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## Supportive Housing Program Desk Guide for Provider Agencies

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Summary of the U.S. Department of Housing and Urban Development's Supportive Housing Program Desk Guide

Prepared by  
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 Department of County Human Services  
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## Introduction – Supportive Housing Program (SHP)

This guide summarizes the U.S. Department of Housing and Urban Development's SHP Desk Guide and is intended for agencies working with Multnomah County's Domestic Violence Coordinator's Office programs. The full text of the guide is located online at:

**<http://hudhre.info/index.cfm?do=viewShpDeskguide>**

### What is the Supportive Housing Program?

The Supportive Housing Program (SHP) is a federal grant program authorized by the McKinney-Vento Homeless Assistance Act. It is designed, as part of the Continuum of Care strategy, to promote the development of housing and supportive services to assist homeless persons in the transition from streets and shelters to permanent housing and maximum self-sufficiency.

The grants go to nonprofit organizations, local and State governments, and other governmental entities. They, in turn, give assistance using SHP funds to help homeless persons meet three overall goals: **achieve residential stability, increase their skills and/or incomes, and obtain greater self-determination.**

This federal grant assistance program is administered by HUD's Special Needs Assistance Programs Office. Grants under SHP are awarded through a national competition held annually.

### SHP and the Continuum of Care

The Continuum of Care approach helps communities plan for and provide a full range of emergency, transition, and permanent housing and service resources to address the various needs of homeless persons. HUD believes the best approach for alleviating homelessness is through a community-based process that provides a comprehensive response to the different needs of homeless persons. The fundamental components of a Continuum of Care system are:

- Outreach and assessment to identify a homeless person's needs
- Immediate (emergency) shelter as a safe, decent alternative to the streets
- Transitional housing with appropriate supportive services to help people reach independent living
- Permanent housing or permanent supportive housing

SHP can provide funding for many of these components. It can provide partial support for outreach and assessment, transitional housing, permanent housing for persons with disabilities, safe havens, and supportive services to homeless persons in non-housing settings.

### Why do you need this guide?

This guide describes the SHP grant's basic information. ***The Supportive Housing Program Desk Guide for Provider Agencies is not a substitute for the SHP regulations. However, it is a practical guide to issues that arise during project implementation.***

## Section A: Program Goals

The purpose of SHP is to assist homeless persons in the transition from homelessness, and to enable them to live as independently as possible. To that end, the program has three overall goals.

### Three Basic Goals

HUD has established three basic goals for each SHP project. These are incorporated in the project's design as shown in the application and reported on each year in the APR.

1. The first goal of the SHP program is to help program participants obtain and remain in permanent housing.
2. The second goal is helping the participants increase skills and/or income. Meeting this goal will allow the participants to secure an income to live as independently as possible.
3. And finally, help the participants achieve greater self-determination. The condition of homelessness itself can be damaging to one's self-determination; achieving a greater sense of self-determination enables the participant to gain needed confidence to make the transition out of homelessness.

### Establishing Performance Measures to Meet Goals

In order to meet the three basic program goals, each project should develop specific performance measures. Performance measures should include discussion of both housing and services.

Performance measures are developed as part of the project narrative in the Technical submission following conditional approval of a project.

Performance measures should and relate closely to the overall objectives of the project stated in the application. The performance measures are simply a quantifiable means of ensuring progress toward achievement of objectives and desired outcomes.

**Performance measures have three key components.** They must:

1. **Relate to outcomes.** Rather than simply focusing on the services to be provided, the provider should have a broader vision of the next step for the participant once he/she leaves the program;
2. **Have a time frame for achievement;** and
3. **Be measurable** – that is, include a number or percentage indicating a specific level of achievement.

The more clearly the performance measure is stated, the easier it will be to describe annual performance and meet Annual Progress Report (APR) requirements.

HUD recognizes that the nature of the program and the subpopulations grantees work with may result in limited goal attainment. Therefore, they will not necessarily consider low levels of achievement as indications of poor performance. Rather, they are looking for strategies to effectively meet the program goals, along with efforts at continuously improving performance.

**HUD DV1 performance measures for each of the goals are:****Goal: Obtain and remain in permanent housing**

- 35 women (5 single and 30 parenting) will be served at any give time of these 75% will exit to permanent housing.
- 65% of participants exiting to permanent housing will remain in housing at 6-month follow-up.

**Goal: Increase skills (safety) and/or income**

- 100% of participants shall develop a safety plan prior to entering the program.
- 100% of participants will develop goals that outline their needs and focus on their strengths

**Goal: Achieve greater self-determination**

- 75% of participants will not return to their abusive partners

**Reporting on Success**

It is essential you correctly enter all information into Service Point in order to allow for correct reporting by Multnomah County staff in the annual progress report.

**Never use “unknown” or “other” as a Service Point responses if possible.**

The Annual Progress Report (APR) tracks program progress and accomplishments in the Department's competitive homeless assistance programs. The APR provides the recipient and HUD with information necessary to assess each recipient's program.

**DCHS staff creates the APR based on the information you provide in SERVICE POINT. Data must be updated at a minimum monthly (we recommend weekly). Failure to complete the information or to provide follow-up could delay agency reimbursement for services.**

## Section B: Eligible Participants

The Supportive Housing Program (SHP) is one of the McKinney-Vento Homeless Assistance Act programs designed to move homeless persons from streets and shelters to permanent housing and maximum self-sufficiency. A person must be homeless in order to receive assistance under SHP.

### Eligible persons – Who Can Be Housed

Basically, a homeless person is someone who is living on the street or in an emergency shelter, or who would be living on the street or in an emergency shelter without the SHP assistance. A person is considered homeless only when he/she resides in one of the places described below:

- In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).
- In an emergency shelter.
- In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
- In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
- Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- **Is fleeing a domestic violence housing situation and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.**

### Ineligible persons – Who CANNOT Be Housed

Persons who are not homeless may not receive assistance under SHP. Examples of people who are not homeless are those who are:

- In housing, even though they are paying an excessive amount for their housing, the housing is substandard and in need of repair, or the housing is crowded.
- Incarcerated, but upon discharge the person is eligible if no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
- Living with relatives or friends.
- Living in a Board and Care, Adult Congregate Living Facility, or similar place.
- Being discharged from an institution that is required to provide or arrange housing upon release.
- Wards of the State, although youth in foster care may receive needed supportive services that supplements, but does not substitute for, the state's assistance.
- Demonstrating participant eligibility at application

*Grantees must maintain adequate documentation to demonstrate the eligibility of persons served by SHP funds.*

**The following should be included in each case file to document the eligibility of the participant**

- **Persons living on the street**

Supportive services only projects provide services – such as outreach, food, health care, clothing – to persons who reside on the streets. In most cases, it is not feasible to require the homeless persons to document that they reside on the street. It is sufficient for the grantee’s staff to certify that the persons served, indeed, reside on the street. The outreach or service worker should sign and date a general certification verifying that services are going to homeless persons and indicating where the persons reside.

- **Persons coming from living on the street**

The grantee should obtain information to indicate that a participant is coming from the street. This may include names of other organizations or outreach workers who have assisted them in the recent past who might provide documentation.

If you are unable to verify that the person is coming from residing on the street, have the participant prepare or you prepare a written statement about the participant’s previous living place and have the participant sign the statement and date it. Merely obtaining a self-certification is not adequate.

If the participant was referred by an outreach worker or social service agency, you must obtain written verification from the referring organization regarding where the person has been residing. This verification should be on agency letterhead, signed and dated.

- **Persons coming from an emergency shelter for homeless persons**

The grantee should have written verification from the emergency shelter staff that the participant has been residing at the emergency shelter for homeless persons. The verification should be on agency letterhead, signed and dated.

- **Persons coming from transitional housing for homeless persons**

The grantee should have written verification from the transitional housing facility staff that the participant has been residing in the transitional housing. The verification should be on agency letterhead, signed and dated.

The grantee should also have written verification that the participant was living on the streets or in an emergency shelter prior to living in the transitional housing facility (see above for required documentation) or was discharged from an institution or evicted prior to living in the transitional housing facility and would have been homeless if not for the transitional housing (see below for required documentation).

- **Persons from a short-term stay (up to 30 consecutive days) in an institution**

The grantee should have written verification from the institution’s staff that the participant has been residing in the institution for 30 days or less. The verification should be signed and dated.

The grantee also should have written verification that the participant was residing on the street or in an emergency shelter prior to the short-term stay in the institution. See above for guidance.

- **Persons being evicted from a private dwelling**

The grantee must have evidence of the formal eviction proceedings indicating that the participant was being evicted within the week before receiving SHP assistance.

If the person's family is evicting him/her, a statement describing the reason for eviction should be signed by the family member and dated. In other cases where there is no formal eviction process, persons are considered evicted when they are forced out of the dwelling unit by circumstances beyond their control. In those instances, the grantee must obtain a signed and dated statement from the participant describing the situation. The grantee must make efforts to confirm that these circumstances are true and have written verification describing the efforts and attesting to their validity. The verification should be signed and dated.

The grantee must also have information on the income of the participant and what efforts were made to obtain housing and why, without the SHP assistance, the participant would be living on the street or in an emergency shelter.

- **Persons being discharged from an institution**

The grantee must have evidence from the institution's staff that the participant was being discharged within the week before receiving SHP assistance. The grantee must also have information on the income of the participant and what efforts were made to obtain housing and why, without the SHP assistance, the participant would be living on the street or in an emergency shelter.

- **Fleeing domestic violence**

The grantee must have written verification from the participant that he/she is fleeing a domestic violence situation. If the participant is unable to prepare the verification, prepare a written statement about the participant's previous living situation and have the participant sign the statement and date it. Also, have a brief statement attached with the participant's domestic violence history.

Note: When indicating where the person spent their last night, if it was not a shelter or one of the other above mentioned sites. **It must be listed as Domestic Violence.**

**Service Point should never say "from rental housing" or "family and friends." It should say "domestic violence."**

## **Serving Undocumented Persons**

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 set a requirement that undocumented aliens are not to receive public benefits. However, there is an exception to the law for community programs that are necessary for the protection of life or safety. SHP Transitional Housing has been determined to meet this exception and thus be excepted because it provides short-term shelter or housing assistance, non-cash services at the community level and is not means-tested. Thus you can serve undocumented aliens.



## Section C: Program Components

SHP has five components – five approaches to helping homeless people achieve independence.

**Note: Only the “Component 1: Transitional Housing (TH)” applies to the HUD Horizons DV grant. Other components are listed for your information.**

### Component 1: Transitional Housing (TH)

Transitional housing is a type of supportive housing used to facilitate the movement of homeless individuals and families to permanent housing. Basically, it is housing in which homeless persons live for up to 24 months and receive supportive services that enable them to live more independently. The supportive services may be provided by the organization managing the housing or coordinated by them and provided by other public or private agencies. Transitional housing can be provided in one structure or several structures, at one site or in multiple structures at scattered sites.

#### Limitation of stay in Transitional Housing

Homeless individuals and families may reside in transitional housing for up to **24 months**. However, if permanent housing for the individual or family has not been located or if the individual or family requires additional time to prepare for independent living, they remain for a period longer than 24 months. **You must get permission for extensions from DCHS staff.**

#### Access to supportive services in Transitional Housing

Transitional housing participants receive supportive services that enable them to live more independently. Project sponsors must describe the accessibility of these services in their project application. Though the services need not be in the same structure, they should be in close proximity to facilitate accessing the services. When services are needed that are not in close proximity, the sponsor should help the persons access the services, such as by providing transportation.

#### Movement from transitional to permanent housing

Housing placement assistance must be part of any transitional housing program. Transitional housing residents may need assistance with all the tasks and stress involved in locating, obtaining, moving into, and maintaining the housing. Discrimination in the housing market may make the situation more difficult. Without third-party intervention, some graduates may resort to renting substandard or inappropriate housing or relapse into homelessness.

A comprehensive approach to locating housing includes preparing and training clients in searching for, securing, and maintaining their own housing, developing relationships with local producers and managers of housing to which graduates could move, and helping clients establish a savings plan so they can afford to move in.

In many instances, assistance also entails direct contact and negotiation of rental terms in tandem with graduates and money to help pay move-in costs. However, keep in mind that the most successful graduates of transitional housing are those who have taken the lead in deciding where they will live permanently.

*The following components do not apply to the HUD Grant, but are useful for understanding of the entire HUD Supportive Housing system. These are provided for your reference.*

## **Component 2: Permanent Housing for Persons with Disabilities (PHPWD)**

The Permanent Housing for Persons with Disabilities component is another type of supportive housing. It is long-term, community-based housing and has supportive services for homeless persons with disabilities. This type of supportive housing enables special needs populations to live as independently as possible in a permanent setting. The supportive services may be provided by the organization managing the housing or coordinated by the applicant and provided by other public or private service agencies. Permanent housing can be provided in one structure or several structures at one site or in multiple structures at scattered sites.

The housing structure for the Permanent Housing component allows for 16 or fewer persons in a single structure. If there are more than 16 people, then an explanation is required as to how local market conditions necessitate this size, and how neighborhood integration can be achieved for the residents.

### Types of PHPWD structures

Structures may include most housing types. For example, they can be apartments, single-family houses, duplexes, group homes, or single-room occupancy rooms.

- Persons with disabilities in SHP
- In the SHP statute, the PHPWD component is for assisting a homeless person with a disability who has at least one of the following characteristics:
- Considered disabled under Section 223 of the Social Security Act;
- Determined to have a physical, mental, or emotional impairment of long-continued duration, impeding the ability to live independently, and of a nature that could be improved by more suitable housing;
- Having a developmental disability;
- Having AIDs or conditions arising from its etiological effects.

## **Component 3: Supportive Services Only (SSO)**

Supportive Services Only (SSO) projects address the service needs of homeless persons. Projects are classified as this component only if the project sponsor is not also providing housing to the same persons receiving the services.

### SSO project characteristics

SSO projects may be in a structure or structures at a central site, or they may be in multiple structures at scattered sites where services are delivered. Projects may also be operated independent of a structure, e.g., street outreach or mobile vans for health care. Regardless of the design, SSO project applications must contain a full description of how homeless persons will be assisted to obtain and remain in permanent housing and how homeless persons will be assisted in increasing their incomes and in living independently. All SHP components are focused on helping participants achieve permanent housing.

## Component 4: Safe Havens

A Safe Haven is a form of supportive housing that serves hard-to-reach homeless persons with severe mental illness who are on the street and have been unable or unwilling to participate in housing or supportive services. Safe Havens serve as a refuge for people who are homeless and have a serious mental illness.

Of the Nation's homeless population, approximately 40 percent have indicators of mental health problems. Escaping homelessness for the person with a severe mental illness is much more difficult because the symptoms may disrupt the very judgment, motivation, and social skills that are essential for community living.

Safe Havens serve as a portal of entry providing basic needs (such as food, showers, clothing), as well as a safe and decent residential alternative for homeless people with severe mental illness who need time to adjust to life off the streets and to develop a willingness and trust to accept services in order to transition to permanent housing.

Due to the special needs of the participants of the Safe Haven projects there are some specific characteristics that contribute to the success of a Safe Haven facility, such as intensive and skilled outreach to this hard-to-reach population; engagement at a pace comfortable for the participant; intake/assessment, understanding that it is this consumer's inability to get through the intake process at traditional shelters that make them candidates for Safe Havens; supportive service delivery at the participant's pace.

- Serves hard-to-reach homeless person with severe mental illnesses who are on the streets and have been unable or unwilling to participate in supportive services
- Allows 24-hour residence for an unspecified duration
- Has private or semi-private accommodations
- Limits overnight occupancy to no more than 25 persons
- May include a drop-in center as part of outreach activities
- Is a low demand facility where participants have access to needed services, but are not required to utilize them

## Component 5: Innovative Supportive Housing (ISH)

The innovative supportive housing component of SHP enables the applicant to design a program that is outside the scope of the other components. Projects under this component must be innovative as described in the NOFA. In particular, a proposed innovative project must demonstrate that it represents a distinctively different approach when viewed within its geographic area, is a sensible model for others, and can be replicated elsewhere.



## Section D Eligible Activities

Please also read      Appendix 1    Contractual Program Instructions  
                                  Appendix 2    Termination Policy  
                                  Frequently Asked Questions

Note: Clarifications on eligible Supportive Services costs have been made in the supportive services section below:

### Leasing

Leasing structures to provide supportive housing or supportive services, or to pay rent for individual units during the period covered by the grant is an eligible activity. A grantee may lease portions of a structure, the full structure, or multiple structures.

#### LEASING – Eligible costs:

- Rent
- **Utility bills**—only when they are not included in the rental agreement and only a reasonable amount. Utility bills should be paid by participant to encourage wise conservation of resources. You can never pay past utilities or late fees. Utility bills should only be paid **after all other resources have been exhausted** such as local utility assistance for poverty level participants.
- Remember, utilities and rent combined must not exceed fair market rent allowances.

### Housing standards

For any assistance provided, the housing and services must be in compliance with all applicable State and local housing codes, licensing requirements, and any other requirements of the jurisdiction in which the project is located regarding the condition of the structure and the operation of the housing or services.

Supportive housing must meet the “habitability standards” (see Appendix E) described in the program regulations at (583.300(b)). Any variations from those standards proposed by the recipient must be approved by HUD.

### Reasonable rents

In leasing all or part of structures, the rent paid must be reasonable in relation to rents being charged in the area for comparable space. The rent may not exceed rents being charged by the same owner for comparable space.

In leasing individual units (houses or apartments), the rent paid may reflect only actual costs, and must be reasonable in relation to rents being charged for comparable units. In determining comparability, you should consider location, size, type, quality, amenities, facilities, and management services. If the owner has both assisted and unassisted housing units, rents for the assisted units may not exceed rents being charged for that owner's comparable unassisted units. The grantee should keep file documentation showing reasonableness.

### **Other Considerations:**

- Grant funds may also be used to pay the landlord for any damages to the leased units by homeless participants. Up to one month's rent may be used for this purpose.
- The portion of rents paid with grant funds may not exceed HUD-determined fair market rents (FMR). FMRs are published annually in the Federal Register, and should be used in estimating leasing costs. The listings are available on HUD's web site, at [www.huduser.org/datasets/pdrdatas.html](http://www.huduser.org/datasets/pdrdatas.html).
- The published FMRs are gross rent estimates, and include shelter rent and the cost of utilities (except telephone). You must adjust the FMR, reducing the amount of Fair Market Rent accordingly if the rent does not include utilities.

### **Limitations on leasing assistance**

- Leasing assistance is subject to the requirements of the Lead-Based Paint Poisoning Prevention Act. For residential structures constructed before 1978, there are requirements and procedures for addressing the hazards of lead-based paint. The requirements encompass both the residential unit, and non-dwelling portions of a structure that might be used by children under seven years of age, such as a day care center.
- Grantees may not give funds directly to participants to pay the leasing costs, but must pay individual landlords directly.
- The project sponsor may not lease property that it already owns to itself, a parent, or a subsidiary organization. Any lease arrangement must be at arm's length. The funds designated for leasing may only be used for the actual costs of leasing a structure/unit. They may not be used to pay a project sponsor's mortgage or other costs of building operations.

