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| United Way of Summit County |
| Centralized Intake/Homeless Hotline Policy and Procedures  |
| Updated 3/12/2020 |

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**Homeless Hotline Policy and Procedures 10/1/2018**

**Table of Contents**

1. **Program Description……………………………………………………………………………………………2**
2. **Grant Terms………………………………………………………………………………………………………..2**
3. **Target Population and Program Eligibility……………………………………………………………2**
4. **Factors Affecting Eligibility………………………………………………………………………………….3**
5. **Use of Funds……………………………………………………………………………………………………….4**
6. **Ineligible Activities……………………………………………………………………………………………..6**
7. **Client Information………………………………………………………………………………………………6**
8. **Documentation…………………………………………………………………………………………………..6**
9. **Income……………………………………………………………………………………………………………….7**
10. **Intake Process…………………………………………………………………………………………………….7**
11. **Wait list……………………………………………………………………………………………………………….8**
12. **Updating Family Composition……………………………………………………………………………..8**
13. **Shelter Placement……………………………………………………………………………………………….8**
14. **Denial of Services………………………………………………………………………………………………..9**
15. **Grievance Policy…………………………………………………………………………………………………10**
16. **Appendix……………………………………………………………………………………………………………12**

**I. Program Description**

United Way of Summit County’s Centralized Intake (Homeless Hotline) is an expansion of HMIS of Akron/Summit County program that performs central intake activities for those who present as homeless or who are on the verge of becoming homeless. This program is administered on behalf of Akron/Barberton/Summit Continuum of Care and will involve assessing client needs to determine the appropriate situational, or permanent housing pathway for each person who calls, entering client data into HMIS, and issuing referrals to service providers who will ultimately work with clients to obtain permanent housing. **United Way of Summit County and the Akron/Barberton/Summit County Continuum of Care will operate and make referrals in accordance with HUD Orders of Priority Notice CPD-016-11 and HUD requirements for Coordinated Entry CPD-17-01. HUD CPD 17-01 should be considered an attachment to these Policies and Procedures.**

[**https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf**](https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf)

**II. Grant Terms**

The Homeless Hotline is funded through the Department of Housing and Urban Development with SHP funds for HMIS activities, Continuum of Care Grant funding, ESG, HOME, HCRP and TANF funds through the Home Again Rapid Re-Housing program. It is required that 100% of the funds be expended within the grant year of the award beginning on October 1 thru September 30.

**III. Target Population and Program Eligibility**

The program is targeted to individuals and families who are homeless as defined by federal Housing and Urban Development (HUD) regulations:

1. Category 1- Literally Homeless- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning: (a.) Has a primary nighttime residence that is a public or private place not meant for human habitation; (b.) Is living in a publicly or privately operated shelter designed to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, and local government programs) or (c.) Is exiting an institution where he or she has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.
2. Category 2- Imminent Risk of Homelessness – Individual or family, who will imminently lose their primary nighttime residence, provided that: (a.) Residence will be lost in 14 days of the date of application for homeless assistance; (2) No subsequent residence has been identified; and (c.) The individual or family lacks the resources or support networks needed to obtain other permanent housing.
3. Category 3- Homeless under other Federal statutes-Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who: (a.) Are defined as homeless under the other listed federal statutes; (b.) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to homeless assistance application; (c.) Have experienced persistent instability as measured by two moves or more during the preceding 60 days; and (d.) Can be expected to continue in such status or an extended period of time due to special needs or barriers.
4. Category 4- Fleeing/Attempting to Flee DV- Any individual or family who: (a.) Is fleeing, or is attempting to flee, domestic violence; (b.) Has no other residence; and (c.) Lacks the resources or support networks to obtain other permanent housing.

*Basic Eligibility* is: A family is eligible for shelter, wait list for shelter, prioritized PSH/TH/RRH placement or PSH/TH/RRH waitlist if the client is (1) an adult, (2) has custody of minor child or is currently pregnant, and (3) currently homeless. An individual is eligible for shelter, wait list for shelter, prioritized PSH/TH/RRH placement or PSH/TH/RRH waitlist (1) an adult and (2) currently homeless.

