, try to get that information and explain that two good landlord references are required.
- Clarify that they can get utilities on in their own name and that they do not own any pets should we offer them a position in the Homeward Bound Program.
- During the interview, try to determine if one of the adults within the family is capable of securing work, or can they be involved in a training program and whether or not they are presently receiving any services such as vocational rehabilitation, counseling, crisis intervention, etc.
- Determine if the family is motivated to make positive changes in their lives.
- If the interviewed family receives a favorable review, then submit the Fast Track Application to Rent form for criminal, work, and landlord screening.
- If there are no units available, then that family’s application will be placed in a “waiting list” file.
- Update case managers from other agencies on all referrals.
- Homeward Bound Program Manager may consult with Homeward Bound Family Services Coordinator and Regional Property Manager prior to final selections, if necessary.
- Have future client meet with Property Manager to sign and review Lease Addendum/Resident Handbook, pay deposit and get key.

Policies and Procedures
Homeward Bound Program Information

Neighborhood Housing Services, Inc. (NHS) welcomes the opportunity to offer you possible placement in the Homeward Bound Program. Homeward Bound is a transitional housing program developed as a support system giving you the time and resources you need to find answers for your personal and family development. The Homeward Bound Program is much more than a house. Along with your home, comes a social services component. Those accepted into the program must be willing to work hard toward goals and accomplishments that will improve their ability to become independent. If you meet the initial entry criteria for the Homeward Bound Program, you will have an initial interview by staff members to determine your goals for the future. If accepted into the program, a staff member will walk you to develop a working plan that will enable you to get back on your feet as soon as possible.

Rights and Responsibilities

Your Rights:

- Equal opportunity and fair treatment
- Confidentiality
- An individualized program designed to help you meet your family’s needs
- Full access to Homeward Bound activities and services while residing in a Homeward Bound home
- Responsible and respectful staff attention and advocacy
- A clean, safe neighborhood home for up to two years
- Timely property home maintenance and repairs

Your Responsibilities:

- To be an active participant in the Homeward Bound Program or to give a 30-day notice to leave
- Work diligently with staff in developing educational, vocational, financial and personal goals
- Follow through on planned activities and programs
- Keep all appointments on time or call in advance to reschedule
- Participate in the following MANDATORY requirements:
  - Attend at least one series of parenting classes each year
  - Complete EFNEP, an educational nutrition program
  - Maintain employment or a vocational education/training program
  - Attend a minimum of one budgeting session/workshop per year
  - Attend a minimum of one home maintenance session/workshop per year
- Comply with all Lease Addendum guidelines
- Pay rent on time
- Ask questions if you are unsure of what you need to do
- Contact staff at least once a month, letting staff know your progress, needs, or changes

In general, the Homeward Bound Program lasts up to two years. However, a family may request an extension or choose to leave the program at any time. Also, family may choose not to follow one of the above guidelines and be asked to leave and allow another family to take their place. Once in the program you will have access to many opportunities and referrals that will be useful to you in meeting your goals. These referrals may include medical, dental, social benefits, day care, and appropriate social and vocational service agencies. If you are offered the opportunity to participate in the program, we hope you will accept.

I hereby certify that I have received a copy of my rights and responsibilities under the Homeward Bound Program and that they have been explained to me, and I do understand them.

Participant Signature

Participant Signature

Date

[Handicap Accessibility Symbol]
Homeward Bound Application

Information with asterisk (*) is optional and is to be used only for statistical purposes.

Name

Ethnicity: Which ethnic group best defines you?
1. Hispanic or Latino
2. Not Hispanic or Latino

Race: Circle any racial groups which apply to you.
1. American Indian or Alaskan Native
2. Asian
3. Black or African American
4. Native Hawaiian or Other Pacific Islander
5. White
6. Other:

Social Security #: ____________________________ Date of Birth: ___________ Age: ___________

Marital Status: S M D W Sep

*Veteran? Y N
*U.S. Citizen? Y N
*Refugee/Immigrant? Y N

*Children:

Name: ____________________________ DOB: ___________ Age: ___________ Sex: __________ Race: ___________ School Grade: ___________ *Race

Name: ____________________________ DOB: ___________ Age: ___________ Sex: __________ Race: ___________ School Grade: ___________ *Race

Name: ____________________________ DOB: ___________ Age: ___________ Sex: __________ Race: ___________ School Grade: ___________ *Race

Name: ____________________________ DOB: ___________ Age: ___________ Sex: __________ Race: ___________ School Grade: ___________ *Race

(If you have more children, please list them on the back of this sheet.)

Do you have a Section 8? If no, when will you have it? ___________________________ Number of bedrooms: ___________

Needed move-in date: ___________________________ Do you have pets? ___________________________ (Ask about our pet policy.)