### **Documentation of leasing costs**

Case files must include the following documentation

- Program contract with agreement of participant and agency as to amount of rental assistance and requirements on the part of the participant to receive said funds.
- Comparable cost data, as appropriate, to show that the SHP request is within these limits.
- Rental calculations – a participant cannot be required to pay more than 30% of their adjusted monthly income.
- Copy of the signed lease agreement.
- All requests for rent and copies of receipts for rent payments must be maintained by the agency but do not have to be kept in case files.
- Copies of all correspondence with landlords or property managers.
- Note: All agreements must be in writing.

## Advocacy – Supportive Services

SHP funds can be used to pay for the actual costs of supportive services to homeless persons in a new project or for the actual costs of increasing supportive services to homeless persons in an existing homeless project. Supportive services are important in a project since they assist homeless participants in the transition from the streets or shelters to permanent or permanent supportive housing.

## Advocacy – Eligible Supportive Services

Almost any services aimed at moving homeless participants to independence are eligible for SHP support. The following are examples of services that may be paid for with supportive service grant funds:

Salary for advocate while providing or advocating for the following services are allowable: outreach, child care, job training/placement, case management, health care, transportation, employment assistance, education, vocational opportunities, life skills, counseling, housing search assistance, substance abuse treatment, parenting skills, psychiatric care, mental health care, and budgeting

*Examples of eligible/ineligible supportive services costs are:*

### ADVOCACY – Eligible supportive service costs:

- Salary of case manager, counselor, therapist, etc.
- Salary of case management supervisor when he/she is working with clients or working with a case manager on issues regarding clients.
- Salary for outreach and community (landlord) education as long as it is not more than 25% of the advocate's salary.
- Beepers for outreach workers.
- Mileage allowance for service workers to visit participants at home, if participants reside in scattered site housing.

### ADVOCACY – INELIGIBLE supportive service costs for TH:

- Salary of case management supervisor when he/she is not working directly on participant issues.
- Desks/computers used by staff for intake, or other daily activities.
- Office telephones, fax, postage, utilities, insurance.
- Office or meeting space.
- Staff recruitment/training.

Participants in Transitional Housing projects may receive supportive services throughout the time they are part of the project.

*A transitional housing participant who is graduating from the project may receive follow-up services paid for with SHP funds for an additional six months.* This is done so that the participant is assisted in adjusting to independent living [24 CFR 583.120(b)].

## Client Assistance – Supportive Services

While many expenses are eligible expenditures you must always think about the bigger picture. *How will this expenditure help the participant to become self-sufficient? If I pay this expense what other expenditures will I not be able to afford?* Client assistance is limited and you should budget your funds according to your clients' most dire needs.

### REMEMBER THREE BASIC ELEMENTS:

1. HUD funds must always be the funding of last resort! Are there other funding sources available for this need?
2. How is this expense necessary to the well-being and stability of the participant?
3. Is the cost for this expense reasonable?

Be sure to document all three elements in your case file.

1. What other funding you sought.
2. Why this expense was necessary.
3. How you determined the cost was reasonable.

### *Client Assistance – Ineligible Supportive Services*

#### CLIENT ASSISTANCE – HUD funding CANNOT be used for the following under any circumstance:

**No!**

- For first and last month's **transition** housing rent, but may be used for first and last month's **permanent** housing rent (for clients moving from transitional to permanent housing).
- For illegal activities or purchases (e.g., cigarettes, alcoholic beverages, weapons).
- For political activities.
- For Restitution, Past Debt, or Late Fees.
- No training or life skill program that includes inherently religious components
- For purchase of an automobile.
- Personal Computers for participants
- Recreational Activities
- Match for Individual Savings Accounts
- Criminal Background checks
- Drug testing unless this is an approved component of the programming
- Utility bills—use leasing funds to pay utility bills (see leasing section for details)

### *Client Assistance – Eligible Supportive Services*

Remember all expenses must be **reasonable**, fit as part of the case plan goals that will result in stabilization of the participant in permanent housing, and must be documented. You must also use HUD client assistance as a last resort after utilizing all other mainstream or community resources.

**CLIENT ASSISTANCE – HUD funding CAN be used for the following:**

Remember you must first exhaust all other resources. HUD funds must be the funding of last resort and you must document how this funding increased stabilization of housing.

- Paying for identification papers.
- Food when all other sources of obtaining food have been utilized.
- Housing supplies or required furniture, e.g., beds.
- Yes!** ▪ Some immigration fees or attorney fees—with proper file documentation. This use should be a very **limited expense** and must always **have pre-approval** from DVCO staff.
- Equipment and/or specialized clothing required by an employer or to enter a job-training program. This use would include clothing for a job interview.
- Bus tickets.
- Educational supplies for the participant
- Transportation, e.g., bus passes (should never be for more than a monthly bus pass), limited gas reimbursement, basic auto maintenance (e.g., oil change or tire repair) only if the cost would be less than the provision of bus passes or the participant has circumstances that are documented requiring the use of an automobile.
- Utility deposits—permanent and transitional housing.
- Deposits if no other resources can be found.
- Telephone expenses, if the client’s case plan justifies the need for a telephone for work or safety concerns. **You cannot pay for past due phone bills.**
- Purchase of other items as determined to be appropriate based on client need and/or case plan—you must clearly outline how this will assist the client to become self-sufficient and how you arrived at a reasonable cost for the expense.
- You can use client assistance funds for participants who have exited during the first six months after exit in an extreme emergency situation. You must get prior approval from DVCO staff and you must support and document the expense.

In all cases, agencies receiving Federal Funds must adhere to the principles in the OMB Circular A-122 for assistance. If you are unsure about whether an expense qualifies for client assistance—ask your DVCO liaison.

**DVCO liaison: (September 2009)**

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**Remember!**

**All expenditures—leasing, client assistance and service hours MUST be recorded in Service Point!**

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## SCHEDULE OF UTILITY ALLOWANCES SECTION 8 PROPERTIES (April 2010)

		0-BD	1-BD	2-BD	3-BD	4-BD	5-BD	6-BD	7-BD	
<b>A L L</b>	ELECTRIC-MONTHLY SERVICE CHARGE	\$9	\$9	\$9	\$9	\$9	\$9	\$9	\$9	
	LIGHTS & REFRIG.	\$9	\$13	\$17	\$21	\$26	\$30	\$35	\$40	
	FAN	\$2	\$2	\$3	\$3	\$4	\$5	\$6	\$6	
<b>E L E C T</b>	COOKING	\$4	\$5	\$7	\$8	\$11	\$12	\$14	\$16	
	HOT WATER	\$17	\$24	\$30	\$37	\$47	\$54	\$62	\$71	
	SPACE HEAT (EXIST. S/F DETACHED)		\$47	\$59	\$71	\$85	\$94	\$109	\$125	
	SPACE HEAT (NEW S/F DETACHED)		\$23	\$33	\$35	\$41	\$43	\$54	\$62	
	SPACE HEAT (EXIST. MULTIPLEX)	\$27	\$36	\$45	\$55	\$64				
	SPACE HEAT (NEW MULTIPLEX)	\$14	\$19	\$24	\$29	\$34				
<b>G A S</b>	GAS-MONTHLY SERVICE CHARGE	\$6	\$6	\$6	\$6	\$6	\$6	\$6	\$6	
	COOKING	\$4	\$6	\$8	\$10	\$13	\$14	\$17	\$19	
	HOT WATER	\$12	\$16	\$21	\$26	\$33	\$38	\$43	\$50	
	SPACE HEAT (EXIST. S/F DETACHED)		\$42	\$53	\$64	\$76	\$85	\$97	\$112	
	SPACE HEAT (NEW S/F DETACHED)		\$18	\$23	\$27	\$32	\$36	\$42	\$48	
	SPACE HEAT (EXIST. MULTIPLEX)	\$24	\$33	\$40	\$50	\$57				
	SPACE HEAT (NEW MULTIPLEX)	\$11	\$15	\$18	\$22	\$26				
<b>O I L</b>	HOT WATER	\$21	\$30	\$38	\$47	\$60	\$68	\$79	\$90	
	SPACE HEAT (EXIST. S/F DETACHED)		\$95	\$119	\$143	\$170	\$189	\$218	\$250	
	SPACE HEAT (NEW S/F DETACHED)		\$40	\$53	\$61	\$71	\$81	\$93	\$107	
	SPACE HEAT (EXIST. MULTIPLEX)	\$54	\$73	\$90	\$111	\$128				
	SPACE HEAT (NEW MULTIPLEX)	\$24	\$33	\$41	\$50	\$58				
<b>W T R</b>	INSIDE PORTLAND	\$7	\$10	\$13	\$16	\$20	\$23	\$27	\$31	
	INSIDE GRESHAM	\$17	\$19	\$21	\$23	\$26	\$28	\$30	\$33	
	OTHER AREAS	\$7	\$10	\$13	\$16	\$21	\$24	\$27	\$31	
<b>S W R</b>	SEWER-SINGLE FAMILY DWELLING	\$49	\$56	\$64	\$72	\$84	\$91	\$101	\$111	
	SEWER-S/F Troutdale	\$31	\$31	\$31	\$31	\$31	\$31	\$31	\$31	
	SEWER-MULTI-FAMILY DWELLING	\$17	\$23	\$30	\$37	\$47	\$54			
<b>GAR</b>	GARBAGE/SOLID WASTE (WEEKLY P/U)	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	
	USE SAME RATE FOR GRESHAM AND OTHER AREAS									
<b>A P P L</b>	TENANT OWNED									
	APPLIANCES	REFRIG.	\$3	\$3	\$3	\$3	\$3	\$3	\$3	
	CREDIT	RANGE	\$2	\$2	\$2	\$2	\$2	\$2	\$2	
									<b>TOTAL</b>	

EXISTING SINGLE FAMILY DETACHED OR MULTIPLEX ARE UNITS NOT WEATHERIZED AND CONSTRUCTED IN OR BEFORE 1980  
WEATHERIZED (3 OF 4) WINDOWS \_\_\_\_\_ CEILING \_\_\_\_\_ FLOOR \_\_\_\_\_ WALLS \_\_\_\_\_

NEW SINGLE FAMILY DETACHED OR MULTIPLEX-DOUBLE GLASS ARE UNITS WEATHERIZED OR CONSTRUCTED AFTER 1980

SERVICE CHARGES ARE FIXED FOR GAS AND WATER/SEWER

ALL CHARGES FOR ELECTRIC ARE AVERAGED BETWEEN PP&L AND PGE

4522 HDD USED IN COMPUTATIONS

LIGHTS INCLUDE REFRIGERATOR, OVERHEAD LIGHTS, LAMPS, AND OUTLETS

REFERENCE HUD-52667 FOR ALLOWANCE TABLES

FMR	
-UA	
MAX	

S-5  
03/10

**NOTE: Effective for annual recertifications, beginning 07/01/10 and for newly issued vouchers, beginning 04/01/10.**

# Final FY 2010 Fair Market Rent Documentation System

## The Final FY 2010 Portland-Vancouver-Beaverton, OR-WA MSA FMRs for All Bedroom Sizes

The following table shows the Final FY 2010 FMRs by unit bedrooms.

### Final FY 2010 FMRs By Unit Bedrooms

	Efficiency	One-Bedroom	Two-Bedroom	Three-Bedroom	Four-Bedroom
Final FY 2010 FMR	<b>\$626</b>	<b>\$726</b>	<b>\$839</b>	<b>\$1,222</b>	<b>\$1,467</b>

The remainder of this page provides complete documentation of the development of the Final FY 2010 Fair Market Rents (FMRs) for Portland-Vancouver-Beaverton, OR-WA MSA. This page provides a summary and details of how the Final FY 2010 FMRs were developed and updated starting with the formation of the FY 2010 FMR Areas from the [metropolitan Core-Based Statistical Areas \(CBSAs\) as established by the Office of Management and Budget](#) and incorporating newly available 2007 one and three year American Community Survey (ACS) Data. FY 2010 FMRs include information from local Random Digit Dialing (RDD) surveys conducted during 2008. Aspects of the derivation of Final FY 2010 rents exclusive to FY 2010 are made explicit in the following text. Aspects unchanged from FY 2009 can be reviewed by clicking on the associated link.

The following defines a summary of the steps taken to generate the Final FY 2010 FMR:

### Portland-Vancouver-Beaverton, OR-WA MSA Final FY 2010 FMR Calculation Summary

Process Step	Step Result
1. Begin with Final FY 2009 2 Bedroom FMR	\$809
2. Remove Trending and CPI Updates from Final FY 2009 2 Bedroom FMR	<a href="#">\$731</a>
3. Determine 2006 to 2007 Update Factor	<a href="#">1.0371</a>
4. Apply Update Factor (#2 x #3)	\$758

5. Evaluate ACS Survey Result and Determine 2007 Rent	<u>\$758</u>
6a. Calculate Update Factors to 2008 and	<u>1.0667</u>
6b. Trend Factor to April 1, 2010	<u>1.0376</u>
7. Apply Update Factor to 2008 and Trend to Get Final FY 2010 2BR FMR	<u>\$839</u>
(#5 x #6a x #6b)	

## FY 2010 FMR Area Geography

### FY 2010 FMR Areas Follow FY 2009 Area Definitions with Modifications

FY 2010 FMR areas continue to use the revised Office of Management and Budget (OMB) area definitions that were first issued in 2003 along with HUD defined Metropolitan areas (HMFAs) as described in the FY 2009 FMR documentation which can be found at ([Portland-Vancouver-Beaverton, OR-WA MSA FY 2009 FMR Documentation system](#)). FY 2010 areas reflect changes made to metropolitan areas by OMB through November 20, 2008 as published in OMB bulletin 09-01.

Portland-Vancouver-Beaverton, OR-WA MSA is made up of the following:

Clackamas County, OR ; Columbia County, OR ; Multnomah County, OR ; Washington County, OR ; Yamhill County, OR ; Clark County, WA ; and Skamania County, WA .

### Portland-Vancouver-Beaverton, OR-WA MSA FMR Area Derivation (RECAP)

The table below displays the parts of the new Portland-Vancouver-Beaverton, OR-WA MSA that were in different FY 2005 FMR areas.

#### Parts of Portland-Vancouver-Beaverton, OR-WA MSA from Different FY 2005 FMR Areas

FY 2005 FMR Area	Components of Portland-Vancouver-Beaverton, OR-WA MSA in FY 2005 FMR Area	Sub-Area Created?
Portland--Vancouver, OR--WA PMSA	Clackamas County, OR; Columbia County, OR; Multnomah County, OR; Washington County, OR; Yamhill County, OR; Clark County, WA	No
Skamania County, WA	Skamania County, WA	No

## Final FY 2010 FMRs

HUD continues its use of ACS data in FY 2010, by building upon the FY 2009 Final FMRs ([Portland-Vancouver-Beaverton, OR-WA MSA FY 2009 FMR Documentation system](#)). As in FY 2009, HUD uses 2007 ACS data in four different ways according to how many two-bedroom standard quality and recent mover sample cases are available in the FMR area or its Core-Based Statistical Area (CBSA). ACS-1 through ACS-4 areas are described in detail [here](#).

In most cases, Final FY 2010 FMRs are based on changes in rents measured by differences in ACS data collected in 2006 and 2007 and updated CPI rent and utility inflation indexes. Depending on the size of the ACS survey sample, State or Local ACS data is used to update a June 2006-calculated gross rent from the Final FY 2009 FMRs ([Portland-Vancouver-Beaverton, OR-WA MSA FY 2009 FMR Documentation system](#)) to June 2007. In some cases, as described below, the 2007 ACS Survey result is used instead of a 2006 to 2007 updated value. The ACS updated 2007 rent is then adjusted with CPI inflation factors that measure changes from mid-2007 through year end 2008 and 1.25 years of trending to arrive at Final FY 2010 FMRs. RDD survey results are applied where available and appropriate.

Portland-Vancouver-Beaverton, OR-WA MSA is an ACS-1 area.

ACS-1 areas are FMR Areas which have at least 200 sample cases of two-bedroom standard quality rents. ACS-1 areas may be MSAs, subareas that are assigned CBSA base rents, subareas that have their own base rents, or large nonmetropolitan counties.

In ACS-1 FMR areas, the update factor used to generate the June 2007 value is the ratio of the 2007 ACS two-bedroom standard quality rent to the 2006 ACS two-bedroom standard quality rent for the FMR Area.

New for FY2010 Final FMRs, HUD has implemented a statistical test to determine if the change in the survey estimates from the 2006 ACS survey estimate to the 2007 ACS survey is statistically significant. This test is described and completed below.

## Generating a June, 2006 Rent from FY 2009 Final FMRs

In order to apply 2006 to 2007 ACS changes to FMRs (ACS data are assumed to be as of June of their respective survey years), FY 2009 FMRs are first deflated to mid-2006 values by removing the CPI inflation and trend factors used to update mid-2006 values to April, 2009 inherent in the Final FY 2009 FMRs. ([Portland-Vancouver-Beaverton, OR-WA MSA FY 2009 FMR Documentation system](#).)

$$\text{Rent}_{2006} = \frac{\text{Final FY 2009 Rent}}{(\text{CPI Change}_{2006})^{.5} \times (\text{CPI Change}_{2007}) \times (\text{Trend})}$$

$$\text{Rent}_{2006} = \frac{\$809}{(1.0290)^{.5} \times (1.0520) \times (1.0376)}$$

$$\text{Rent}_{2006} = \frac{\$809}{(1.0144) \times (1.0520) \times (1.0376)}$$

$$\text{Rent}_{2006} = \frac{\$809}{(1.0671) \times (1.0376)}$$

$$\text{Rent}_{2006} = \frac{\$809}{1.1073}$$

$$\text{Rent}_{2006} = \$731$$

## The 2006 to 2007 Update Factor using 2007 ACS Data

As stated earlier, Portland-Vancouver-Beaverton, OR-WA MSA is an ACS-1 area.

ACS-1 areas are areas that have at least 200 ACS standard quality survey results in both the 2006 and 2007 surveys.

The 2007 ACS data contains enough Recent Mover observations for Portland-Vancouver-Beaverton, OR-WA MSA to evaluate whether the 2007 updated rent is statistically different from the survey result. As will be shown in the table below, the 2007 updated rent is not statistically different from the 2007 Recent Mover ACS Survey result for Portland-Vancouver-Beaverton, OR-WA MSA.

The 2006 and 2007 ACS results for Portland-Vancouver-Beaverton, OR-WA MSA are used in the calculation of the 2006 to 2007 update factor.

The 2006 ACS result is [\\$755](#) and the 2007 ACS result is [\\$783](#). This leads to an unadjusted update factor of:

$$\text{UpdateFactor}_{06-07} = \$783 / \$755$$

$$\text{UpdateFactor}_{06-07} = 1.0371$$

New for Final FY 2010 FMRs, HUD tests to see if the change in ACS survey results from 2006 to 2007 is statistically significant. This is done by computing a "Z-Score". If the Z-Score value is greater than 1.645 the 2 survey results are considered to statistically different from each other. If the Z-Score is less than 1.645 then the change is considered to be statistically insignificant and the change factor is set to 1.