1. The primary client must be an adult over the age of 18 or a minor who has been legally emancipated.
2. The primary client must have at least majority percent custody of minor child. Additionally, a pregnant client may get placed in shelter or on the waitlist for shelter at any point during pregnancy.

***Non Discrimination Policy***

The Homeless Hotline provides equal opportunity to obtain assistance for all persons without regard to race, color, sex, religion, familial status, disability, national origin, age, and military status, receipt of public assistance, sexual orientation, gender identity, or expression.

**IV. Factors Affecting Eligibility**

There are various factors that can affect the eligibility of families and individuals in need of shelter or placed on the waitlist for shelter. These factors are as follows:

1. Domestic Violence:
2. **Definitions**: domestic violence occurs between people in relationships, such as current or former: husbands and wives; boyfriends and girlfriends; gay and lesbian partners; the elderly and their caretakers; parents, children and/or relatives; sex workers and their pimps/clients; as well as victims of stalking or trafficking. Domestic violence includes one or more of the following components:
3. Attempting to cause or causing physical harm to another family member or household member; (this includes, but is not limited to: pushing, shoving, grabbing, punching, slapping, kicking, biting, pulling hair, threatening with a weapon, attacking with a weapon, leaving visible marks or causing bleeding).
4. Making explicit threats to physically harm a family or household member
5. Forcing a family or household member to involuntarily engage in sexual activity through violence, threats of violence or duress.

A family who has experienced recent domestic violence is eligible for shelter or to get on the wait list for shelter at any time.

1. Registered Sex Offenders are not eligible for placement into family shelters and are not eligible to be on the wait list. If a family has more than one adult in the household and only one member is a registered sex offender, the family is eligible for placement in family shelters or on the wait list for shelter without the registered sex offender. Additionally, if it is determined that a family member is a registered sex offender, family will be informed that they are not eligible for shelter or to be placed on the wait list.
2. Mental Health Clients are eligible to be placed in shelter or on the wait list for shelter providing the client has been cleared by a health care provider. The client’s condition must be documented on either the shelter mental health referral form or a letter on letterhead to include a diagnosis, description of condition, any medications that client has been prescribed, and any special accommodations requested.
3. Disabled Clients are eligible for placement into shelter or to be on the wait list for shelter providing the client is self- sufficient and has a letter from a health care provider. The client’s condition must be documented in a letter on letterhead to include a diagnosis, description of condition, any medications that the client has been prescribed, and any special accommodations requested. The letter will then be reviewed to determine the correct placement for the client.
4. Do Not Serve List Clients are not eligible for placement into the shelter or to be placed on the wait list for shelter. These are former shelter clients who have been previously told that they are not allowed to stay in the shelter or be on the waitlist for shelter due to behavioral reasons.
5. Alcohol or Drug Abuse Clients are not eligible for placement into the shelter or to be placed on the wait list for shelter if currently under the influence of alcohol or drugs that have not been prescribed by a doctor. Clients will need to seek some type of treatment from a substance abuse provider before shelter placement.

*Note: Shelters may ask clients to complete drug and alcohol testing while in shelter placement. Shelters reserve the right to remove or sanction clients from shelter placement if alcohol or drug test is positive or if clients refuse to submit to testing.*

**V. Use of the Funds**

There are *three categories of eligible activities* for these funds:

1. Administrative costs;
2. Data collection and evaluation; and
3. Identification of housing relocation and stabilization services.

These eligible activities are intentionally focused on providing a centralized point of entry for those who are homeless or on the verge of being homeless become linked to community resources and mainstream benefits that will help participants develop a plan for preventing future housing instability.

Administrative costs are limited to (5%) of the total grant amount. Funds are allocated by the all grantors to all Homeless Hotline partner agencies. Eligible expenses included:

1. Space costs (office space, utilities);
2. Communication costs (printing, telephone, copying, postage);
3. Supplies (paper, files for documenting cases);
4. Computers;
5. Accounting for use of grant funds;
6. Obtaining program audits;
7. Supervisor’s pay;
8. Bookkeeping costs (includes bookkeeping costs associated with financial assistance and housing relocation and stabilization services).