Can the utilities be turned on in your name? ___________________________

At this time, where are you living?

A. House
B. Apartment
C. Hotel/Motel
D. Transitional Facility
E. Shelter
F. Street
G. Other: ___________________________

Describe the reasons or events that led to the loss of your home:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________
Does any member of the family have a criminal history involving probation, parole, or incarceration? (NHS/Homeeward Bound does a criminal history search of records.) If so, please explain.

Do you have any immediate needs for clothing, food, medical attention, or household or personal items? If so, what?

What do you feel is the primary reason for your current situation/problems?

What three things do you feel need to happen for you to overcome your current situation?

Medical:

What kind of medical insurance do you have?
A. Private
B. Medicaid
C. Medicare
D. VA
E. None
F. Other:

What kind of medical insurance do your children have?
A. Private
B. Medicaid
C. Medicare
D. VA
E. None
F. Other:

Family health history including chemical or alcohol dependency and treatment/inpatient/AAA/NA/other support groups, major illnesses, or physical or mental health concerns:

Have you ever been involved with child protection services? If so, when and why?

NHS will provide reasonable accommodation for known physical or mental limitations. If needed, please let us know.
Why would you like to be accepted into the Homeward Bound Program?

__________________________________________________________

Other information you feel might be helpful to staff in determining your program eligibility?

__________________________________________________________

__________________________________________________________

Education:

Highest Grade Completed ___________________________ High School Diploma ___________________________ GED ___________________________


Special Training/Skills?

__________________________________________________________

Employment:

If employed, employer's name: ___________________________ Phone number: ___________________________

Position: ___________________________ # Hours worked/week: ___________________________ Wage per hour: $ __________

Describe your work history for the last 10 years:

__________________________________________________________

__________________________________________________________

Describe your job interests or career goals:

__________________________________________________________

__________________________________________________________

__________________________________________________________

1. I (We) certify that all information supplied is true and correct to the best of my (our) knowledge.

2. I (We) hereby authorize Neighborhood Housing Services, Inc. to conduct whatever checks necessary to verify the information supplied in this application.

Applicant Signature: ___________________________ Date: ___________________________

Applicant Signature: ___________________________ Date: ___________________________

(If mess Signature: ___________________________ Date: ___________________________

Handicap Accessible
Income Verification Form

Neighborhood Housing Services/Tenderloin Bound keeps current financial information on all families. All changes in income and expenses must be reported on a regular basis to the staff. Please use the back of this form if you have more information to add.

Monthly Income Information:

- Employment: $$
- PA/TAFE: $$
- Social Security: $$
- VA: $$
- SSD/OIVD: $$
- Child Support: $$
- Food Stamps/WIC: $$
- Utility Assistance: $$
- Other: $$

List all debts, amounts owed, and monthly payments:

<table>
<thead>
<tr>
<th>Amount Owed</th>
<th>Monthly Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
</tr>
<tr>
<td>5. (Any other debt, please list on the back.)</td>
<td></td>
</tr>
</tbody>
</table>

List all assets (Property, Stocks, Bonds, Etc.):

<table>
<thead>
<tr>
<th>Bank Accounts:</th>
<th>Checking:</th>
<th>Savings:</th>
</tr>
</thead>
</table>

List property such as cars, boats, trailers, etc.:

- Make/Model
- Year
- License Plate #

Car:

Car:

Other:

Have you ever filed bankruptcy? If so, when, where, how much?

Do you owe money on utilities? Phone: Gas: Electric:

The applicant certifies that all information in this financial statement and all information furnished in support of this statement are true and complete to the best of the applicant's knowledge and belief.

Signature

Date

Witness:

Date
AUTHORIZED TO RELEASE CONFIDENTIAL INFORMATION

Date: ____________________

I, ____________________, request and authorize Homeward Bound Program staff to release and exchange information with the following community agencies for the purpose of case management and provision of services:

Boise or Meridian School Districts
Ada County Community Services
Vocational Rehabilitation Services
Women’s Crisis Center
Community House
Salvation Army Booth Family Care Center
Department of Health and Welfare
Veteran’s Center
Idaho Legal Aid
Other appropriate social service & counseling agencies

St. Alphonsus Regional Medical Center
St. Luke’s Regional Medical Center
Veterans Administration Medical Center
Boise Clinic/Terry Reilly Health Services
Boise City/Ada County Housing Authority
El-Ada Community Action Agency
Region IV Mental Health
Boise Housing & Community Development
Idaho Department of Employment
Department of Corrections/Probation/Parole
Other: ____________________

I understand that my records are protected under the Privacy Act and/or other laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event this consent expires automatically as described below.

Specifically on the date, event, or condition upon which this consent expires:

________________________

Upon closure of the case file after termination from the program.

Executed this ______ day of ____________________, 20______

Signature of Client or Participant

Signature of Witness