The Z-Score is calculated as:

$$Z = \frac{EST_{07} - EST_{06}}{\sqrt{(SE_{07}^2 + SE_{06}^2)}}$$

Where  $EST_{06}$  is the 2006 ACS Survey Estimate,  $EST_{07}$  is the 2007 ACS Survey Estimate,  $SE_{06}$  is the standard error of the 2006 ACS Survey Estimate and  $SE_{07}$  is the standard error of the 2007 ACS Survey Estimate.

$$Z = \frac{783 - 755}{\sqrt{(6.687^2 + 5.471^2)}}$$

$$Z = \frac{28}{\sqrt{(44.715 + 29.933)}}$$

$$Z = \frac{28}{\sqrt{74.648}}$$

$$Z = \frac{28}{8.640}$$

$$Z = 3.241$$

As can be seen from the calculation above the z-score is greater than 1.645. Therefore the 2006 to 2007 update factor is 1.0371. Consequently, the 2007 updated intermediate rent for Portland-Vancouver-Beaverton, OR-WA MSA is:

### 2007 ACS Recent Mover Survey Result Evaluation for Portland-Vancouver-Beaverton, OR-WA MSA

$Rent_{2006}$	Local SQ Update Factor	Local SQ Updated Rent	2007 ACS Local Recent Mover Rent	2007 ACS Survey Confidence Interval	Is the Local SQ-Updated Rent Outside The Confidence Interval of RM Rent?	2007 Basis	2007 Intermediate Rent
---------------	------------------------	-----------------------	----------------------------------	-------------------------------------	--	------------	------------------------

\$731	1.0371	\$758	<u>\$765</u>	\$753-\$777	NO Recent Mover Rent is not statistically different from updated rent	SQ updated rent	\$758
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NOTE: The update factor shown in the calculation above may not match exactly the 2006 to 2007 factor shown throughout the demonstration due to the rounding of Fair Market Rents to whole dollar amounts

## The 2007-to-2010 Update Factors

HUD updates the 2007 intermediate rent (as of June 2007) with the appropriate CPI change (local or regional) to establish rents as of December 2008. HUD then applies additional trending or results of Random Digit Dialing (RDD) surveys to update rents to April, 2010, the mid-point of FY 2010.

The Portland-Vancouver-Beaverton, OR-WA MSA has the following 2007-to-2010 Update Factor:

### Update Factors used between June 2006 and April 2008

Year	Update Factor	Type
6/2007 to 2008	1.0667	<a href="#">Local CPI Factor</a>
2008 to 2010	1.0376	Trend Factor 3% for 1.25 Years =1.03 <sup>1.25</sup>

## Final FY 2010 2-Bedroom FMR

The Final FY 2010 2-Bedroom FMR is simply the product of the 2006 Rent from deflated from FINAL FY 2009 FMRs, the 2006 to 2007 update factor and the 2006-to-2010 Update Factors for Portland-Vancouver-Beaverton, OR-WA MSA as determined above:

Portland-Vancouver-Beaverton, OR-WA MSA Final FY 2010 FMR

$$= \$731 \times 1.0371 \times 1.0667 \times 1.0376$$

$$= \$758 \times 1.0667 \times 1.0376$$

$$= \$809 \times 1.0376$$

= \$839

## The Final FY 2010 Rents for All Bedroom Sizes

The following table shows the Final FY 2010 FMRs by unit bedrooms. The FMRs for units with different numbers of bedrooms are computed from the ratio of the 2005 Revised Final FMRs (based on 2000 Decennial Census Data) for the different unit sizes to the 2005 2-Bedroom Revised Final FMRs. These Rent Ratios are applied to the Final FY 2010 2-Bedroom FMR to determine the Final FY 2010 FMRs for the different size units.

Click on the links in the table to see how the bedroom rents were derived.

### Final FY 2010 FMRs By Unit Bedrooms

[Efficiency](#) [One-Bedroom](#) Two-Bedroom [Three-Bedroom](#) [Four-Bedroom](#)

Final FY 2010 FMR	\$626	\$726	\$839	\$1,222	\$1,467
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The FMRs for unit sizes larger than four bedrooms are calculated by adding 15 percent to the four bedroom FMR, for each extra bedroom. For example, the FMR for a five bedroom unit is 1.15 times the four bedroom FMR, and the FMR for a six bedroom unit is 1.30 times the four bedroom FMR. FMRs for single-room occupancy units are 0.75 times the zero bedroom (efficiency) FMR.

Data file last updated Wed., Jun 02, 2010.

## Change Your Geographic Selections

Select a State first to select a specific county or New England town:

or

Select a Final FY 2010 Metropolitan FMR Area:

---

| [HUD Home Page](#) | [HUD User Home](#) | [Data Sets](#) | [Fair Market Rents](#) | [Income Limits](#) |

Technical Problems or questions? [Contact Us](#).

## Section E: Calculating Resident Rent

The Supportive Housing Program (SHP) allows grantees to charge participants' rent under specific guidelines. At the grantee's discretion, rent may be charged but may not exceed certain specified amounts that are outlined in 24 CFR 583.315. This section provides guidance for grantees in calculating rents. Also refer to Appendix F.

### Definition of Resident Rent

*Resident Rent is the higher of:*

1. 30% of monthly adjusted income;
2. 10% of monthly gross income;
3. Welfare rent (if applicable in your state; if unsure, check with the HUD Field Office)

**Grantees are not required to charge participants any rent.** However, if the grantee decides to charge rent, the worksheet will take you through the steps to arrive at the maximum rent. Use the following worksheet to determine resident rent:

*Resident Rent Calculation and Utility Allowances are available as Excel Workbooks and Adobe pdf, and are located on your Resource CD.*

The Domestic Violence Coordinator's Office requires that you charge rent fees to all persons entering the program that have income. You must fill out the rent calculation worksheet to determine the monthly gross household income. Participant's rent must be either 30% of their monthly gross income or 10% of their total gross income—**whichever is the higher amount.**

Please do not enter into an agreement to rent a house for a woman that when stabilized and working will never be able to afford, e.g., a four-bedroom house for \$1100 a month for a woman who will be earning \$1500 a month when she exits from the program. With Section 8 becoming difficult to obtain and other rent subsidies becoming less obtainable it is important to not create a lease agreement that a participant will not be able to maintain when leaving the program.

### Oregon Fair Market Rents (FMRs) for Fiscal Year 2009, final

This data is available online at <http://www.huduser.org/datasets/fmr.html>.

Portland – Vancouver – Beaverton, OR – WA

Efficiency	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
\$604	\$700	\$809	\$1,178	\$1,415

Data file last updated: October 1, 2008

## SCHEDULE OF UTILITY ALLOWANCES SECTION 8 PROPERTIES (April 2008)

		500 SF 0 BD	700 SF 1 BD	900 SF 2 BD	1100 SF 3 BD	1300 SF 4 BD	1500 SF 5 BD	1700 SF 6 BD	1900 SF 7 BD	
A L L	ELECTRICITY - MONTHLY SERVICE CHARGE	\$9	\$9	\$9	\$9	\$9	\$9	\$9	\$9	
	LIGHTS & REFRIGERATOR	\$11	\$15	\$19	\$23	\$29	\$33	\$38	\$44	
	FAN	\$2	\$2	\$3	\$4	\$4	\$5	\$5	\$6	
E L E C T	COOKING	\$4	\$6	\$8	\$9	\$12	\$13	\$16	\$18	
	HOT WATER	\$19	\$24	\$30	\$37	\$45	\$52	\$59	\$68	
	SPACE HEAT (EXIST. S/F DETACHED)		\$47	\$57	\$68	\$81	\$90	\$104	\$119	
	SPACE HEAT (NEW S/F DETACHED)		\$23	\$30	\$34	\$40	\$45	\$52	\$59	
	SPACE HEAT (EXIST. MULTIPLEX)	\$27	\$37	\$43	\$53	\$62				
	SPACE HEAT (NEW MULTIPLEX)	\$14	\$19	\$22	\$28	\$32				
G A S	GAS - MONTHLY SERVICE CHARGE	\$6	\$6	\$6	\$6	\$6	\$6	\$6	\$6	
	COOKING	\$6	\$8	\$10	\$12	\$16	\$18	\$21	\$24	
	HOT WATER	\$15	\$21	\$26	\$32	\$41	\$47	\$54	\$62	
	SPACE HEAT (EXIST. S/F DETACHED)		\$53	\$66	\$74	\$88	\$98	\$113	\$129	
	SPACE HEAT (NEW S/F DETACHED)		\$21	\$27	\$34	\$40	\$45	\$52	\$59	
	SPACE HEAT (EXIST. MULTIPLEX)	\$30	\$41	\$50	\$62	\$72				
	SPACE HEAT (NEW MULTIPLEX)	\$13	\$18	\$23	\$28	\$32				
O I L	HOT WATER	\$20	\$28	\$36	\$44	\$56	\$64	\$74	\$84	
	SPACE HEAT (EXIST. S/F DETACHED)		\$89	\$111	\$134	\$159	\$177	\$204	\$234	
	SPACE HEAT NEW S/F DETACHED)		\$38	\$49	\$57	\$67	\$76	\$87	\$100	
	SPACE HEAT (EXIST. MULTIPLEX)	\$50	\$68	\$85	\$104	\$120				
	SPACE HEAT (NEW MULTIPLEX)	\$23	\$31	\$38	\$47	\$55				
W T R	INSIDE PORTLAND	\$5	\$7	\$9	\$11	\$14	\$16	\$18	\$21	
	INSIDE GRESHAM	\$17	\$19	\$21	\$23	\$26	\$28	\$29	\$31	
	OTHER AREAS	\$6	\$9	\$12	\$14	\$18	\$21	\$24	\$27	
S W R	SEWER - SINGLE FAMILY DWELLING	\$32	\$38	\$44	\$49	\$58	\$64	\$64	\$65	
	SEWER - S/F GRESHAM/OTHER	\$29	\$29	\$29	\$29	\$29	\$29	\$29	\$29	
	SEWER - MULTI-FAMILY DWELLING	\$14	\$20	\$26	\$31	\$40	\$46			
G A R	GARBAGE/SOLID WASTE (WEEKLY P/U)	\$20	\$20	\$20	\$20	\$20	\$20	\$20	\$20	
	USE SAME RATE FOR GRESHAM/OTHER AREAS									
A P P L	TENANT OWNED:									
	APPLIANCES	REFRIG.	\$4	\$4	\$4	\$4	\$4	\$4	\$4	
	CREDIT	RANGE	\$3	\$3	\$3	\$3	\$3	\$3	\$3	
<b>TOTAL</b>										

- Existing single family detached or multiplex are units not weatherized and constructed in or before 1980.
- Weatherized (3 of 4)  Windows  Ceiling  Floor  Wall
- New single family detached or multiplex-double glass are units weatherized or constructed after 1980.
- Service charges are fixed for electric, gas, and water/sewer.
- 4522 HDD used in computations.
- Lights include refrigerator, overhead lights, lamps and outlets.
- Reference HUD-52667 for allowance tables.

FMR	
-UA	
MAX	

## Resident Rent Calculation Worksheet

(1)		Annual income from all sources – see inclusions section
(2)		Income exclusions – see exclusions section
(3)		Annual Income
<b>Calculating Adjusted Income Dependent Allowance</b>		
(4)		Number of dependents
(5)		<b>(line 4 × \$480)</b>
<b>Child Care Allowances</b>		
(6)		Anticipated un-reimbursed expenses for care of children
<b>Disabled Assistance Allowance</b>		
(7)		Disabled assistance expenses
(8)		Multiply line 3 by 0.03 <b>(line 3 × 0.03)</b>
(9)		Subtract line 8 from line 7 <b>(line 7 – line 8)</b>
(10)		Family member earnings that were dependent on the disabled assistance expenses
(11)		Lesser of lines 9 or 10
<b>Medical Expenses/Elderly Family Allowances</b>		
(12)		List total for medical expenses
(13)		If <b>line 9 &gt; 0</b> , enter amount from <b>line 12</b> , otherwise enter <b>(line 7 + line 12 – line 8)</b>
(14)		Elderly/disabled allowance (enter \$400, if applicable)
<b>Adjusted Income</b>		
(15)		Total income adjustments <b>(lines 5 + 6 + 11 + 13 + 14)</b>
(16)		Adjusted income <b>(line 3 – line 15)</b>
(17)		30% of monthly adjusted income <b>(line 16 ÷ 12 × 0.3)</b>
(18)		10% of monthly income <b>(line 3 ÷ 12 × 0.1)</b>
(19)		Portion of welfare payment designated by the agency to meet the family’s housing cost – if applicable
(20)		Enter the largest of lines 17, 18 or 19 <b>This is the maximum amount per month that may be charged for resident rent.</b>
<b>Determining Resident Rent for Units where Utilities are NOT included in rent.</b>		
(21)		Utility allowance
(22)		Resident rent <b>(line 20 – line 21)</b>
(23)		Utility reimbursement (ONLY if line 22 < 0. This is the amount that must be paid TO the RESIDENT as a utility reimbursement.)

**Annual income includes:**

- 1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- 2) The full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits and other similar types of periodic receipts, including lump sum payment for delayed start of a periodic payment;
- 3) Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay;
- 4) Welfare assistance. Welfare or other payments to families or individuals, based on need, that are made under program funded, separately or jointly, by Federal, State or local governments (e.g, Social Security Income (SSI) and general assistance available through state welfare programs);
- 5) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from persons not residing in the dwelling;
- 6) Net income from the operation of a business or profession;
- 7) Interest, dividends, and other net income of any kind from real and personal property;
- 8) All regular pay, special pay and allowances of a member of the Armed Forces, except special hostile fire pay.

***Income That Must Be Excluded***

**Annual income does not include:**

- 1) Income from employment of children (including foster children) under the age of 18 years;
- 2) Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the tenant family, who are unable to live alone);
- 3) Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property;
- 4) Amounts received by the family, that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
- 5) Income of a live-in aide as defined in Sec. 813.102;
- 6) The full amount of student assistance paid directly to the student or to the educational institution;
- 7) Amounts received under training programs funded by HUD;
- 8) Amounts received by a disabled person that are disregarded for a limited time for purposes of SSI income eligibility and benefits because they are set aside for use under a Plan for Achieving Self-Support (PASS); or
- 9) Amounts received by a participant in other publicly assisted programs which are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
- 10) A resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to,

fire patrol, hall monitoring lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time;

- 11) Compensation from state or local employment training programs and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for a limited period as determined in advance;
- 12) Temporary, non-recurring or sporadic income (including gifts);
- 13) For all initial determinations and reexaminations of income carried out on or after April 23, 1993, reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;
- 14) Earnings in excess of \$480 for each full time student 18 years old or older (excluding the head of household and spouse);
- 15) Adoption assistance payments in excess of \$480 per adopted child;
- 16) Deferred periodic payments of SSI income and social security benefits;
- 17) Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
- 18) Amounts paid by a State agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home;
- 19) Amounts specifically excluded by any other federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that included assistance under the U.S. Housing Act of 1937:
  - a) The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));
  - b) Payments to volunteers under the Domestic Volunteer Service Act of 1973 (42 U.S.C.5044, 5058);
  - c) Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626);
  - d) Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);
  - e) Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624(f));
  - f) Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552(b));
  - g) Income derived from the disposition of funds of the Grand River Band of Ottawa Indians (Public Law 94-540, 90 Statute 2503-2504);
  - h) The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the Court of Claims (25 U.S.C. 1407-1408) or from funds held in trust for an Indian tribe by the Secretary of Interior (25 U.S.C. 117); Scholarships funded under Title IV of the Higher Education Act of 1965 including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs that are made available to cover the costs of tuition, fees, books, equipment, materials, supplies, transportation, and miscellaneous personal expenses of a student at an educational institution (20 U.S.C.1087uu);

- i) Payments received from programs funded under Title V of the Older Americans Act of 1965 (U.S.C. 3056(f));
- j) Payments received after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in the In Re Agent Orange product liability litigation, M.D.L. No. 381 (E.D.N.Y.); and
- k) Payments received under Maine Indian Claims Settlement Act of 1980 (Pub.L. 96-420, 94 Statute 1785);
- l) Earned income tax credit refund payments received from the Internal Revenue Service on or after January 1, 1991. Payments may be received in a resident's regular pay or as a single sum payment;
- m) Payments received as AmeriCorps Living Allowances (29 U.S.C. Sec.1552);
- n) Payments received under WIC-Supplemental Food Program for Women, Infants, and Children;
- o) Payments received under the National School Lunch Program (42 U.S.C. 175-176);
- p) Payments received under the Child Nutrition Act (42 U.S.C. 1771-1778);
- q) Payments received under the Child Care Block Grant Act of 1990.

✂ Income does not include food stamps ✂

#### Adjustments to Income:

- **Dependent Allowance:** \$480 must be deducted for each dependent. Dependents include household members who are under 18, handicapped, disabled, or full-time students, but not any of the following: the family head, spouse, or foster children.
- **Child Care Allowance:** Reasonable child care expenses anticipated during the period for children 12 and under that enable a household member to work or pursue further education are deducted. The amount deducted for child care to enable a person to work may not exceed the amount of income received from such work. In addition, child care expenses may not be deducted if the individual is reimbursed for these expenses.
- **Disabled Assistance Allowance:** The disabled assistance allowance covers reasonable expenses anticipated during the period for attendant care (provided by non-household member) and/or auxiliary apparatus for any handicapped or disabled household member that enables either that individual or another household member to work. The amount of expenses that exceeds three percent of annual gross income is deducted, provided the resident is not reimbursed for the expenses and the expenses do not exceed the amount earned by adult household members as a result of the disabled assistance.
- **Medical Expenses Allowance:** The amount that may be deducted for anticipated medical expenses not covered by insurance or unreimbursed, generally equals the amount by which the sum of disabled assistance expenses, if any, as described above, and medical expenses exceeds three percent of annual income.
- **Elderly/Disabled Family Allowance:** A \$400 per elderly or disabled family allowance is provided to any family whose head of household, spouse, or sole member is at least 62 years old or is handicapped or disabled.

**SHP rent calculations in a roommate situation:**

- 1) When two people are roommates and one isn't a program participant, the HUD portion of the rent may not exceed 1/2 of the "rent" of the unit. Rent must be consistent with 24 CFR 583.115(b) 1 or 2 ("comparable" if a facility or part of a facility and not exceeding FMR if an individual unit). The SHP client participant's rent contribution towards that 1/2 amount may not exceed 30% of their adjusted or 10% of their gross income.
- 2) When two roommates are both SHP program participants, they each pay no more than 30% of their adjusted or 10% of their gross income towards their 1/2 of the total "rent" (as described in paragraph 1) for the unit.
- 3) If two people are roommates and one is an SHP participant that is disabled and the other is not a participant but is their live-in-aide (24 CFR 813.102) then the aide's income is not counted in determining annual income of the household - CPD Notice 96-03, paragraph 4.b.(5).

**General Topics Regarding Resident Rent:**

**Review of Income:** In order to determine the correct rent payment, residents' income must be reviewed. Their income must be reexamined at least annually. In addition, if there is a change in family composition (e.g., birth of a child) or a decrease in the resident's income during the year, the resident may request an interim reexamination and the resident rent adjusted accordingly. Residents who receive an increase in income need not have their rent increased until the next scheduled (annual) reexamination. Residents must agree to supply such certification, release, information, or documentation as the grantee judges necessary to determine the resident's income. Self-declaration may be used only if there is no other means of verification available.

**Maximum or a minimum rent that can be charged:** The United States Housing Act of 1937 states that resident rent must be the highest of either 30 percent of monthly adjusted income, 10 percent of monthly income, or, under certain circumstances, a locally-designated portion of public assistance. This standard sets an exact rent; there is no maximum or minimum per se. See section 1 (Purpose) for the SHP exceptions. However, see section 3.a.(4) for information on P.L. No. 104-99.