Documentation for administrative costs includes timesheets or a log of hours spent working on administrative activities, invoices for supplies/materials, phone bills, utilities, etc.

Administrative fees *do not include* the costs of case management, HMIS data input, and other operating costs directly related to the target populations. *Those costs should be included under one of the other eligible activity categories.*

***HMIS/Data collection and evaluation*** will be conducted via the Homeless Management Information System (HMIS). Cost associated with data collection is designated by the all grantors. The HUD SHP Grant requires that data collection and reporting for the Homeless Hotline be conducted via the HMIS system. Funds allocated to this purpose cannot replace existing funding from local, state, and federal sources.

Required data will be entered into HMIS within 48 hours from initial client interaction. United Way of Summit County will enter all eligibility intake information as collected. Shelters will enter all program entry/exit information, referral services provided, as well as any information required that was not collected upon initial screening at Info Line.

***Housing relocation and stabilization services*** funds must be used to create and implement a comprehensive, easily accessible service and central intake response system that addresses the needs of those who are homeless or at serious risk of homelessness. The purpose of this program is to identify where each household is in the crisis spectrum and identify the right crisis response to meet current and long term housing needs.

**VI. Ineligible Activities**

These funds cannot be used for shelter operations, to expand the number of beds in an existing shelter, or to supplant existing mainstream resources.

*Homeless Hotline funds cannot be used for*:

1. Targeting resources to specific homeless populations—all populations must be served;
2. Construction or rehabilitation;
3. Cash assistance to program participants;
4. Financial assistance or services to pay expenses such as rent, mortgage, or utility payments;
5. Travel costs (for clients?);
6. Medical/Dental costs;
7. Clothing and grooming;
8. Home Furnishings;
9. Operations costs for shelters and transitional housing.

**VII. Client Information**

**Client Files**

It is the responsibility of each agency within the Homeless Hotline partnership to maintain appropriate records to document, respective to their agency, all client interaction while enrolled in the program and years subsequent as required by law. Client files can, but are not limited to contain intake/assessment/screening forms, signed release(s) of information, case management notes, signed verification forms, income documentation, and disability or medical condition documentation.

**VIII. Documentation**

**Homeless Certification Form**

This Homeless Certification form is to certify that an individual is currently homeless and must be completed and signed by an authorized Homeless Hotline participant agency representative. The Homeless Certification form is the preferred method of verifying homelessness and will be done during the face-to-face intake appointment once a client has a shelter placement. For agencies not participating in the Homeless Hotline, homeless certification can be in the form of a letter from a case manager of the non-participating agency. CoC participating agencies may use client data in the HMIS system to provide certification of a shelter stay.

**Identification Documentation**

There must be identification documentation for all household members. Documentation may be a copy of the following:

1. Driver’s License
2. Social Security Card
3. Birth Certificate
4. Passport
5. Medicaid Card (as a last resort for *children only*)

**IX. Income**

Clients who are working must provide verification of income and a work schedule within 48 hours of entering the shelter. If your schedule changes on a weekly or bi-weekly basis, you are responsible for providing that information with each schedule change. A client that fails to produce income verification and a work schedule will be issued a verbal warning. Further noncompliance will result in a Denial of Services (DOS) form.

**X. Intake Process**

United Way of Summit County will operate the Homeless Hotline for individuals that are to be placed in shelter or on the waitlist for shelter. The Homeless Hotline triage process is as follows:

*Triage* – The initial point of contact includes a phone intake and administration of a VI-SPDAT assessment in order to prioritize households based on severity of their housing crisis and targets the most appropriate response with the situation presented. The intent is to discern primary need and the urgency of the need. **Centralized Intake will maintain housing lists and make referrals in accordance with HUD Orders of Priority Notice CPD-016-11 and HUD requirements for Coordinated Entry CPD-17-01.**

1. Central Intake Specialist(s) will receive calls from Monday to Friday during the hours of 8:00 a.m. to 4:00 p.m. on the telephone number 330-615-0577 or shelter staff will transfer calls to the Homeless Hotline.