**Use of income earned through participation in a training program:** Income earned through training programs should be excluded if the training program is: funded by HUD (including training provided by HUD grantees and sub-grantees using HUD program funds); is funded through the Job Training Partnership Act (JTPA), including AmeriCorps Living Allowances; or is funded by State or local employment training programs.

**Distinguishing between employment that is part of a training program and regular employment:** Employment-related activities are considered to be training rather than employment if the work activity is of a time-limited nature and there is a curriculum of activities with discrete goals related to a participant's skill development and employability. Examples of such activities may include on-the-job training for maintenance work, data entry, or food preparation.

**Utility Payments:** In some circumstances the cost of utilities is not included in the resident rent but is the responsibility of the resident. This usually occurs for those living in units that are individually metered, and residents receive bills directly from the utility company. In such circumstances, the resident's rent would equal the resident's required rent payment less an allowance for reasonable utility consumption. Do not include the cost of telephone service as a utility for this purpose. If reasonable utility expenses alone exceed the amount the resident is required to pay for both shelter and utilities, the resident must be reimbursed for the difference. The attached worksheet reflects this calculation.

**Reasonable utility consumption:** Local public housing agencies (PHAs) maintain a schedule of utility allowances by housing type for the Section 8 program. To determine the amount to allow for a reasonable amount of utility consumption given a particular type and unit size of housing, the local PHA should be contacted for the schedule of utility allowances.

**Eligible child care expenses:** Child care expenses can be deducted in full given the following conditions: the child or children are 12 years old and under; the resident is employed or enrolled in school while the dependent is receiving care; the amount deducted as child care expenses is necessary for the resident to work or attend school and the amount necessary for the resident to work does not exceed the amount earned while working; and the resident is not reimbursed for this expense.

**Child care payments through program fees:** If the amount paid through program fees is for eligible child care expenses, then the amount paid should be deducted from income.

**Seasonal employment income:** Unless the income is earned by family members younger than 18 years of age, seasonal income is counted just like other wages and salaries. Seasonal income includes, but is not limited to, holiday employment, summer employment, and seasonal farm work. "Temporary, non-recurring income" is income that is not expected to be regularly available in the future. An example of "temporary, non-recurring income" is income earned by census workers who helped take the 1990 census.

**Fees for food and services:** Participants in programs covered in this document may be charged fees for food and other services in addition to rent, but the fees should be reasonable and not conflict with the goal of helping residents achieve the highest level of independent living possible.

**Sliding scale fees:** Fees may be based either on a sliding scale according to the resident's income or on a fixed basis as long as those fees are reasonable to the income of the resident and in relation to the services provided.

**Fees applied to some residents but not others:** If there is a reasonable basis to charge only some residents, such as services that apply only to some residents, then fees can be selectively applied. However, in most cases if a fee is charged, it would be applied to all residents.

**Saving a portion of the resident's income:** Federal regulations do not prohibit recipients from instituting mandatory savings programs. However, such programs, if adopted, should be applied to all residents. In addition, recipients should be aware that savings plans may result in asset levels that could jeopardize residents' eligibility for benefits such as AFDC, SSI and general assistance. Recipients may want to consult with their local public welfare office to discuss ways to implement savings programs without jeopardizing benefits available to their residents.

**Medical expense allowance:** Medical expenses can only be deducted if the head of household, spouse or sole member is at least 62 years of age, handicapped or disabled. In addition, only medical expenses in excess of 3 percent of annual income that are not reimbursed may be deducted. The amount deducted depends on the amount of handicapped assistance expenses as described in the Adjustments section.

**Typical handicapped assistance expenses:** Typical handicapped assistance expenses include specially equipping an automobile so that a household member can drive to work or paying for in-home attendant care of a handicapped child so that an adult member can work.

**Earned income tax credits:** The amount of income included in the residents' pay that is attributed to an earned income tax credit will be listed separately on their pay stubs. It will be the same amount in each check.

**Training:** If the training is provided using funds available through a grant, it is considered HUD-funded training, and income received from such training may not be counted as income when calculating resident rent payments.

**Resident rent can be used to pay expenses other than operating or leasing costs:** Rental income may be used for expenses other than operating or leasing costs at the recipient's discretion. For example, the residents' rent could be saved to be used to help them make the transition to permanent housing and greater independence.

**HUD SHP Case File Checklist**  
**This Information Is Required in All Case Files**

**Case Manager:**

**Client ID # (Service Point)**

**Client Identifier:**

**Date Entered**

**Date of Exit**

Required Documentation	Present in File? (Circle)	Comments
Intake Form, General Client Information	Yes No	Includes demographic information
Contact Information	Yes No	Emergency & Follow-up
Assessment	Yes No	Strength Based:
Service Plan	Yes No	Strength Based:
Case/Progress Notes	Yes No	Last date of entry: Notes follow case plan: Yes No Notes dated and signed: Yes No
Safety Plan	Yes No	
Residential/Program Contract	Yes No	
Agency Grievance Policy	Yes No	
Participant Rights	Yes No	
Confidentiality Statement Signed	Yes No	
<b>FORMS:</b>		
Release of Information Statement If necessary	Yes No	With end date
Homeless Verification	Yes No	Documented: Yes Need to do
Income Verification	Yes No	Documented: Yes Need to do
Rent Calculation Worksheet	Yes No	
Habitability Standards	Yes No	Repeated Each Year_____
Lease Agreement	Yes No	Signed copy_____
Lead-Based Paint Disclosure	Yes No	
<b>For exited clients</b>		
Exit Summary	Yes No	
Exit letter	Yes No	
Follow-up documentation	Yes No	

File reviewed by Supervisor on: Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

Other documents as required by agency: \_\_\_\_\_

**HUD Supportive Housing Program  
SELF-DECLARATION OF HOUSING STATUS**

HUD SHP Applicant Name: \_\_\_\_\_

- Household without dependent children (complete one form for each adult in the household)
- Household with dependent children (complete one form for household)  
Number of persons in the household: \_\_\_\_\_

**This is to certify that the above named individual or household is currently homeless based on the following and other indicated information and the signed declaration by the applicant.**

---

**Check all that apply:**

- I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground).
- I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse.
- I [and my children] lack the resources and have no support network to obtain housing.

**I certify that the information above and any other information I have provided in applying for HUD SHP assistance is true, accurate and complete.**

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

---

**SHP Staff Certification**

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for SHP assistance. I have verified lack of resources and determined through the interview process that the participant certifications appear to be true.

*Documentation of efforts made:*

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

SHP Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This Information is REQUIRED in Case File

## CLIENT AGREEMENT TO PARTICIPATE OR SERVICE CONTRACT

I,  agree to abide by the *agency name's* rules and guidelines. I agree to participate by following my individual case plan and to remain alcohol and drug free for the time in which I am in the *agency name* program. Additionally, I will attend domestic violence support groups as determined by my case manager. I will inform my case manager of any and all changes in my income, and I will seek support if or when I feel I wish to reunite or contact my abuser. I understand the Program Rules, and have been provided with information regarding the Grievance Process Confidentiality, Participant Rights, Warning and Termination of Service Policy. I agree to attend meetings as agreed upon with my case manager. If I cannot attend I will contact my case manager and reschedule as soon as I know that I will not be able to attend. My participation in this program will be my priority, and I agree to follow through with the steps set forth for me to achieve my goals. Any resources that may be provided to me, I understand I hold the responsibility for providing any receipts therein. I understand that I can be terminated from the *agency name* program at any time, as determined by the program coordinator, in the case that I am out of compliance with my case plan.

Participant Signature

Date Signed

Case Manager Signature

Date Signed

## CONFIDENTIALITY AGREEMENT & PARTICIPANT RIGHTS

Client ID (Service Point)

### Confidentiality Agreement

When you come to **agency name** for support or services, it is important that you feel comfortable in speaking with a case manager or other staff. One aspect of this sense of safety is knowing that everything you say and that everything in your file is held confidential.

We are obligated to submit **statistical** information to Multnomah County such as age, gender, ethnicity, referral source, and general categories of assistance required—no individually identifiable information is released without your express, written permission. In addition, you may meet other participants while visiting here or participating in a group or other activities. Those individuals have the same right and expectation of privacy as you do.

We do not speak about an individual participant to any other participant of our program or to persons outside this agency unless we have your signed release specifying the person we are able to speak with.

There are four exceptions to the confidentiality agreement. We will break confidentiality and make a report to the appropriate agency in the following situations:

1. Information given to use that indicates a child has been abused or is in danger of abuse.
2. Information given to us that indicates a violent crime is about to take place.
3. Information given to us that indicates that you are in danger of doing harm to yourself or others.
4. If the court subpoenas our records.

### Participant Rights

1. To view your own file upon request.
2. To be treated with respect and dignity.
3. To participate actively in the development of your case plan.
4. To receive answers to your questions about service delivery from this agency.
5. To file a grievance regarding the program, this agency or its staff and received a copy of the grievance policy.

Your signature below indicates that you have read this statement, you understand it, and you agree to it. In addition, your signature indicates that you will hold confidential the names of and information about others you may meet at this agency.

Program Participant

Date

Service Provider Representative

Date

Sample Form

## **GRIEVANCE POLICY & PROCEDURE**

If at anytime you feel you have been treated unfairly regarding the services you have received or believe that you should have received from agency name, you may file a complaint.

We recognize that as a victim, you may have good reason to fear conflict and authority and may not have been exposed to helpful ways of dealing with disagreement and confrontation. You might not even be aware there are options for remedy of a conflict.

*Filing a grievance in no way will affect your receiving services from this program.*

### **An Informal Complaint/Grievance**

You may make an informal complaint before filing a formal grievance. To make an informal complaint, talk the problem over with the staff person with whom you have a complaint. You may do this with or without a support person of your choice.

### **A Formal Grievance**

If you do not feel the issue was resolved to your satisfaction, or if you feel that an informal discussion is inappropriate, you may file a formal grievance. Here are the steps to filing a formal grievance.

Submit a written explanation of your complaint to the program manager at the agency where you receive services. If you need help in writing the grievance, request assistance from a staff person you are comfortable with.

A representative of this agency will contact you within 3 working days of the receipt of your written complaint. Within 10 working days a written response will be made. Upon mutual agreement, these dates may be waived or changed.

A formal complaint regarding services received will be processed in the following manner:

1. First your case manager or program manager will review the complaint.
2. If you are unable to resolve the complaint with the case manager or program manager, an appointment will be scheduled to discuss the matter with the executive director.
3. If the executive director is unable to resolve the matter or if you are not satisfied with the results, you may request a meeting with the Multnomah County, program manager. The county program manager, who will inform you of the decision, will make the final decision.

## TERMINATION OF SERVICES POLICY

Client ID (Service Point)

The services provided at *agency name* are voluntary. Therefore both client and agency are free to terminate such services at any time. However, we will not stop services without reason and, whenever possible, without prior notification to the client. We request that clients also notify us, whenever possible, why they wish to stop using *agency name* services.

### The following are some reasons that would cause termination of services:

1. Allowing anyone but those on your lease to live with you.
2. If you or anyone living in your home engages in prostitution, drug use, manufacture or distribution of drugs, the abuse or neglect of children or elders, or other illegal activities.
3. If you discontinue or refuse to work on your case plan with your case manager.
4. If you threaten to or perpetrate a crime against any agency staff.
5. Breaking confidentiality by giving the names, phone numbers, and addresses of program participants to anyone without the participant's permission.
6. Missing three consecutive appointments without prior notification to your case manager.

### Warning Policy

1. First and second warning will be given verbally and in writing.
2. At second warning you will be placed on 30-day probation and given a written outline of what you are to accomplish during the next 30 days.

### Program Termination

- Termination from the program will result if a third incident occurs.

Agency staff is here to work with you and recognize that change is a process. For that reason the warning process gives chances. We believe you can be fruitful in your search to better your life and we offer you support to successfully complete the program. All decisions are with the discretion of program coordinator.

Program Participant

Date

Service Provider Representative

Date

Sample Form

TERMINATION OF SERVICES POLICY

**This Information is REQUIRED in Case File**

**CLIENT EXIT SUMMARY**

Agency	<input type="text"/>	Client ID (Service Point)	<input type="text"/>
Date of Exit or Termination	<input type="text"/>	Case Manager	<input type="text"/>
Reason for Exit or Termination	<input type="text"/>		

- (1) Service Program completed –
  - (a) Services/case management no longer needed.
  - (b) Maximum possible services have been provided.
- (2) Client not following case plan – Agency disengagement.
- (3) Client moved from service area –
  - (a) Transfer to another agency
  - (b) Domestic Violence
- (4) Client withdrew from services
- (5) Client contact lost with agency

<input type="text"/>	<input type="text"/>	<input type="text"/>
Client's new address	City, State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Client New Phone	Alternate Contact Name	Alternate Contact Phone

Client's comments:

---

---

---

<input type="text"/>	<input type="text"/>
Client Signature	Date

Case manager's comments:

---

---

---

<input type="text"/>	<input type="text"/>
Case Manager Signature	Date

**This Information is REQUIRED in Case File**

## **INCOME VERIFICATION FORM**

This form **MUST** be filled out for each household at intake.  
Verification documents required for all members over 18 years old.

Applicant's Name

Staff Person's Name

Agency

Today's Date

Source/Type of Income	Frequency for example, once per month	Amount per period	Annual Amount	Comments/Verification

Income verification sources may include but are not limited to:

1. Check stubs or letter from employer
2. Letter from government sources stating amount of income, for example, SSI, SSDI, AFS
3. Written statement from client declaring \$0 income. If so have client state that information.

This information is true to the best of my knowledge.

Applicant Signature

Date Signed

## Section F: Client File Requirements

Following is a list of documentation each case file must contain. *It is not necessary that each item listed is a separate form, but the information detailed on the sample forms must be present in the case file.*

County Required and Sample forms are provided on your Resource CD. You need Adobe Acrobat Reader for most of these forms. If you do not have Adobe Acrobat Reader, you can download it at [www.adobe.com](http://www.adobe.com) – click on the link “Get Adobe Reader”



1. HUD File Checklist
2. Verification of Homeless Status – County Form required.
  - Notation of victimization must be made in assessment to document homelessness by DV.
3. Participation Agreement—Agency agreement/contract with participant – includes details on expectations of participant and agency.
4. Confidentiality Agreement and Participant Rights
5. Grievance Procedure.
6. Termination of Services Policy.
7. Client Exit Summary.
8. Income Verification – including documentation, e.g., a copy of last pay stub.
9. Strength-Based Assessment – must be used in creating case plan and goals.
10. Contact information for follow-up – at least two family or friend contacts.
11. Case/Service Plan – goals must note how strengths are used to accomplish these goals.
12. Follow-up evidence, re-assessment of progress toward goals.
13. Case Notes – see instructions for creating case notes.
14. Safety Plan or notation that a safety plan was created and is updated regularly.
15. Rent Calculation worksheet.
16. Habitability Standards – County Form required.
17. Copy of lease agreement.
18. Disclosure of Information on Lead-Based Paint – County Form required. Also, notation of participant receipt of “Lead-Based Paint” pamphlet.
19. Copies of and/or receipts and check requests that support expenditures.

### NOTE:

Three of the required forms are County Forms – *Homeless Status Verification*, *Habitability Standards*, and *Disclosure of Information on Lead-Based Paint*.

*All other forms included in this desk guide are samples.* Agencies may choose to use forms they developed to collect this information. The Domestic Violence Coordinator's Office must approve agency created forms.

**REMEMBER:** You must send a sample current case file and forms to DVCO HUD staff annually upon renewal of contract.

## SHP FORMS

Again, with the exception of *Verification of Homeless Status*, *Habitability Standards* and *Lead-Based Paint County Forms*, all other information only need be detailed in the case file to meet the “form” requirements. Additional points to remember regarding some of the forms are detailed below.

### Verification of Homeless Status

The *County Form* must be used, and is required for each participant entering the program.

HUD requires all homeless situations be verified with supporting documentation.

As all women entering the HUD DV project should be eligible because of a domestic violence situation you must record the most recent domestic violence incident as well as the history of violence in the assessment to document their homeless status.

### Confidentiality Form

Confidentiality is essential to survivor-staff relationships and to provide effective service provision. The Domestic Violence Coordinator's Office requires provider agency staff inform clients of their rights in respect to confidentiality at the beginning of the intake process.

Please refer to the Oregon Coalition Against Domestic and Sexual Violence, October 2002 publication regarding Oregon and Federal laws relating to this subject.

### Participant Rights

Participants (and agency staff) should expect to be treated with respect and dignity. Clients also have the right to view their case file, participate actively in the development of their case plan, receive answers to questions about service delivery, and to file a grievance/complaint.

### Income Verification

Required form. All income must have supporting documents, e.g., check stubs/copies, TANF confirmation, etc.

Provider agencies are expected to verify the participant's income at the time of intake, and at least annually thereafter. In addition, if there is a change in family composition, e.g., the birth of a child, or a decrease in the resident's income during the year, an interim re-examination may be requested by the participant and the resident rent adjusted accordingly. Participants who receive an increase in income need not have their rent increased until the next scheduled (annual) re-examination. Copies of income verification sources may be included in client files, but is not required—as long as verification sources are listed on the form.

**Refer to Section E of the *SHP Program Desk Guide for Provider Agencies* for income that is excluded from gross annual income.**

✂ Income does not include food stamps ✂

### Identity Verification

All clients must provide valid proof of identity. When possible, two forms of identification should be verified with one being a picture ID. Examples of valid identification are: driver's license, state ID, work ID, green card, passport, and birth certificate. You do not need to photocopy the IDs, but must

officially note in the case file that the participant's identity was verified, e.g., *Participant's identity was verified by case manager. Identity was verified by OR drivers license and birth certificate.*

If ID is not available at intake, it should be a priority goal for the agency and the participant to obtain proof of identification.

### Assessment of Individual/Family Strengths

Provider agencies are expected to conduct a comprehensive strength-based assessment. The Domestic Violence Coordinator's Office does not mandate a specific form to use for the assessment. You can use the sample form or your agency designed form. However, remember to submit your form to DVCO for approval. You must use the information gathered in the assessment when completing the case plan/goals for the participant.

At a minimum, assessments must include:

1. Client/Participant name.
2. Date.
3. Staff person who completed the assessment form.
4. Comprehensive list of strengths and barriers (as detailed in *Strength-Based Assessment and Service Provision*).
5. Basic outline of the violence leading to the participant becoming homeless—this provides documentation for participant eligibility required by the *Verification of Homeless Status* form.

You must use the identified needs that limit the participant from obtaining permanent housing in the goals of the participant. Each goal should also list a participant strength that will assist the participant to obtain the goal when creating a case plan.

### Case Plan, Goals and Case Notes

Case plans or service plans identify the participant's goals in your program and must be developed in partnership with the participant.

Multnomah County contracted service providers must use a **strength-based approach**—this means the participant's strengths must be recognized and used in determining how they will achieve these goals.

Case plans or goals should be reviewed and updated with the client every 90-days. Your case notes **MUST** reflect this review.

### Safety Plan

All participants must have an active safety plan in place before entering housing. The plan should be reviewed monthly and updated as necessary. It is not necessary or always safe to keep the plan in the case file, but the plan creation and review **must be recorded** in the case notes. Sample safety plans and safety planning guidelines are found in this desk guide. Guidelines in other languages are located on your *Resource CD*.

### Rent Calculation

Use the rent calculation form to determine resident rent. Refer to Section E: Calculating Resident Rent for instructions.

## Habitability Standards

An agency staff person must do a walk through of the housing unit and verify the unit is habitable. Use **County Form *Habitability Standards***.

## Lead Based Paint

An agency staff person must verify the age of the housing unit and if built prior to 1978 must ensure the participant received *Protect Your Family From Lead in Your Home*. Additionally, the staff person must ensure the housing unit and common areas have no paint chips or dust that could pose a serious health issue. Use **County Form *Lead Paint Disclosure***. *Protect Your Family From Lead in Your Home* is located on your *Resource CD* in multiple language formats.

## Strength-Based Assessment and Service Provision

*We have a choice about how we wish to view the people with whom we work. We can either view them as manifestations of pathology and deficit or we can view them as representing a degree of competence and skill. We cannot do both. Further, if we choose to view them in terms of pathology, then the focus on problems that this perspective requires makes it much more difficult for us to recognize their strengths and resources ... if we choose to view them as competent and resourceful, then our focus on strengths is more likely to obscure their deficits from our view.*

MICHAEL DURRANT, 1993

Strengths-based case management is an alternative service modality for work with individuals and families. This method stresses building on the strengths of individuals that can be used to resolve current problems and issues, countering more traditional approaches that focus almost exclusively on individuals' deficits or needs.

Strengths-based case management supports active client involvement in a joint participatory process to enhance social functioning. Other assessment models, primarily problem-based or "deficit based" assessments, engage the client less prominently and are more provider driven, adhering to "labels and theories" of case managers (De Jong & Miller, 1995). In either case, according to Frankel and Gelman (1998), the goals of case management is to connect clients to resources to meet their particular needs, and secondly, to help them become their own case managers. It is the second goal that is overtly emphasized in strengths-based case management. Because problem-based assessment focuses on the negative events or characteristics in individuals, case managers often fail to appreciate or acknowledge individuals' assets. This failure serves to lessen an individual's capacity to solve his or her own problems. This is supported by the fact that many need-assessment tools tend to measure individuals' weaknesses and not their strengths. Another unfortunate occurrence is that clients sometimes develop a paternalistic dependency on case managers; they become dependent on the worker's "definition" of the client's problems, thereby deferring to the worker to

both define their problems and to identify strategies to resolve them. Weick, et al. (1989) suggest there is considerable "power" that professionals possess in defining individual's problems and thereafter devising a strategy to overcome the defined problem. This appears to give case managers undue control over clients' lives and diminishes clients' autonomy and sense of competence (Saleebey, 1997). As such, strengths-based case management takes a more positive approach to addressing the needs of clients and gives them an active role in the problem resolution process.

It is purported by Saleebey (1997) that assisting clients with their problems using a strengths-based approach permits them to take an active role in identifying the source(s) of their own problems, to make a self-assessment of their personal and environmental resources, and to assume ownership and responsibility for the final outcome. The strengths-based process is a collaborative one between clients and case managers and incorporates five principles expounded by Saleebey (1997). First, case managers must recognize that all individuals, groups, families, and communities have strengths. The challenge often is to discern those strengths when there appears to be only adversity. For clients' strengths to be recognized and appreciated, case managers must have a good understanding about the clients' experiences, the environment, and cultural makeup of the family and its community.

The second principle stated by Saleebey (1997) is that adversity can be a source of challenge and opportunity. Case managers

should recognize that many families with whom they are working have faced trauma and abuse previously and have survived it. The challenge is to help clients draw on those same resources not yet realized to address their current issues. This principle speaks to the level of resiliency (the capacity to come back after experiencing hardship and despair) many families possess and use to manage and overcome numerous hardships in their lives. Often families' levels of resiliency are tested as new challenges occur. However, the role of case managers is to help clients recognize their own strengths so they can use their own attributes to move toward hope and change.

A third principle espoused by Saleebey (1997) is that case managers do not possess all the power to move their clients to a state in which they are capable of bringing about change in their lives. Rather, it is the job of case managers to understand clients' motivations and aspirations for change and to use that motivation as a basis for providing support. In some cases, clients' lives are assessed and are prescribed care plans with little regard for what is important to the client. Therefore, this principle emphasizes the power of the client's emotional state to bring about change. Understanding the source of the client's motivation is an essential factor that case managers need to identify, accept, and incorporate in the support process. A highly motivated client is more likely to be successful than one who has little motivation or is presented with goals they are compelled to accept.

The fourth principle of strengths-based case management is the recognition that the support process must be a collaborative one between case managers and clients (Saleebey, 1997). This principle acknowledges that a partnership needs to develop between the client and case manager; a partnership that recognizes the experiences and knowledge of clients, as well as the skills of case managers. Together, a process for support is inferred that is likely to be more effective because it lessens the potential for dependency on case managers.

The final principle that Saleebey (1997) identifies is that strengths can be found in any environment. Although many communities are the result of great social and economic injustices that require change extending from sources external to that environment, this principle takes into account that such communities also have many persons with talents, aspirations, and ideals. These communities also have established institutions that are stable and capable of providing different types of resources. These positive resources should be identified and utilized for the benefit of the client. Too often clients are portrayed as "products" of dysfunctional communities (e.g., areas with high crime rates, low school attendance, high teen pregnancy, and a disproportionate number of female-headed households). This principle implores case managers to leave the security of their offices and seek out the positive resources of communities in which their clients reside.

## Comparison between Traditional/Problem-Focused and Strength-Based Treatment Plans

	Traditional or Problem-Focused Treatment Plan	Strengths-Based Treatment Plan
Purpose of the treatment plan	<ul style="list-style-type: none"> <li>• List of problems that the client must address.</li> <li>• Inflexible</li> </ul>	<ul style="list-style-type: none"> <li>• A framework designed to guide the treatment process</li> <li>• A living document that can be adapted to client's needs.</li> </ul>
Role of the client in developing the plan	<ul style="list-style-type: none"> <li>• Little or no client involvement.</li> <li>• Very little client input.</li> </ul>	<ul style="list-style-type: none"> <li>• Client is directly involved in developing the plan.</li> <li>• Plan is centered on client's input—what it is they want to work on.</li> </ul>
Outside or community resources	<ul style="list-style-type: none"> <li>• Underutilized or not utilized at all—may even be seen as a hindrance.</li> </ul>	<ul style="list-style-type: none"> <li>• Resources that can be integrated into the treatment plan.</li> </ul>
Presenting problems	<ul style="list-style-type: none"> <li>• Form the foundation of the treatment plan. Problems are viewed in terms of pathology—often the plan is developed to address the problems alone.</li> </ul>	<ul style="list-style-type: none"> <li>• Problems are still addressed in the plan; however, problems are seen as unsuccessful attempts to manage issues.</li> </ul>
Strengths	<ul style="list-style-type: none"> <li>• Minimized or relegated to a back part of the plan.</li> <li>• Assessments do not measure strengths.</li> <li>• Viewed as opposite of weakness.</li> </ul>	<ul style="list-style-type: none"> <li>• Placed in the beginning of the plan.</li> <li>• Assessments measure strengths as well as problems.</li> <li>• Contextual.</li> </ul>
Treatment goals	<ul style="list-style-type: none"> <li>• Focus mainly on the presenting problems.</li> <li>• Often worded negatively, i.e., <i>the client will stop doing (something negative)</i>.</li> <li>• Language follows a clinical or medical model.</li> </ul>	<ul style="list-style-type: none"> <li>• Integrate client's strengths and problems.</li> <li>• Worded positively, i.e., <i>the client will do more of (something positive)</i>.</li> <li>• Language is understood by all participants in the process—including the client.</li> </ul>

This Information is REQUIRED in Case File

### STRENGTH-BASED NEEDS ASSESSMENT

Name		Date of Birth	
Address		Phone	
City, State, Zip		Alt. Phone	
<b>Children</b>			
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	
Name		Date of Birth	

What are some of the things you would like to work on during the next 6 months?

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What strengths do you have that will help you reach these goals?

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What challenges or obstacles do you face in reaching your goals?

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How will you work to remain free from domestic violence? What support systems do you need to help yourself do this?

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**This Information is REQUIRED in Case File**

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Do you have any educational or job training goals while in follow-up? Please explain.

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Do you want to seek counseling for yourself or your children? Please explain.

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What is your current economic situation? Do you have a copy of your credit history report? (income, phone/utility debt, loans, credit card debt, and financial resources)

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Do you have any legal concerns? Do you need a lawyer or legal advice? (e.g., restraining order, child support issues, rental history problems or criminal record)

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Are you currently working with any other social service agencies? If yes, which ones?

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Any additional information you feel is important to the success of your program?

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This Information is REQUIRED in Case File

## INDIVIDUAL SERVICE PLAN WORKSHEET: COVER SHEET

PROGRAM ENTRY			
Name			
Date of Intake			
Date Participant Eligibility Worksheet Completed			
Date Entered Program			
Date of Initial Assessment			
PROGRAM EXIT			
Date of Exit			
Condition of Exit	Comments		
Terminated			
Moved to Permanent Housing			
Other			
LONG TERM GOALS (UP TO 24 MONTHS)			
A. Obtain & Remain in Permanent Housing	Supportive Services Required for Achievement	Target Date for Achievement	Date Achieved
Goal A1:			
Goal A2:			
Goal A3:			
B. Achieve Greater Self-Determination	Supportive Services Required for Achievement	Target Date for Achievement	Date Achieved
Goal B1:			
Goal B2:			
Goal B3:			
C. Increase Skills and/or Income	Supportive Services Required for Achievement	Target Date for Achievement	Date Achieved
Goal C1:			
Goal C2:			
Goal C3:			

Sample Form

SERVICE PLAN: COVER SHEET

## PARTICIPANT RE-ASSESSMENT WORKSHEET

<b>Client Name</b>		<b>Date of Initial Assessment</b>			
<b>Case Manager</b>		<b>Date of Re-Assessment</b>			
<b>STEPS TO GOAL ATTAINMENT (1-6 months)</b>					
<b>A. PERMANENT HOUSING</b>					
<b>Goals</b>	<b>MILESTONES FOR ACHIEVEMENT</b>				
	Action Step	Responsible Party	Date	Services Provided to date	Outcomes & Revisions
Goal A1					
Goal A2					
Goal A3					
Client Strengths					
Client Obstacles					
Progress Summary					
<b>Follow Up:</b>					

## PARTICIPANT RE-ASSESSMENT WORKSHEET

<b>Client Name</b>		<b>Date of Initial Assessment</b>			
<b>Case Manager</b>		<b>Date of Re-Assessment</b>			
<b>STEPS TO GOAL ATTAINMENT (1-6 months)</b>					
<b>B. GREATER SELF-DETERMINATION</b>					
<b>Goals</b>	<b>MILESTONES FOR ACHIEVEMENT</b>				
	Action Step	Responsible Party	Date	Services Provided to date	Outcomes & Revisions
Goal B1					
Goal B2					
Goal B3					
Client Strengths					
Client Obstacles					
Progress Summary					
<b>Follow Up:</b>					

## PARTICIPANT RE-ASSESSMENT WORKSHEET

<b>Client Name</b>		<b>Date of Initial Assessment</b>	
<b>Case Manager</b>		<b>Date of Re-Assessment</b>	

**STEPS TO GOAL ATTAINMENT (1-6 months)**

**C. INCREASED SKILLS AND/OR INCOME**

Goals	MILESTONES FOR ACHIEVEMENT				
	Action Step	Responsible Party	Date	Services Provided to date	Outcomes & Revisions
Goal C1					
Goal C2					
Goal C3					
Client Strengths					
Client Obstacles					
Progress Summary					
<b>Follow Up:</b>					

Service Provider Representative

Date

Program Participant

Date

## Domestic Violence: Safety Plan Guidelines

One of the most important things you can do when developing your safety plan is to talk to a victim advocate who can help you fully consider safety issues, understand your legal rights, and identify community resources (e.g., shelters, sources of financial assistance, or food banks). You can locate a victim advocate through a local domestic violence agency, which provides services at no-charge to victims. The National Crime Victim Helpline (1-800-FYI-CALL) can also help you prepare a safety plan and find victim assistance within your own community.

The following safety suggestions have been compiled from safety plans distributed by state domestic violence coalitions from around the country. Following these suggestions is **not a guarantee of safety**, but could help improve your safety situation.

### Personal Safety with an Abuser

- Identify your partner's use and level of force so that you can assess danger to you and your children before it occurs.
- Try to avoid an abusive situation by leaving.
- Identify safe areas of the house where there are no weapons and where there are always ways to escape. If arguments occur, try to move to those areas.
- Don't run to where the children are as your partner may hurt them as well.
- If violence is unavoidable, make yourself a small target: dive into a corner and curl up into a ball with your face protected and your arms around either side of your head, fingers entwined.
- If possible, have a phone accessible at all times and know the numbers to call for help. Know where the nearest pay phone is located. Know your local battered women's shelter phone number. Don't be afraid to call the police.
- Let trusted friends and neighbors know of your situation and develop a plan and visual signal for when you need help.
- Teach your children how to get help. Instruct them not to get involved in the violence between you and your partner. Plan a code word to signal that they should get help or leave the house.
- Tell your children that violence is never right, even when someone they love is being violent. Tell them that neither you nor they are at fault or cause the violence, and that when anyone is being violent, it is important to keep safe.
- Practice how to get out safely. Practice with your children.
- Plan for what you will do if your children tell your partner of your plan or if your partner otherwise finds out about your plan.
- Keep weapons like guns and knives locked up and as inaccessible as possible.
- Make a habit of backing the car into the driveway and keeping it fueled. Keep the driver's door unlocked and the other doors locked for a quick escape.
- Try not to wear scarves or long jewelry that could be used to strangle you.
- Create several plausible reasons for leaving the house at different times of the day or night.
- Call a domestic violence hotline periodically to assess your options and get a supportive, understanding ear.

## Getting Ready to Leave

- Keep any evidence of physical abuse, such as photographs of bruises and torn clothing.
- Know where you can go to get help; tell someone what is happening to you.
- If you are injured, go to a doctor or an emergency room and report what happened to you. Ask that they document your injuries.
- Plan with your children and identify a safe place for them (for example, a room with a lock or a friend's house where they can go for help). Reassure them that their job is to stay safe, not to protect you.
- Contact your local battered women's shelter and find out about laws and other resources available to you before you have to use them during a crisis.
- Keep a journal of all violent incidents, noting dates, events, and threats made.
- Acquire job skills as you can, such as learning to type or taking courses at a community college.
- Try to set money aside or ask friends or relatives to hold money for you.
- Store some belongings with a friend or relative. Leave clothing, medications, your Social Security card, a credit card (if possible), citizenship documents, children's school/medical records, children's toys, insurance information, copies of birth certificates, money, and other valued personal possessions with them.

## The Day You Leave

- Leave when it is least expected, for example, during times of agreement and calm.
- Create a false trail. Call motels, real estate agencies, schools in a town at least six hours away from where you plan to relocate. Ask questions that require a call back to your house in order to leave those phone numbers on record.

## General Guidelines for Leaving an Abusive Relationship

- Make a plan for how you will escape and where you will go.
- Plan for a quick escape.
- Put aside emergency cash as you can.
- Hide an extra set of car keys.
- Pack an extra set of clothes for yourself and your children and store them at a trusted friend or neighbor's house. Try to avoid using next-door neighbors, close family members, or mutual friends.
- Take with you important phone numbers (of friends, relatives, doctors, schools, etc.) as well as other important items, including:
  - ✓ Driver's license
  - ✓ Regularly needed medication
  - ✓ List of credit cards (account number and date of expiration) held by self or jointly, or the credit cards themselves if you have access to them
  - ✓ Pay stubs
  - ✓ Checkbooks and information about bank accounts and other assets.

### If time is available, also take:

- ✓ Citizenship documents (such as your passport, greencard, etc.)
- ✓ Titles, deeds, other property information, and tax returns
- ✓ Medical records
- ✓ Children's school records and immunization records
- ✓ Insurance information
- ✓ Copy of marriage license, birth certificates, will, and other legal documents
- ✓ Verification of Social Security numbers
- ✓ Welfare identification
- ✓ Valued pictures, jewelry, or personal possessions.

## After Leaving the Abusive Relationship

### If you are getting a restraining order and the offender is leaving:

- Change your locks and phone number.
- Change your work hours and route taken to work.
- Change the route you take to transport children to school.
- Keep a certified copy of your restraining order with you at all times.
- Inform friends, neighbors, and employers that you have a restraining order in effect.
- Give copies of the restraining order to employers, neighbors, and schools along with a picture of the offender.
- If available in your community, register with **VINE Protective Order™** to be notified immediately when the order is served, when hearings will be held, and when any amendments to the order are filed. Ask your victim advocate or sheriff's office about this service.
- Call law enforcement to enforce the order.
- Carry a charged cell phone preprogrammed to 911.

### If you leave:

- Consider renting a post office box for your mail.
- Be aware that addresses are listed on restraining orders and police reports.
- Be careful to whom you give your new address and phone number.
- Change your work hours if possible.
- Alert school authorities about the situation.
- Consider changing your children's schools.
- Reschedule any appointments that the offender is aware of when you leave.
- Use different stores and frequent different social spots.
- Alert neighbors and request that they call the police if they feel you may be in danger.
- Talk to trusted people about the violence.
- Replace wooden doors with steel or metal doors.
- Install security systems if possible.
- Install a lighting system that turns on when a person is coming close to the house (motion sensitive lights).
- Tell people you work with about the situation and have your calls screened by one receptionist if possible.
- Tell people who take care of your children which individuals are allowed to pick up your children. Explain the situation to them and provide them with a copy of the restraining order.
- Call the telephone company to request caller ID. Ask that your phone be blocked so that if you call, neither your partner nor anyone else will be able to get your new, unlisted phone number.
- Receive ongoing support from domestic violence and mental health service providers.