 *If agencies need to contact Homeless Hotline staff after normal business hours, please call 330-615-0576. This telephone number is for agency use only.*

1. Homeless Hotline Specialist(s) will conduct the initial phone screening and first level assessment to determine if the client can be diverted to other community services or resources. Initial screening and assessment of Homeless Hotline referrals will include the process of completing the following required forms:
2. Homeless Hotline Pre Screening.
3. Homeless Hotline Summit County VI-SPDAT.
4. Homeless Hotline Specialist(s) will record all information and ensure that all HUD required elements are correct on the Homeless Hotline Diversion Assessment. If the client is unable to provide answers to all questions then Homeless Hotline Specialist(s) will mark D.H. (Does Not Have) on the Homeless Hotline Diversion Assessment.
5. Homeless Hotline Specialist(s) will inform the client that the call is considered confidential and obtain verbal permission from the client to share information covered with partner agencies.
6. Homeless Hotline Specialist(s) will inform client that additional database (i.e. Summit County Sherriff website, Akron Municipal Court website, etc.) will be checked to find out if client is a sex offender or has an active warrant for to determine eligibility for shelter placement or to be on the waitlist for shelter. Homeless Hotline Specialist(s) will get client’s verbal consent to check these databases.
7. Homeless Hotline Specialist(s) will proceed through the Homeless Hotline Diversion Assessment and if determined that client can be diverted, a referral will be made to the appropriate agency for diversion services and possible rental assistance. If determined client cannot be diverted, then phone screening will continue to Homeless Hotline Intake Form.
8. Homeless Hotline Specialist(s) will record all information and ensure that all HUD required elements are correct on the Homeless Hotline Intake Form. If the client is unable to provide answers to all questions then Homeless Hotline Specialist(s) will mark D.H. (Don’t Know) on the Homeless Hotline Intake Form.
9. If determined a client has a mental illness, Homeless Hotline Specialist(s) will obtain a mental health referral from a health care provider.
10. Homeless Hotline Specialist(s) will then inform client if they will be placed into shelter immediately or if they will be place on waitlist for shelter.
11. Homeless Hotline Specialist(s) will educate the client on other available resources and services in the community to ensure that the client understands the scope of the service availability.
12. Homeless Hotline Specialist(s) will enter all data in HMIS.

**XI. Wait list**

United Way of Summit County will maintain a prioritized waitlist for families who have been identified as needing shelter placement through the Homeless Hotline. United Way of Summit County will maintain a prioritized waitlist for families and individuals who meet eligibility for referral to a CoC funded housing program that includes Permanent Supportive Housing (PSH), Transitional Housing (TH) or Rapid Re-Housing (RRH). Clients will be given a Client ID to reference when calling Homeless Hotline to check in with Homeless Hotline Specialist(s). With this Client ID, clients will be able to check status on the waitlist, communicate if still need shelter placement, or communicate if no longer need shelter placement. It will be encouraged by Homeless Hotline Specialist(s) that clients check in *at least once every two weeks*.

**XII. Updating Family Composition**

While on the waitlist for shelter, a client who is the primary adult for the household can add additional members to the household. If the client is adding a family member who is a teenage boy, the amount of space in the shelter for teenage boys is limited so the time on the waitlist for shelter may be longer.

Similarly, a client who is the primary adult for the household can remove a member from the household at any time while on the waitlist for shelter.

Clients can be re-assessed with a new VI-SPDAT to reflect changes and change their prioritization score.

**XIII. Shelter Placement**

Homeless Hotline Specialist(s) will call or email the shelter(s) daily to check on the availability of beds.

**Offering Placement**

When a client comes up for placement in a shelter, Homeless Hotline Specialist(s) will contact the client and let them know that a bed is available. If the Homeless Hotline Specialist(s) is not able to reach the client, Homeless Hotline Specialist(s) will tell client has 24 hours to contact Homeless Hotline and confirm that client needs a bed. Once the client has confirmed the need for shelter placement, the client is referred to the shelter(s) and instructed has 24 hours to call the shelter(s) to schedule face-to-face intake appointment.

*If client is returning a call for shelter placement after the Homeless Hotline phone lines have closed*, the client will be instructed to contact 2-1-1; and *I&R* staff will transfer the client to Homeless Hotline Specialist(s). Homeless Hotline Specialist(s) will be in office until 4:30 p.m. Monday - Friday. The shelter(s) will conduct all face-to-face intake appointments.