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**Whether or not you feel able to leave an abuser, there are things you can do to make yourself and your family safer.**

### IN AN EMERGENCY

**If you are at home & you are being threatened or attacked:**

- **Stay away from the kitchen** (the abuser can find weapons, such as knives, there)
- **Stay away from bathrooms**, closets or small spaces where the abuser can trap you
- **Get to a room with a door** or window to escape
- **Get to a room with a phone** to call for help; lock the abuser outside if you can
- **Call 911** (or your local emergency number) **right away for help**; get the dispatcher's name
- Think about a neighbor or friend you can run to for help
- If a police officer comes, tell him/her what happened; **get his/her name & badge number**  
    . . . . .
- **Get medical help** if you are hurt
- **Take pictures** of bruises or injuries
- **Call a domestic violence program or shelter** (some are listed here); ask them to help you make a safety plan

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To find out where to get help  
in your area,  
**CALL the  
National Domestic Violence  
Hotline  
1-800-799-SAFE  
1-800-787-3224 (TTY)**

- 
- Learn where to get help; **memorize emergency**

### HOW TO PROTECT YOURSELF AT HOME

**phone numbers**

- **Keep a phone** in a room you can lock from the inside; if you can, get a cellular phone that you keep with you at all times
- If the abuser has moved out, **change the locks on your door**; get locks on the windows
- **Plan an escape route** out of your home; teach it to your children
- Think about where you would go if you need to escape
- **Ask your neighbors** to call the police if they see the abuser at your house; make a signal for them to call the police, for example, if the phone rings twice, a shade is pulled down or a light is on
- **Pack a bag** with important things you'd need if you had to leave quickly; put it in a safe place, or give it to a friend or relative you trust
- Include **cash, car keys & important information** such as: court papers, passport or birth certificates, medical records & medicines, immigration papers
- **Get an unlisted phone number**
- **Block caller ID**
- **Use an answering machine**; screen the calls
- **Take a good self-defense course**

### HOW TO MAKE YOUR CHILDREN SAFER

- **Teach them not to get in the middle of a fight**, even if they want to help
- **Teach them how to get to safety**, to call 911, to give your address & phone number to the police
- **Teach them who to call for help**
- **Tell them to stay out of the kitchen**
- **Give the principal at school or the daycare center a copy of your court order**; tell them not to release your children to anyone without talking

to you first; use a password so they can be sure it is

- you on the phone; give them a photo of the abuser
- **Make sure the children know who to tell at school if they see the abuser**
- **Make sure that the school knows not to give your address** or phone number to ANYONE

- **Change your regular travel habits**

### HOW TO PROTECT YOURSELF OUTSIDE THE HOME

- Try to **get rides with different people**
- **Shop and bank in a different place**
- **Cancel any bank accounts** or credit cards you shared; open new accounts at a different bank
- **Keep your court order and emergency numbers with you at all times**
- **Keep a cell phone** & program it to 911 (or other emergency number)

### HOW TO MAKE YOURSELF SAFER AT WORK

- Keep a copy of your court order at work
- Give a **picture of the abuser to security** and friends at work
- **Tell your supervisors** - see if they can make it harder for the abuser to find you
- Don't go to lunch alone
- Ask a **security guard** to walk you to your car or to the bus
- If the abuser calls you at work, **save voice mail** and save e-mail
- Your employer may be able to help you find community resources

## USING THE LAW TO HELP YOU

### Protection or Restraining Orders

- Ask your local domestic violence program to help you get a civil protection order and to help you with criminal prosecution
- Ask for help in finding a lawyer

### In most places, the judge can:

- **Order the abuser to stay away** from you or your children
- **Order the abuser to leave your home**
- **Give you temporary custody** of your children & **order the abuser to pay you temporary child support**
- **Order the police to come to your home** while the abuser picks up personal belongings
- **Give you possession of the car**, furniture and other belongings
- **Order the abuser to go to a batterers' intervention program**
- **Order the abuser not to call you at work**
- **Order the abuser to give guns to the police**

### If you are worried about any of the following, make sure you:

- **Show the judge any pictures** of your injuries
- **Tell the judge that you do not feel safe** if the abuser comes to your home to pick up the children to visit with them
- **Ask the judge to order the abuser to pick up and return the children at the police station or some other safe place**
- Ask that any **visits the abuser is permitted are at very specific times** so the police will know by reading the court order if the abuser is there at the wrong time
- **Tell the judge if the abuser has harmed or threatened the children**; ask that visits be supervised; think about who could do that for you
- **Get a certified copy** of the court order
- **Keep the court order with you at all times**

- **Show** the prosecutor your **court orders**
- **Show** the prosecutor **medical records** about

- your injuries or **pictures** if you have them
- **Tell the prosecutor the name of anyone who is helping you (a victim advocate or a lawyer)**
- Tell the prosecutor about **any witnesses** to injuries or abuse
- **Ask the prosecutor to notify you ahead of time if the abuser is getting out of jail**

## BE SAFE AT THE COURTHOUSE

- **Sit as far away from the abuser** as you can; you don't have to look at or talk to the abuser; you don't have to talk to the abuser's family or friends if they are there
- **Bring a friend or relative** to wait with you until your case is heard
- **Tell a bailiff or sheriff that you are afraid** of the abuser and ask him/her to look out for you
- Make sure you **have your court order before you leave**
- Ask the judge or the sheriff to **keep the abuser there** for a while when court is over; leave quickly
- If you think the abuser is following you when you leave, call the police immediately
- **If you have to travel to another State for work or to get away from the abuser, take your protection order with you; it is valid everywhere**

For additional information in your area, please contact:

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## CRIMINAL PROCEEDINGS

IF YOU ARE IN DANGER,  
call **911**  
or your local police emergency



number

To find out about help in your area, call:  
National Domestic Violence Hotline:  
1-800-799-SAFE (7233)  
1-800-787-3224 (TTY)

**Domestic Violence**

**IT'S EVERYONE'S BUSINESS**

American Bar Association  
Commission on Domestic Violence  
&  
Tort Trial & Insurance Practice Section

**Aun cuando no se sienta preparada para dejar a un abusador, hay cosas que puede hacer para poner a su familia y usted a salvo.**

### **EN CASOS DE EMERGENCIA**

**Si esta en su casa y esta siendo amenazada o atacada:**

- Manténgase alejada de la cocina (el abusador puede encontrar armas allí como cuchillos)
- Manténgase lejos de baños, armarios o áreas pequeñas donde el abusador la pueda atrapar
- Vaya a una habitación que tenga una puerta o ventana por donde escapar
- Vaya a una habitación que tenga teléfono para poder llamar y pedir ayuda, si puede cierre la puerta para dejar afuera al abusador
- Llame al 911 (o al número de emergencia local) lo más rápido posible, pida el nombre de la persona que conteste la llamada.
- Piense a cual vecina o amistad le puede pedir ayuda
- Si, viene la policía, dígame lo que paso; tome el nombre y número de la insignia o chapa identificador
- • • •
- Si esta golpeada consiga ayuda médica
- Tómese fotos de las heridas o lesiones que tenga
- Llame a un programa de violencia domestica o albergue de mujeres maltratadas (aquí le incluimos algunos números); pida que le ayuden a preparar un plan de seguridad

### **COMO PROTEGERSE EN SU HOGAR**

- Aprenda a que lugar en su área puede ir para conseguir ayuda, memorice los números de teléfonos de emergencia
- Mantenga un teléfono en una habitación que pueda ser cerrada por adentro, si puede obtenga un teléfono celular y manténelo con usted todo el tiempo
- Si el abusador se ha mudado, cambie las cerraduras de las puertas y ponga cerradura a las ventanas
- Planifique una ruta para escapar de su casa, enseñe esta a sus hijo/as

- Piense a donde va a ir si tiene que escapar
- Pida a sus vecinos que llamen a la policía si ven al abusador por su casa; mantenga una señal clave con los vecinos para que llamen a la policía, por ejemplo, si el teléfono suena dos veces, la cortina esta cerrada o hay una luz encendida
- Haga un bolso o maleta con cosas importantes que quizás necesite si tiene que salir rápidamente, guárdela en un lugar seguro o déjela con alguna amistad o familiar de confianza
- Incluya dinero en efectivo, llaves del auto, documentos importantes como, papeles del tribunal, pasaporte, certificados de nacimiento, records médicos, medicina y papeles de inmigración
- Cambie su número de teléfono a uno que no este registrado como publico.
- Ponga un bloqueador de identificación de números de teléfonos
- Use la maquina contestador de teléfono y revise las llamadas antes de contestar
- Tome un curso en defensa propia

### **COMO HACER QUE SUS HIJO/ AS ESTÉN MAS SEGUROS**

- Enséñele a no meterse en medio de una pelea
- Enséñele a ponerse a salvo, a llamar al 911, a dar su dirección y número telefónico a la policía
- Dígame como y a quien pueden llamar para conseguir ayuda
- Enséñele a permanecer fuera de la cocina
- Darle a la principal de la escuela o del centro de cuidado diurno una copia de la orden del tribunal y dígame que no pueden dejar ir a sus hijo/as con persona alguna sin antes conversar con usted, coordine una palabra clave con ellos para que se puedan asegurar que usted es la persona en el teléfono, deje foto del abusador en la escuela
- Asegúrese que los niño/as sepan a quien informar si ven al abusador en la escuela
- Asegúrese que el personal de la escuela sepa que no deben dar su dirección o número de teléfono a persona alguna

### **COMO PROTEGERSE FUERA DE LA CASA**

- Cambie regularmente su rutina de viaje
- Trate de conseguir transportación con distintas personas

- Haga compras y sus transacciones bancarias en lugares distintos
- Cancele cualquier cuenta bancaria o tarjeta de crédito que tenga en conjunto con el abusador; abra cuentas nuevas en un banco distinto
- Mantenga su orden de protección y números telefónicos de emergencia con usted todo el tiempo
- Mantenga con usted un teléfono celular y que este programado al 911 (u otros números telefónicos de emergencia)

### **PARA ESTAR MÁS SEGURA EN SU LUGAR DE TRABAJO**

- Mantenga una copia de su orden de protección en su lugar de empleo
- De al personal de seguridad y a amistades una foto del abusador
- Diga a su supervisor de empleo lo que esta ocurriendo con el abusador para ver si pueden ayudar hacer más difícil que el abusador le encuentre
- No vaya almorzar sola
- Pida que alguna persona de seguridad le acompañe a su auto o al transporte publico
- Si el abusador le llama al trabajo guarde los mensajes y guarde cualquier mensaje electrónico.
- Su empleador tal vez pueda asistir en conseguir recursos de ayuda en la comunidad

---

**Para información sobre donde conseguir ayuda en su área llame a la**

**LÍNEA TELEFÓNICA DE AUXILIO CONTRA LA VIOLENCIA DOMESTICA: 1-800-799-SAFE**

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## UTILICE LA LEY PARA AYUDARSE

### Orden de Protección

- Pregunte al programa mas cercano de servicios contra la violencia domestica quien le puede ayudar conseguir una orden de protección civil o comenzar una denuncia penal contra el abusador
- Pida ayuda para conseguir representación de abogado/a

### En la mayoría de los lugares, la juez puede:

- Ordenar al abusador permanecer alejado de usted y sus hijo/as.
- Ordenar al abusador que salga de la casa
- Dar a usted la custodia temporera de sus hijo/as y ordenar al abusador pagar pensión alimenticia temporera para sus hijo/as
- Ordenar a la policia que este presente en su casa mientras el abusador remueve sus pertenencias
- Dar a usted la posesión temporera del uso del carro, muebles y otras pertenencias
- Ordenar al abusador ir a un programa de intervención de abusadores
- Ordenar que el abusador no llame al lugar de empleo de usted
- Ordenar que el abusador entregue su revolver o armas al policia

### Si usted esta preocupada por alguna de los siguientes puntos, asegúrese de que usted:

- Le muestre a la juez fotos de sus heridas o lesiones
- Diga a la juez que usted no se siente segura si el abusador viene a su casa a buscar a sus hijo/as para las visitas
- Pida que la juez ordene al abusador a buscar y regresar a los niño/as en la estación de la policia o algún otro lugar seguro
- Pida que las visitas que el abusador pueda tener con sus hijo/as sean en horas bien especificas de manera que al leer su orden de protección la policia pueda determinar si el abusador esta allí fuera de la hora permitida
- Diga a la juez si el abusador a causado daño o amenazado a sus hijo/as, pida que las visitas sean supervisadas, piense quien puede hacer

esto para usted

- Consiga una copia certificada de la orden de protección
- Mantén la orden de protección con usted todo el tiempo

### PROCEDIMIENTO CRIMINAL

- Muestre al fiscal su orden de protección
- Muestre al fiscal el récord medico sobre las heridas o fotos de estas
- Diga al fiscal el nombre de cualquier persona que le este ayudando (consejera de víctimas o abogada)
- Diga al fiscal si hay testigos de las heridas o del maltrato
- Pida al fiscal que le notifique antes de que se deje en libertad al abusador

### PARA SU SEGURIDAD EN EL TRIBUNAL

- Tome asiento lo mas lejos del abusador posible, usted no tiene que conversar ni mirar al abusador, ni tiene que conversar con la familia ni amistades del abusador que estén presentes
- Traiga una amistad o familiar para que estén con usted hasta que se oiga su caso
- Diga al alguacil o al comisario que teme por su seguridad y que este pendiente de usted
- Asegure que usted tiene su orden de protección antes de irse del tribunal
- Pida a la juez o al alguacil que mantengan al abusador en el lugar por un tiempo hasta que usted tenga tiempo de irse
- Si piensa que el abusador la esta persiguiendo llame inmediatamente a la policia
- Si usted viaja a otro Estado para trabajar o para escaparse del abusador, llévese su orden de protección esta es valida en todos los Estados

---

Para mas información en su área llame:

# VIOLENCIA DOMESTICA

## SUGRENCIAS DE SEGURIDAD PARA USTED Y SU FAMILIA

SI ESTA EN PELIGRO LLAME AL 911 O AL NÚMERO TELEFÓNICO DE LA POLICÍA MÁS CERCANA.

Para información sobre donde conseguir ayuda en su área llame a la LÍNEA TELEFÓNICA DE AUXILIO CONTRA LA VIOLENCIA DOMESTICA:  
1-800-799-SAFE  
1-800-787-3224 (TTY)

American Bar Association  
Commission on Domestic Violence  
&  
American Bar Association  
Tort Trial & Insurance Practice Section

# SAFETY PLAN

Client ID (Service Point)

Date

**Remember! Keep this plan private and in a safe place**

✓ **If I see my abuser around my house • when I'm out • or if he calls me...**

✓ **I CAN take the following action...**

1.

2.

3.

4.

5.

✓ **If I need someone to talk to for comfort, safety and/or support I CAN call...**

Counselor

Phone

Recovery Partner

Phone

Crisis Line

Phone

Health Care

Phone

Other

Phone

**Other things I need to keep in a safe place, away from my abuser**

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Cab fare               | <input type="checkbox"/> Credit cards             | <input type="checkbox"/> Insurance card     | <input type="checkbox"/> Drivers license         |
| <input type="checkbox"/> Health records         | <input type="checkbox"/> Medical & Police reports | <input type="checkbox"/> Birth certificates | <input type="checkbox"/> Pay stubs               |
| <input type="checkbox"/> Address book           | <input type="checkbox"/> Passports                | <input type="checkbox"/> Bank information   | <input type="checkbox"/> Green card              |
| <input type="checkbox"/> Welfare ID             | <input type="checkbox"/> Marriage license         | <input type="checkbox"/> Photos of injuries | <input type="checkbox"/> Children's favorite toy |
| <input type="checkbox"/> Extra car & house keys | <input type="checkbox"/> Social security card     | <input type="checkbox"/> Restraining order  | <input type="checkbox"/>                         |

Sample Form  
SAFETY PLAN

## Personalized Safety Plan

This information was generalized from a plan found at *Metro Nashville Police Department*. Below is a 7-step safety plan. Please take the time to print this—and fill it out with a friend, family member or a woman in need. Even if you feel you will never need this information...

### STEP 1. SAFETY DURING VIOLENCE.

I can use the following options:

- a. If I decide to leave, I will \_\_\_\_\_
- b. I can keep a bag ready and put it \_\_\_\_\_ so I can leave quickly.
- c. I can tell \_\_\_\_\_ about the violence and have them call the police when violence erupts.
- d. I can teach my children to use the telephone to call the police and the fire department.
- e. I will use this code word \_\_\_\_\_ for my children, friends, or family to call for help.
- f. If I have to leave my home, I will go \_\_\_\_\_. (Be prepared even if you think you will never have to leave.)
- g. I can teach these strategies to my children.
- h. When an argument erupts, I will move to a safer room such as \_\_\_\_\_.
- i. I will use my instincts, intuition, and judgment. I will protect my children and myself until we are out of danger.

### STEP 2. SAFETY WHEN GETTING READY TO LEAVE.

I can use the following strategies:

- a. I will leave money and an extra set of keys with \_\_\_\_\_.
- b. I will keep important documents and keys at \_\_\_\_\_.
- c. I will open a savings account by this date \_\_\_\_\_ to increase my independence.
- d. Other things I can do to increase my independence are: \_\_\_\_\_  
\_\_\_\_\_
- e. The domestic violence hotline is \_\_\_\_\_.
- f. The shelter's hotline is \_\_\_\_\_.
- g. I will keep change for phone calls with me at ALL times. I know that if I use a telephone credit card that the following month the telephone bill will tell the batterer who I called after I left. I will keep this information confidential by using a prepaid phone card, using a friend's telephone card, calling collect, or using change.
- h. I will check with \_\_\_\_\_ and \_\_\_\_\_ to know who will let me stay with them or who will lend me money.

- i. I can leave extra clothes with \_\_\_\_\_.
- j. I will review my safety plan every \_\_\_\_\_ (time frame) in order to plan the safest route. I will review the plan with \_\_\_\_\_ (a friend, counselor or advocate.)
- k. I will rehearse the escape plan and practice it with my children.

**STEP 3. SAFETY AT HOME**

**I can use the following safety methods:**

- a. I can change the locks on my doors and windows as soon as possible.
- b. I can replace wooden doors with steel doors.
- c. I can install security systems- i.e. additional locks, window bars, poles to wedge against doors, electronic sensors, etc.
- d. I can purchase rope ladders to be used for escape routes from the second floor.
- e. I can install smoke detectors and buy fire extinguishers for each floor of my home.
- f. I can install an outside lighting system that lights up when someone approaches my home.
- g. I will teach my children how to use the phone to make collect calls to me and to \_\_\_\_\_ (friend, family, minister) if my partner tried to take them.
- h. I will tell the people who care for my children specifically who has permission to pick up my children. My partner is NOT allowed to. Inform the following people:

School \_\_\_\_\_

Day Care \_\_\_\_\_

Babysitter \_\_\_\_\_

Sunday School \_\_\_\_\_

Teacher \_\_\_\_\_

And \_\_\_\_\_

Others \_\_\_\_\_

- i. I can tell my the following people that my partner no longer lives with me and that they should call the police if he is near my residence:

Neighbors \_\_\_\_\_

Church Leaders \_\_\_\_\_

Friends \_\_\_\_\_

Others \_\_\_\_\_

#### **STEP 4. ORDER OF PROTECTION**

**The following steps will help enforce the order of protection:**

- a. I will keep the protection order \_\_\_\_\_ (the location). Always keep it with you.
- b. I will give my protection order to police departments in the areas that I visit my friends, family, where I live, and where I work.
- c. If I visit other counties, I will register my protection order with those counties.
- d. I can call the local domestic violence agency if I am not sure how to register my protection order with the police departments.
- e. I will tell my employer, my church leader, my friends, my family and others that I have a protection order.
- f. If my protection order gets destroyed, I know I can go to the County Courthouse and get another copy.
- g. If my partner violates the protection order, I will call the police and report it. I will call my lawyer, my advocate, counselor, and/ or tell the courts about the violation.
- h. If the police do not help, I will call my advocate or my attorney AND I will file a complaint with the Chief of the Police Department.
- i. I can file a private criminal complaint with the district judge in the jurisdiction that the violation took place or with the District Attorney. A domestic violence advocate will help me do this.

#### **STEP 5. JOB AND PUBLIC SAFETY**

**I can do the following:**

- a. I can tell my boss, security, and \_\_\_\_\_ at work about this situation.
- b. I can ask \_\_\_\_\_ to help screen my phone calls.
- c. When leaving work I can do the following: \_\_\_\_\_  
\_\_\_\_\_
- d. When I am driving home from work and problems arise, I can \_\_\_\_\_  
\_\_\_\_\_
- e. If I use public transportation, I can \_\_\_\_\_  
\_\_\_\_\_
- f. I will shop at different grocery stores and shopping malls at different hours than I did when I was with my partner.
- g. I will use a different bank and bank at different hours than I did when I was with my partner.
- h. I can also do the following: \_\_\_\_\_

**STEP 6. DRUG AND ALCOHOL USE.**

**I can enhance my safety if I do the following:**

- a. If I am going to use, I am going to do it in a safe place with people who understand the risk of violence and who are committed to my safety.
- b. I can also \_\_\_\_\_
- c. If my partner is using, I can \_\_\_\_\_
- d. I can also \_\_\_\_\_
- e. To protect my children, I can \_\_\_\_\_  
\_\_\_\_\_

**STEP 7. EMOTIONAL HEALTH**

**I can do the following:**

- a. If I feel depressed and ready to return to a potentially violent situation/ partner, I can \_\_\_\_\_  
\_\_\_\_\_
- I can call \_\_\_\_\_
- b. When I have to talk to my partner in person or on the phone, I can \_\_\_\_\_  
\_\_\_\_\_
- c. I will use "I CAN..." statements and I will be assertive with people.
- d. I can tell \_\_\_\_\_ when I feel people are trying to control or abuse me.
- e. I can call the following people and/ or places for support: \_\_\_\_\_  
\_\_\_\_\_
- f. Things I can do to make me feel stronger are: \_\_\_\_\_  
\_\_\_\_\_

## How to write case/contact notes

- ✍ Use blue or black ink.
- ✗ **Never use pencil/erasable ink** on any document anywhere in the file.
- ✍ Insert full date (e.g., 5/17/2006).
- ✍ **Stick to the facts.**
- ✗ Never document your impressions, your opinions, and your diagnosis, i.e., how you think the participant felt, thought, experienced, etc.)

### Details are important

#### What type of contact are you recording?

- Telephone call
- Attended meeting
- Home visit
- Met with participant at this office
- Made a phone call to advocate for the participant, etc.

Describe who you made contact with. Use the person's full name, title and agency.

Optional: list the phone number for the person you contacted in parentheses.

#### Additional Details

Refer to participant as *participant*, not by first name.

Refer to participant's children as *participant's daughter/son*.

Example, *participant's 12 yr old daughter was referred to Morrison Center for counseling services.*

#### Who are you?

Sign your name (or initial) on the last line of each entry, i.e., on the date the note was written.

A common notation method is first initial – last name.

Example: *C Brown* or *cb*.

#### Errors

If you make an error/mistake, do not scribble out the word.

Do not use *white-out* or correction tape.

The proper way to indicate you made a mistake is to use one line to cross out your mistake and write error with your initials just above the line. Then write the word(s) you meant to write and continue.

Example of a proper error correction

*error cb*  
...*participant's son*

## **Errors happen—so don't worry!**

Just write *late entry* before or after the date.

Start this note where your next entry would begin.

Do not go back to the previous entry and try to cram it in the earlier case note.

## **Other helpful notes**

If you have a long phrase that you will be using repeatedly in an entry, use the full phrase and put the abbreviation in parentheses immediately after the phrase. Then you can use the abbreviation thereafter in that entry you are working on for that date.

Example: *Attended family unity meeting at Services to Children and Families (SCF) St. Johns Branch. SCF worker reported which services were utilized to provide in home support to the family. SCF funds, in the amount of \$138.50 were provided to the family to fund 4 evenings of respite in the past month. SCF agrees to continue providing this amount monthly for respite care. The next meeting is scheduled for 2 pm on 6/15/2006 at SCF, St. Johns Branch.*

Describe your next steps, follow-up actions and timelines.

Example: *Case manager will call John Kent at Adult & Family Services by 6/16/2006 to setup an appointment, or participant will contact the Columbia Villa Tamarack Family Resource Center to setup an intake appointment by 6/16/2006.*

## **Remember!**

Never leave blank lines. Do make a line through blank lines so no one can write in information later.

Do document contact with children in the household—this is not necessary if there is a separate file for the children.

Do sign below each case note entry.

If using a computer to record case notes, you must print the note after each entry and sign below the new entry.

## **Last but not least...**

Keep files in a locked cabinet or locked file room.

Do not use sticky notes or scrap paper in files.

Write clearly so others can read the information.

Files can end up in court—so be aware!

*To follow is a SAMPLE case file form. You are not required to use this specific form.*





## Conducting a Housing Assessment

SHP project staff are required to conduct regular inspections of all housing units funded by a SHP grant. Generally, local SHP project staff should use the standards for habitability provided by HUD in 24 CFR 583.300(b) and outlined on the attached Habitability Standards Worksheet. (If approved by HUD, SHP projects can instead use the standards set by local housing and health codes.)

Units should be inspected on an annual basis and upon a change in tenancy. The inspection involves a review of any third party documentation (such as a check of housing and public health code inspection certifications) as well as visual inspection of the unit by project staff.



The Habitability Standards Guide provided on the next page defines the “primary” and “secondary” means of inspection for each of the Habitability Standards indicated. Note that third party inspections are, in most cases, considered “primary” because these are performed by official, trained inspectors. Staff inspections are considered a “secondary” means of inspection.

## Habitability Standards Guide

Habitability Standard	Primary method of Inspection	Secondary method of Inspection
Structure and Materials	Review of current local building and occupancy permits, housing/health code inspection certifications.	Walk-through inspection by program staff and observations whether structure appears sound and poses no threat to health and safety of residents and protects residents from the elements.
Access	Observations by program staff whether space is accessible (including accessible to handicapped), is not able to be utilized by unauthorized persons, and has alternate means of egress in case of fire.	
Space and Security	Review of current building and occupancy permits, housing/public health code inspection certifications.	Observation by program staff whether residents are afforded adequate space and security (i.e., residents and their property are reasonably safe from harm), and are provided adequate places to sleep.
Interior Air Quality	Review of current building and occupancy permits, housing/public health code inspection certifications, plus results of any air testing that has occurred (to measure levels of pollutants).	Observations by program staff that all individual rooms and common areas have natural or mechanical ventilation that appears to allow for adequate air circulation.
Water Supply	Review of current building and occupancy permits, housing/public health code inspection certifications, plus results of any water testing that has occurred.	Observations by program staff regarding use of filtration systems, and the nature of circulation/distribution systems used for potable water.
Sanitary Facilities	Review of current building and occupancy permits, housing/public health code inspection certifications.	Observations by program staff whether sanitary facilities are clean, in working order, and may be used in privacy.
Thermal Environment	Review of current building and occupancy permits, housing/public health code inspection certifications, plus any records of inspections, tune-ups, repairs, or replacement of heating/cooling systems.	Observations by program staff regarding temperature being maintained throughout the facility.
Illumination and Electricity	Review of current building and occupancy permits, housing/public health code inspection certifications.	Observations by program staff regarding the quality of illumination and the availability (and condition) of electrical outlets throughout the facility.
Food Preparation	Review of current building and occupancy permits, housing/public health code inspection certifications.	Observations by program staff regarding the cleanliness of food preparation areas, adequacy of food storage area, and whether there are any indications of infestation.
Sanitary Conditions	Review of housing/public health code inspection certifications.	General observations by assessment team.
Fire Safety Individual Units	Observations by program staff of smoke detectors in each unit, and testing of said equipment by program staff. (Note: in units occupied by hearing-impaired persons, smoke detectors must have an alarm designed for hearing-impaired persons.)	
Fire Safety Common Areas	Observations by program staff of at least one smoke detector in each public space, and testing of said equipment by the program staff.	



## This form is REQUIRED in Case File HABITABILITY STANDARDS

State and Local requirements: Each recipient of assistance under this part must provide housing or services that are in compliance with all applicable State and local housing codes, licensing requirements, and any other requirements in the jurisdiction in which the project is located regarding the condition of the structure and the operation of the housing or service. Except for such variations as are proposed by the recipient and approved by HUD, supportive housing must meet the following requirements. NOTE ANY COMMENTS ON THE BACK OF THIS FORM.

Item	Meets Standard? (circle)	DESCRIPTION
1.	Yes    No	<b>STRUCTURE AND MATERIALS:</b> The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from the elements.
2.	Yes    No	<b>ACCESS:</b> The housing must be accessible and capable of being utilized without unauthorized use of other private properties. Structures must provide alternate means of egress in case of fire.
3.	Yes    No	<b>SPACE AND SECURITY:</b> Each resident must be afforded adequate space and security for themselves and their belongings. Each resident must be provided an acceptable place to sleep.
4.	Yes    No	<b>INTERIOR AIR QUALITY:</b> Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.
5.	Yes    No	<b>WATER SUPPLY:</b> The water supply must be free from contamination.
6.	Yes    No	<b>SANITARY FACILITIES:</b> Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.
7.	Yes    No	<b>THERMAL ENVIRONMENT:</b> The housing must have adequate heating and/or cooling facilities in proper operating condition.
8.	Yes    No	<b>ILLUMINATION AND ELECTRICITY:</b> The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.
9.	Yes    No	<b>FOOD PREPARATION AND REFUSE DISPOSAL:</b> All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in sanitary manner.
10.	Yes    No	<b>SANITARY CONDITION:</b> The housing and any equipment must be maintained in sanitary condition.
11.	Yes    No	<b>FIRE SAFETY:</b> <ol style="list-style-type: none"> <li>a. Each unit must include at least one battery operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing impaired persons, smoke detectors must have an alarm system designed for hearing impaired persons in each bedroom occupied by a hearing impaired person.</li> <li>b. The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.</li> </ol>

Reviewed by

Participant Signature

Date

## Lead-Based Paint and the HUD Supportive Housing Program

Effective July 1, 2001

### Background

The primary reason why HUD and its grantees need to address the presence of lead-based paint and lead-based paint hazards is to protect children and families. Children under the age of six are particularly at risk of lead poisoning. A housing provider (including transitional housing) has a responsibility to provide decent, safe, and sanitary housing to its residents. Part of this responsibility is to protect residents from the health risks of lead hazards.

The HUD rules **are not** applicable if:

- Housing was **built** after January 1, 1978.
- Housing is exclusively for elderly or people with disabilities, unless a child under six is expected to reside there.
- Zero-bedroom dwellings (a unit where the living area is not separated from the sleeping area such as shelters), including efficiency apartments (has minimal kitchen and bathroom facilities), single-room occupancy housing (housing consisting of zero-bedroom dwelling units that may contain food preparation or sanitary facilities or both), group homes (if they consist of rental of individual rooms in residential dwellings), dormitories (a residence with rooms provided to individuals or groups without private bath).
- The property has been found to be lead-based paint free by a certified lead-based paint inspector.
- Property where all lead-based paint has been removed.
- The regulation does not apply to programs that provide services such as medical care, education or food services because such services are not considered housing assistance.

### Service Provider Instructions

- Effective July 1, 2001, agencies receiving HUD transitional housing funds must inform all clients whom receive transitional housing assistance funded through HUD about lead-based hazards and provide them with a copy of the EPA lead hazard information pamphlet entitled "*Protect Your Family From Lead In Your Home*". Adobe pdfs of the pamphlet are available in multiple languages on your *Resource CD*.
- Include verification signed by the client that she/he received the pamphlet and have been informed about the hazards in the client file.
- Perform a visual assessment/inspection of all painted surfaces to identify deteriorated paint in a unit that will be occupied by tenant and **all** common areas, including laundry facilities, lobbies, store rooms, hallways and building exterior.
- Insure that all deteriorated surfaces are stabilized and cleared before occupancy by client.
- Document in client case file the date the transitional housing unit was inspected and the results.
- Provide notice to client who occupies unit the results of the inspection
- Include verification signed by the client that she/he received the results of the inspection in the client file.



This form is REQUIRED in Case File
DISCLOSURE OF INFORMATION
ON LEAD-BASED PAINT
AND LEAD-BASED PAINT HAZARDS FOR HUD SUPPORTIVE HOUSING PROGRAM

The following representations are made by [Agency name] concerning the property located at:

[Full address (include unit#, street address, city, state, zip)]

This disclosure is provided for signature to prospective participants in the Homeless Families Transitional Housing programs.

LEAD WARNING STATEMENT

Housing built prior to 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not managed properly. Lead exposure is especially harmful to young children and pregnant women. Before placing a homeless family in scattered site transitional housing, programs must inspect property for lead based paint hazards in the dwelling. This inspection will be comprised of a visual inspection of the housing unit and all common areas including entrance, hallways, laundry facilities, storerooms and building exterior. Program participants must also receive a federally approved pamphlet on lead poisoning prevention.

SERVICE PROVIDER DISCLOSURE

Staff of service provider has inspected property and not identified any lead-based paint hazards.

PARTICIPANT'S ACKNOWLEDGEMENT

Initial [ ]

Program participant has received copy of this form AND

[ ]

Program participant has received the pamphlet Protect Your Family From Lead in Your Home.

CERTIFICATION OF ACCURACY

The following parties have reviewed the information above and certify, to the best of their knowledge, the information they have provided is true and correct.

[Service Provider Representative signature box]

[Date signature box]

[Program Participant signature box]

[Date signature box]

## Frequently Asked Questions

### HUD Supportive Housing Programs

#### ELIGIBILITY

- ***Are there income limits to qualify Participants for HUD programs?***  
**YES & NO** - Participants do not need to meet any specific income eligibility requirements to participate in HUD funded services.  
However Section 103 of the McKinney Act (42 U.S.C. 11302(b) Income Eligibility states “A homeless individual shall be eligible for assistance under any program provided by this Act, only if the individual complies with the income eligibility requirements otherwise applicable to such program.” (per Jan Olson). This means that a person must lack the necessary resources to provide their own housing and without the HUD transitional housing program would be homeless. We recommend the participant be in the 30% or below median range.
- ***Is there a maximum amount of time a client can receive services if they transfer from one program to another? An example is when a client transfers from a domestic violence transitional housing program to a transitional housing program in the homeless families system.***  
A client may receive 24 continuous months of HUD Supportive Housing Program funded services. When a client transfers from one program into another, or if another HUD McKinney/Vento grant is accessed to pay for their services, the months of services received in the first program (or grant) applies to the total of 24 months.
- ***Is there ever a possibility of a participant remaining more than 24 months in the program?***  
**YES** - an extension can be granted but you must submit a written request for that extension explaining the Need, the Case Plan for the extension period, and the Planned Outcome of the extension. Extensions are grant for 90 days per request.
- ***Can we accept clients from outside of Multnomah County?***  
**NO** - This Project and funds are designated for Multnomah County residents.
- ***Can adult children or grandchildren live with a participant?***  
**YES** - adult children can live with a participant but must be treated as a participant and receive case management and planning. Grandchildren can live with a grandparent if the grandparent is the guardian.

#### LEASING - HOUSING

- ***How often do rent calculations need to be performed?***  
Rent work sheet calculations need to be performed at the start of assistance; annually thereafter or whenever there are significant changes in the household’s income or the members of the household change.
- ***Do food stamps count as part of the household's income?***  
**NO.**
- ***Can participants find housing outside of Multnomah County using SHP funds?***  
**NO** – All housing must be located within Multnomah County.

- **Can SHP (transitional housing funds) be used to lease an apartment where the participant will live with a family member (other than their children)?**

**NO** - If the participant moves in with a family member, he/she no longer fits the definition of homeless. If a family member is willing to house the participant then the participant does not lack resources or support networks.

- **Our agency owns rental property. May we pay ourselves for transitional housing rent?**

**NO** - This is a conflict of interest. The supportive Housing Rule 24 CFR Part 583 defines conflict of interest. Contact your local HUD office for details on the process for creating an exception.

- **Under the SHP Program, can a person be served in transitional housing more than 24 months?**

The general rule is that, with adequate support programs, homeless persons should be able to move through transitional housing to independent living within 24 months. Persons staying in HUD-assisted transitional housing for more than 24 months **MUST** be the exception, HUD requirements under 24 CFR.583.300 J specifically indicate a person may stay longer than 24 months if they are not able to locate permanent housing or need additional time to prepare for independent living. Documentation in the grantee files should indicate the reasons for the extension and clear time limited plans to move the person to permanent housing. **YOU MUST CONTACT DCHS STAFF at least 30 days prior to requesting participant exceptions.** Exceptions will only be approved for 90-day periods with review of the need at the end of 90 days.

- **Can SHP funds be used to pay mortgage payments for a participant who owns their home?**

**NO** - SHP can never be used for this purpose. Please contact Portland Housing Bureau (PHB) to request the latest information of which programs/agencies have HUD mortgage assistance.

- **Can I use HUD SHP Leasing funds to pay application fees?**

**NO** – You can not use Leasing funds to pay application fees. However you can use Supportive Services funds. See the next section Client Assistance Funds.

- **Can HUD SHP funds be used to provide temporary motel shelter for a participant?**

**NO** - There could be a case by case exception to this. For example the participant has signed a lease for an apartment and the unit will not open for five days due to unanticipated delays. The participant has no other options (shelter, STRA, friends) therefore can stay for those five days. You can use Client Assistance to cover the expense. Any exception requires documentation of necessity, reasonable cost, and the use of HUD funds as a last resort.

- **Can motels be used for Transitional Housing?**

**NO** – In general a motel is not within the habitation or fair housing market rates. If a motel does pass the habitation requirements (remember this includes all shared areas) and if the cost is fair market rent for the same size unit (Studio, one bedroom, SRO) then it would be an allowable housing unit.

- **Can a participant pay the difference between the fair market rate rent and a higher rent? For example fair market is \$650 and the rent is \$675, could they just pay the extra \$25?**

**NO** - The rent for a HUD participant can never be higher than the fair market rent (which includes the cost of utilities). Additionally you need to consider what a realistic rent for a participant to maintain is. Fair market for a family of 6 might exceed \$1000. However, few participants will ever be able to maintain that level of rent.

- **Can participants share housing or have a roommate?**  
**YES** - There are several different scenarios for roommate situations:
  - 1) When two people are roommates and one isn't a program participant, the HUD portion of the rent may not exceed 1/2 of the "rent" of the unit. The HUD participant's rent contribution towards that 1/2 amount may not exceed 30% of their adjusted or 10% of their gross income.
  - 2) When two roommates are both HUD participants, they each pay no more than 30% of their adjusted or 10% of their gross income towards their 1/2 of the total "rent"
  - 3) If two people are roommates and one is a HUD participant that is disabled and the other is not a participant but is their live-in-aide then the aide's income is not counted in determining annual income of the household.
- **Can a client rent a camp trailer, 5th wheel, or motor home as housing?**  
**NO** - Camping vehicles are not considered housing as mentioned in 24 CFR 583.115 and such a unit wouldn't meet the requirements of 583.300, Habitability Standards. "Recreational vehicles" not intended for occupancy but instead camping or travel use. This also means you may not pay for a camping space for a camp vehicle.

## **CLIENT ASSISTANCE FUNDS**

When utilizing client assistance funds for any purpose you should always consider several elements:

1) Is the expense Necessary? 2) Will this lead to greater housing stability for the participant? 3) Have you exhausted all other sources? HUD Funds must be the funds of last resort. 4) Is the cost reasonable? How will you document it is reasonable? 5) If you spend these funds on this client what will the overall effect be on the project and other clients?