Homeless Hotline Specialist(s) will call or email the shelter(s) about a new client and a reservation for the client will be created at the bottom of the shelter’s bed list in HMIS. The shelter(s) will call or email Homeless Hotline Specialist(s) after the face-to-face intake appointment to confirm that the client has been placed in shelter or to inform that the client did not show for their face-to-face intake appointment.

Homeless Hotline Specialists will refer clients to PSH/TH and RRH based on the following factors:

**UWSC/OH-506 Centralized Intake will operate according to the requirements and guidelines set forth in HUD Notice CPD-17-01 (eff 1/23/2017). As such, all referrals will be made in accordance with the rules of Prioritization established in those guidelines.**

[**https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf**](https://www.hudexchange.info/resources/documents/Notice-CPD-17-01-Establishing-Additional-Requirements-or-a-Continuum-of-Care-Centralized-or-Coordinated-Assessment-System.pdf)

Client must meet the eligibility factors for the specific bed type available.

Clients must meet the appropriate Homeless Status (i.e Category 1) for the available program bed.

Clients with the highest VI-SPDAT score will be referred first on the day of the open bed.

Program Operators must report outcomes of referrals made by UWSC Centralized Intake including any factors used in rejecting the referral.

**No Response and No Shows**

If the identified client does not contact Homeless Hotline within 24 hours to confirm that shelter placement is needed, then next client on the waitlist for shelter will be selected. If the first identified client selected calls back after 24 hours, then that client will remain at the top of the waitlist for shelter for a second chance.

Similarly, if that first identified client does not check in to the shelter(s) within 24 hours, then next client on the waitlist will be selected for shelter placement. The first identified client will remain at the top of the waitlist for a second chance. Each client will get two chances before removed from waitlist for shelter. If a client is a *no show for the second chance*, then the client will have to begin the Homeless Hotline process again.

Clients who do not keep a housing interview at the referral agency must re-schedule within 24 hours of the missed appointment to keep the referral. Clients who miss 2 interview appointments will be placed back onto the prioritized waitlist.

**Refusal of Placement**

If a client refuses an offer of shelter placement, then the next client on the waitlist for shelter is contacted for placement. The client that refused shelter will be instructed that if shelter placement is needed in the future, the client will have to do a new phone intake with the Homeless Hotline and will be placed back on the waitlist for shelter.

Clients who refuse PSH/TH/RRH placement after the housing interview will be placed back onto the waitlist and will retain eligibility for the next available bed.

**XIV. Denial of Service**

Clients will be denied service through the Homeless Hotline and removed from the shelter(s) or waitlist for shelter(s) under the following circumstances.

**Failure to Provide Documents**

Clients are required to provide the following documents within the following time frames:

1. Photo IDs, Birth Certificates, and Social Security cards for all adults must be provided within at face-to-face intake appointments.
2. Custody documents, Birth Certificates, and Social Security cards for all minor children must be provided at face-to-face intake appointment.
3. For the shelters that require a mental health referral for all adults who are currently or in the past under the care of a mental health agency, the referral must be received before face-to-face intake appointment.
4. Proof of disability for all adults or child (ren) must be received before face-to-face intake appointment.

If a client does not bring those documents in within a reasonable time frame as designated by their case manager, the client will be removed from the shelter placement. Additionally, if mental health referral and proof of disability are not received before shelter placement, the client will have a specified amount of time to provide the documents after placement (usually 72 hours). If documentation is not provided, the client will be removed from shelter placement and the client will have the opportunity to appeal the removal from placement.

**Lack of Contact**

Clients are required to check in by phone with the Homeless Hotline *once every two weeks* to communicate the need for shelter or PSH/TH/RRH placement. If a client does not check in for 90 days, they will be removed from the waitlist for shelter or PSH/TH/RRH and placed on an inactive list. If a client calls in and has been moved to the inactive list, the client will have the opportunity to start the process over and complete a new phone intake with the Homeless Hotline. If a client had an extreme circumstance, they will have the ability to appeal their standing on the wait list.