- **Can the client assistance funds be used for restitution?**  
**NO** – While the Supportive Housing Program does not have a specific prohibition against using client assistance to pay fines, the OMB Circulars do. OMB Circular A-122, Attachment B, paragraph 14 *Fines and Penalties* states *Costs of fines and penalties resulting from violations of, or failure of the organization to comply with Federal, State, and local laws and regulations are unallowable except when incurred as a result of compliance with specific provisions of an award or instructions in writing from the awarding agency.* HUD recognizes that paragraph 14 refers to *organization* and not *individual* but paragraph A.1 (d) of the same attachment says that costs must be “accorded consistent treatment.” This means that wherever that cost is, we treat it the same way; with an organization or individual who is seeking grant/organizational assistance.
- **Can client assistance funds pay past due bills or debt?**  
**NO** – HUD funds can not be used to pay past due bills or old or established debt. It can also not be used to pay late fees. This includes late fees because of agency delay in payment.
- **Can I use HUD funds to pay for rental application fees?**  
**YES**- SHP when for a service related to acquiring participant housing, such as the cost of applying for a rental unit, you can count it as a supportive service. The SHP Desk Guide makes a blanket statement that "Almost any services aimed at moving homeless participants to independence are eligible for SHP support." The guidance specifically mentions that credit checks for participants moving from TH to PH is eligible as a service but criminal background checks are not -so there are some limitations.

- **Can Client Assistance funds be used to purchase or repair a personal vehicle?**

**NO** - HUD funds may not be used to purchase, make payments, or repair a vehicle. You may provide reimbursement of fuel expenses but never in an amount larger than the cost of a monthly bus pass and you must note in the case file why this is the best method of transportation for this client. (i.e., lives in a rural area, has a special need that public transportation cannot meet.)

- **Can client assistance be used to pay for utilities?**

**NO** – Leasing funds must be used for utilities. Remember that rent plus utilities may not exceed the fair market rent.

- **Can HUD client assistance funds be used to pay for storage facilities for a participants belonging?**

**NO** - While it might seem that paying storage bills to regain housing essentials would be cost efficient, HUD considers this paying a past due or bad debt.

- **Can HUD client assistance funds be used for persons who have exited the program in an emergency situation?**

Grantees **may** provide supportive services for up to six months after a participant leaves a transitional housing program to assist in their adjustment to independent living. During this period if an emergency situation warranted use of client assistance it is allowable. However, any such use of client assistance funds would need to be strongly supported and documented.

- **Can HUD client assistance funds be used to pay Mental Health, dental, or medical services?**

**YES** - If the participant has no other available options for paying this expense, the cost is documented as reasonable, and you can show how this will increase the stability of the participant in housing.

- **Can SHP funds be used to purchase a computer for a client who needs it for work or education?**

**NO.** – Computers can only be purchased for the project and are to be used by clients and their trainers in employment training programs.

- **Can we use client assistance to pay for either a U-Haul or for a person to move families who charge less than U-Haul and will do all of the physical lifting and loading for people?**

**YES** - You may use client assistance to help people move. You can pay for the cost of a rental van. If a mover proves to be cheaper or the same cost please document this and you can pay for a mover.

- **Can I use HUD client assistance funds to purchase household furniture for clients?**

**YES** - you can use HUD client assistance funds to purchase household furniture. However we request that you bargain shop, use thrift stores, community warehouse, or yard sales to keep the cost to a minimum. **If you purchase appliances they must be energy star.** As always you must document the following: Is this necessary expense, how will it improve the participants stability, was the cost reasonable, and were all other funds and sources explored an unavailable?

- **Can client assistance funds be used to pay for legal services?**

**YES** – you can use limited client assistance for legal services when they are crucial to the client's successful stabilization and transition to permanent housing. Again you should consider the limitations of your client assistance funds and does this meet the Necessary, Reasonable, and HUD funds as last resource requirements.

## OTHER QUESTIONS

- *Can individuals who are not HUD clients attend skill-building workshops facilitated by HUD funded staff?*

**YES** - However, only HUD enrolled clients may receive written materials (handouts) that are paid for with HUD funds. Individuals who are not enrolled in HUD may participate in the skill building workshops, but any handouts the individual receives must be paid for with non-HUD funds.

## **Appendix 2: Criteria for Termination from HUD/McKinney Funded Supportive Housing Programs**

**Effective July 1, 2004**

These criteria were developed at the request of providers of services funded by the HUD/McKinney Supportive Housing Programs (SHP). The process included input from service providers and discussion with HUD staff, a lawyer at Legal Aid, and Katie Gaetjens (County Council). The following is intended to be a guideline for potential termination from HUD SHP funded programs for homeless populations. Each contractor (service provider) has the option to write and implement policies specific to the agency.

### 1. Criteria for Potential Immediate Termination:

- Failure/Refusal to pay program fees for 60 days after due date as defined in the program agreement.
- Receipt of three written warnings regarding violation of sub-recipient's written program rules.
- Refusal to participate actively in housing stabilization plan.
- Possession of any weapon or illegal substance on transitional housing premises.
- Willful destruction of any property of transitional housing premises beyond normal wear and tear.
- Participation in any violent behavior on premises by participant or participant's guest as observed by program staff or program representative.
- Use of illegal drugs and/or a positive urine analysis.
- Refusal to enter an appropriate treatment program for misuse of drugs and/or alcohol.
- Intoxication of participants as a result of alcohol intake as determined by a positive urinary analysis.
- Conviction of a crime while living in transitional housing. The standards shall comply with those of the Housing Authority of Portland (see attached).
- Engaged in physical altercation with neighbors on non-provider owned transitional housing premises (neighbors do not have to be program participants).
- Engaged in physical altercation with other participants in the program during an SHP (supportive housing program) sponsored activity or on property of homeless family service provider.

### 2. Criteria for Written Warnings (three (3) written warnings may result in termination):

Participants in the HUD/McKinney Supportive Housing Program shall comply with the following requirements. Failure to do so may result in a written warning. Program staff of the homeless family service provider will make this determination.

- Ensure that children in the household under 18 attend an approved school or educational/training program or be in an appropriate childcare environment.
- Ensure that children under 10 years old are properly supervised at all times by (1) having a parent present, (2) having present a person who has been approved by provider agency staff, or (3) being in the care of an approved caregiver.

- Ensure that common areas and grounds of the transitional housing premises remain free of litter and undamaged.
- Make certain that interior of transitional housing unit remains clean and undamaged within normal wear and tear.
- Ensure that cars are parked in appropriate areas. Grassy areas are not acceptable parking.
- Ensure that all vehicles and/or machinery on the premises are in working order.
- Allow only those named and included in the supportive service application to live in the transitional housing unit.
- No pets allowed. A qualified trainer or practitioner must certify guide and/or aid animals in order for them to be allowed in transitional housing.
- Ensure that all individuals living in the transitional housing unit are enrolled in the program. Do not sublet the transitional housing unit.
- The transitional housing unit must be used for only legal activities.

If a written warning or notice of termination is given, the participant receiving the notification will be informed of and provided with a written copy of the provider agency's grievance policy. The policy includes information regarding a hearings process. All participants will receive a notice of his or her right to a hearing in accordance with HUD Supportive Housing Program (SHP) Rule 24 CFR Part 583, subpart D; I; (1);(2);(3).

## Appendix 3: HOUSING AUTHORITY OF PORTLAND GUIDELINES FOR EVALUATING CRIMINAL HISTORIES OF APPLICANTS TO PUBLIC HOUSING

Please note: At the time this edition of the Supportive Housing Program Desk Guide for Provider Agencies was created, HAP was unable to provide an updated screening guideline. Many of the ORS references have changed. Current ORS can be found at [www.leg.state.or.us/ors/](http://www.leg.state.or.us/ors/)

The decision regarding approval or denial of an application to Public Housing will always be left to the sound discretion of the Intake Supervisor or staff who she may designate. It is the goal of HAP to only accept applicants who HAP believes will be able to meet the essential requirements of tenancy and who will not adversely affect the health, safety or welfare of other residents. The following guidelines are intended to assist and guide the decision makers in approving or denying applications so far as criminal activities are concerned.

The denial of an application based on criminal activity shall be treated the same as a denial for any other reason, i.e., the applicant may appeal the denial and is entitled to a hearing to review the denial decision.

Evidence of any member of the applicant household having engaged in the listed criminal activities will be grounds for taking further screening action as described. HAP'S approval or denial of an application will be based on the criminal activity engaged in, and is not dependent upon any action or inaction by any law enforcement agency, district attorney, or court. Evidence of conviction for a crime, however, shall be conclusive proof that a particular criminal activity was engaged in.

HAP may make a denial decision independently of these guidelines based on information from law enforcement agencies indicating that conduct and/or habits of the applicant would likely have an adverse affect on the health, safety or welfare of current residents. Such information could include, but is not limited to the number of contacts with police, gang involvement, and association with persons involved in criminal activity.

An applicant household will be placed in Category 1,2,3, or 4 for further screening according to the highest category into which an occurrence of any listed criminal activity falls. Any second and subsequent occurrences in any one category will be placed in the next higher category. An occurrence more than five years old will be placed in the next lower category. Any Category 4 occurrence more than ten years old will be placed in Category 3. Any Category 1,2, or 3 occurrence more than ten years old will not be considered.

On the following pages crimes are listed alphabetically. These crimes are from the Oregon Revised Statutes (ORS) as it exists in the year 2000. Not all crimes are listed. If an occurrence of criminal activity by an applicant household member comes to the attention of the Intake Department which is not listed or which occurred in a jurisdiction outside of Oregon and is known by a different name, staff will make a good faith effort to place the occurrence in a category which is consistent with these guidelines.

### **FURTHER SCREENING, BY CATEGORY:**

- Category 1** No further screening, applicant household admitted so far as criminal history is concerned.
- Category 2** Applicant households will be asked for explanation of criminal activities. Denial of application by Intake Specialist requires approval of supervisor.
- Category 3** Applicant household will be asked for explanation and extensive evidence of rehabilitation, including but not limited to recommendations from social workers, parole or probation officers, treatment centers and others. Approval of application by Intake Specialist requires approval of supervisor.
- Category 4** Admission denied.

## Alphabetical Listing of Crimes

CRIME	ORS reference	CATEGORY
Abandonment of a child	163.535	3
Aggravated animal abuse, 1 <sup>st</sup> degree	167.322	3
Aggravated murder	163.095	4
Aggravated theft, 1 <sup>st</sup> degree	164.057	4
Animal abandonment	167.340	2
Animal abuse, 1 <sup>st</sup> degree	167.320	2
Animal abuse, 2 <sup>nd</sup> degree	167.315	2
Animal neglect, 1 <sup>st</sup> degree	167.330	2
Animal neglect, 2 <sup>nd</sup> degree	167.325	2
Arson, 1 <sup>st</sup> degree	164.325	4
Arson, 2 <sup>nd</sup> degree	164.315	4
Assault, 1 <sup>st</sup> degree	163.185	4
Assault, 2 <sup>nd</sup> degree	163.175	4
Assault, 3 <sup>rd</sup> degree	163.165	3
Assault, 4 <sup>th</sup> degree	163.160	2
Assaulting public safety officer	163.208	3
Attempt	161.405	One category lower than the crime attempted
Bad check— <i>See Negotiating a bad check</i>	—	—
Burglary, 1 <sup>st</sup> degree	164.225	4
Burglary, 2 <sup>nd</sup> degree	164.215	3
Carrying concealed weapon— <i>See Unlawful possession of firearm</i>	—	—
Child neglect, 1 <sup>st</sup> degree	163.547	3
Child neglect, 2 <sup>nd</sup> degree	163.545	3
Coercion	163.275	3
Compelling prostitution	167.017	4
Criminal driving while suspended	811.182	1
Criminal mischief, 1 <sup>st</sup> degree	164.365	4
Criminal mischief, 2 <sup>nd</sup> degree	164.354	3
Criminal mischief, 3 <sup>rd</sup> degree	164.345	2
Criminal mistreatment, 1 <sup>st</sup> degree	163.205	4
Criminal mistreatment, 2 <sup>nd</sup> degree	163.200	3
Criminal possession of a forged instrument, 1 <sup>st</sup> degree	165.022	2
Criminal possession of a forged instrument, 2 <sup>nd</sup> degree	165.017	2
Criminal possession of a forgery device	165.032	2
Criminal trespass, 1 <sup>st</sup> degree	164.255	3
Criminal trespass, 2 <sup>nd</sup> degree	164.245	2
Criminal trespass while in possession of firearm	164.265	3
Criminally negligent homicide	163.145	4

CRIME	ORS reference	CATEGORY
Delivery of controlled substance— <i>See Manufacture or delivery of controlled substance</i>	—	—
Disorderly conduct	166.025	2
Driving while under influence of intoxicants (DUII)	813.010	1
Drug equipment— <i>See Illegally selling drug equipment</i>	—	—
Failure to perform duties of driver when property damaged	811.700	1
Failure to perform duties of driver when person injured	811.705	2
False information— <i>See Giving false information to police officer</i>	—	—
Firearm used in felony	166.429	4
Forged instrument or forgery device— <i>See Criminal possession of...</i>	—	—
Forgery, 1 <sup>st</sup> degree	165.013	3
Forgery, 2 <sup>nd</sup> degree	165.007	3
Fraudulent use of a credit card	165.055	3
Fraudulently obtaining a signature	165.042	3
Frequenting a place where controlled substances are used	167.222	3
Giving false information to police officer	807.620	2
Harassment	166.065	2
Hit & Run— <i>See Failure to perform duties of driver...</i>	—	—
Illegally selling drug equipment	475.960	3
Improper use of 911 emergency reporting system	165.570	2
Interfering with public transportation	166.115	3
Intimidation, 1 <sup>st</sup> degree	166.165	4
Intimidation, 2 <sup>nd</sup> degree	166.155	3
Kidnapping, 1 <sup>st</sup> degree	163.235	4
Kidnapping, 2 <sup>nd</sup> degree	163.225	4
Littering— <i>See Offensive littering</i>	—	—
Manslaughter, 1 <sup>st</sup> degree	163.118	4
Manslaughter, 2 <sup>nd</sup> degree	163.125	4
Manufacture or delivery of controlled substance	475.992, 995,999	
Menacing	163.190	3
Murder	163.115	4
Negligently wounding another	166.180	3
Negotiating a bad check	165.065	2
Obliteration or change of identification number on firearm	166.450	3
Obscene materials— <i>See Sending obscene materials to minors</i>	—	—
Offensive littering	164.805	2
Pointing a firearm at another	166.190	3
Possession of burglar's tools	164.235	3
Possession of controlled substance	475.992	3
Possession of destructive device	166.382	4

CRIME	ORS reference	CATEGORY
Possession of weapons by felon	166.270	4
Possession of firearm in public building	166.370	3
Promoting prostitution	167.012	4
Prostitution	167.007	3
Public assistance— <i>See Unlawfully obtaining public assistance</i>	—	—
Public drinking (*Portland City Code)	14.24.030*	1
Public indecency	163.465	3
Racketeering	166.720	4
Rape, 1 <sup>st</sup> degree	163.375	4
Rape, 2 <sup>nd</sup> degree	163.365	3
Rape, 3 <sup>rd</sup> degree	163.355	3
Reckless burning	164.335	4
Reckless driving	881.140	1
Reckless endangerment	163.195	3
Riot	166.015	4
Robbery, 1 <sup>st</sup> degree	164.415	4
Robbery, 2 <sup>nd</sup> degree	164.405	4
Robbery, 3 <sup>rd</sup> degree	164.395	4
Sending obscene materials to minors	167.070	3
Setting spring-gun or set-gun	166.320	4
Sexual abuse, 1 <sup>st</sup> degree	163.427	4
Sexual abuse, 2 <sup>nd</sup> degree	163.425	3
Sexual abuse, 3 <sup>rd</sup> degree	163.415	2
Sodomy, 1 <sup>st</sup> degree	163.405	4
Sodomy, 2 <sup>nd</sup> degree	163.425	3
Sodomy 3 <sup>rd</sup> degree	163.415	3
Stalking	163.732	3
Stalking protective order— <i>See Violating court's stalking protective order</i>	—	—
Tampering with drug records	167.212	3
Telephonic harassment	166.090	2
Theft, 1 <sup>st</sup> degree (>\$750)	164.055	3
Theft, 2 <sup>nd</sup> degree (\$50 - \$750)	164.045	2
Theft 3 <sup>rd</sup> degree (<\$50)	164.043	1
Theft by extortion	164.075	4
Theft of services	164.124	3
Trespass— <i>See Criminal trespass</i>	—	—
Unauthorized use of a vehicle	164.135	3
Unlawful delivery of imitation controlled substance	475.991	3
Unlawful paramilitary activity	166.660	4
Unlawful possession of armor piercing ammunition	166.350	4

<b>CRIME</b>	<b>ORS reference</b>	<b>CATEGORY</b>
Unlawful possession of firearm (includes carrying concealed weapon)	166.250	4
Unlawful possession of machine gun, short-barreled firearm or firearm silencer	166.272	4
Unlawful purchase of firearm	166.425	3
Unlawful sexual penetration, 1 <sup>st</sup> degree	163.411	4
Unlawful sexual penetration, 2 <sup>nd</sup> degree	163.408	3
Unlawfully obtaining public assistance	411.630	3
Violating court's stalking protective order	163.750	3

## Appendix 4: Resource CD Contents

County Forms and Sample Forms are provided in both Adobe PDF and Microsoft Word format.

### Required County Forms

- Disclosure of Information on Lead-Based Paint
- Habitability Standards
- Verification of Homeless Status

### All Sample Forms

- HUD File Checklist
- Client Agreement to Participate or Service Contract
- Confidentiality Agreement & Participant Rights
- Grievance Policy & Procedure
- Termination of Services Policy
- Client Exit Summary
- Income Verification
- Service Plan Cover Sheet
- Participant Re-Assessment Worksheet
- Case Notes
- Rent Calculation
- Utility Allowances Worksheet

**Protect Your Family From Lead in Your Home Pamphlets** (note: some of the foreign language pamphlets might give a pop-of message about certain fonts not being available – it should be okay to just ignore this message, or you can install the requested font package if you have it available)

- Arabic
- English
- Spanish
- Russian
- Somali
- Vietnamese
- Public service announcement in English and Spanish

### Safety Planning Resources

#### Basic safety planning information

- Chinese
- Spanish
- English
- Laotian
- Russian
- Vietnamese
- Bosnian
- Cambodian
- Romanian

#### Safety Plan Samples

**DV Resource List** – provided by the Multnomah County, Family Violence Coordinating Council

#### Useful Web Links

**OMB Circular A-122 revised May 10, 2004** – Cost Principles for Non-Profit Organizations

**MultCo\_DVCO\_Forms** – Excel workbook of billing forms to track client assistance & advocacy.

**HAP** – Public Housing (Apartment Criteria for Residency)

## Appendix 5: Useful Web Links

*This document is also located on the Resource CD with live links.*

<http://www.housingconnections.org> – Find available, affordable, accessible housing

<http://www.thebeehive.org> – Information on matters important to people’s daily lives

<https://www2.worksourceportlandmetro.org/> – For job seekers and employers

<http://www.oregonhelps.org/>– Find out if you are eligible for financial assistance

<http://www.hud.gov/homeless> –HUD and SHP information

<http://www.hud.gov/renting> – Section 8, public housing and rent assistance information

<http://www.huduser.org/datasets/fmr.html> – Fair market rents

<http://www.huduser.org/datasets/il.html> – Income limits

<http://www.hud.gov/offices/adm/grants/fundsavail.cfm> – SuperNOFA web page

<http://www.gpoaccess.gov/fr/> – Federal Register

<http://www.hud.gov/local/> – HUD local field offices

<http://www.ezec.gov/> – EZ/EC address locator

<http://www.ruralhome.org> – Housing assistance council/rural housing assistance

<http://www.hapdx.org> – Housing Authority of Portland