**Obtaining other Housing or Accommodations**

Clients who obtain other housing or accommodations with an exit date of 90 days or more (check time frame) will be removed from the waitlist for shelter and will not be eligible for shelter placement. This includes market rate housing, subsidized housing, renting a room, transitional housing, permanent supportive housing, or residential treatment programs. The client will be eligible to do a new phone intake with the Homeless Hotline when and if they are no longer housed, or if they have less than 90 days left at their program of 30 days left in their housing.

**Conduct-Related Violations**

Clients will be denied services for conduct-related violations that have been witnessed by shelter specialist(s) for the following reasons:

1. Physical fighting or instigating dissention among the clients
2. Under the influence of alcohol or drugs
3. Any type of weapon on the shelter premises
4. Theft
5. Disrespecting shelter staff members
6. Child abuse or endangerment
7. Damage to shelter property
8. Refusal to submit to alcohol or drug testing

All conduct-related violations *are grievable* and the client is entitled to an appeal upon request.

**XV. Grievance Policy**

**Requesting an Appeal**

Clients who have been denied services are eligible to appeal (*as determined by Section XIV of the Homeless Hotline Policy and Procedures)* within (10) days of denial of services. Each client is to complete the following forms if requesting an appeal:

1. Appeal Information Sheet
2. Appeal Explanation Statement
3. Verification of Services Provided
4. Other Pertinent Information (to be attached to the application)

All completed materials for the Appeal Application should be submitted to:

United Way of Summit County

C/O Centralized Intake

37 N. High Street

Akron, Ohio 44308

**Appeal Process**

Once the completed Application has been received, the application will be reviewed within (15) days. After review, the client will be contacted by phone and/or mail with a determination.

**XVI. Appendix**

Homeless Hotline

**DENIAL REPORT**

NOTICE OF DENIAL OF SERVICES **Date:**

**Last Name:** **First Name:**

**Date of Denial of Services:**

**Reason for Denial of Services:**

**Denial Reason Memo:**

**Length of Denial Period:**

This is your \_\_\_\_\_\_\_\_\_\_\_\_denial for this offense. You will be eligible to reapply on or after \_\_\_\_\_\_\_\_\_.

You may call the Homeless Hotline for services on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Reapplying does not guarantee services or housing will be provided.

*\*\*Note: If you do not agree with the above action, please complete the attached form or contact your case manager.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Signature Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print Name of Supervisor Date

**Homeless Hotline**

**Appeal Information Sheet**

**Section I. Household Information**

|  |  |
| --- | --- |
| Client’s Last Name: | Client’s First Name: |
| Street Address: | Program: |
| City, State, Zip Code: | Telephone number (including area code):( ) |

**Section II. Reason for Denial of Services**

Lack of Contact Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Failure to Provide Documents Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Conduct Related Violations Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Obtaining other Housing Accommodations Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III. Prior Notification**

Prior Notice Supplied to Client (i.e.DOS) Yes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes, Date Prior Notice was received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non Discrimination Policy:**

The Homeless Hotline provides equal opportunity to obtain assistance for all persons without regard to race, color, sex, religion, familial status, disability, national origin, age, and military status, receipt of public assistance, sexual orientation, gender identity, or expression.

**Accommodation of Services:**

Because of my disability, I am requesting the following reasonable accommodation be granted:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This accommodation is necessary to allow for my equal protection for the Homeless Hotline.

**Homeless Hotline**

**Appeal Explanation Statement**

Instructions: Please explain on the next page reasons for denial of services from the program. Client may provide information as to the reason for termination, reason for request of appeal and a statement of why client should be re-instated to the Homeless Hotline.

***Client’s explanation is limited to this page only.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization of Sharing Information:**

I understand that the Homeless Hotline may need to review a copy of my file in connection with my participation in the program. I authorize staff involved with the Homeless Hotline to obtain and share pertinent case information about me with each other and with organizations from which will be determining my appeal process. Information to be shared includes information about my living situation, my economic situation, and other client case information. I understand that the purpose of obtaining and sharing this information is so that they may obtain all appropriate information to determine a final appeal decision.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_