



HOUSING REFERRAL PACKET

This packet contains all required materials for referral to several of Connections' supportive housing programs:

Enterprise, WomanSpace, Easy Access, Delthine House, HUD 5, HUD 6, HUD 7, Next Step 2, Next Step 3 Next Step, and HUD 2(Connections referrals only)

Enterprise Permanent Housing located in New Castle, provides 12 units of permanent supportive housing to homeless adults with HIV/AIDS. Admission priority is also granted for persons who are chronically homeless and persons with substance use and/or mental health disorders.

WomanSpace Permanent Housing located in West Center City Wilmington, provides 10 units of permanent supportive housing for homeless women with HIV/AIDS. Two units of housing are available for women eligible women with dependent children. Admission priority is granted for persons who are chronically homeless and persons with substance use and/or mental health disorders. This program is a joint venture with the Delaware HIV Consortium.

Easy Access Permanent Housing offers locations in Wilmington, Dover and Georgetown, providing a combined 30 units of permanent supportive housing for chronically homeless adults.

Delthine House Safe Haven provides low-demand housing for 10 homeless adults with serious mental illness who receive treatment from the Connections Community Continuum of Care Program (CCCP).

Next Step 1 Permanent Housing, and HUD 2 provides scattered site rental subsidies for 72 homeless adults who receive treatment services from the Connections Programs. Residents live in housing in the community with visited-on supportive services. **INTERNAL REFERRALS.**

Next Step 2 offers independent housing in New Castle, Kent and Sussex Counties for 10 individuals and 10 families. Scattered site rental subsidies for chronically homeless persons.

Next Step 3 located in Sussex County offers independent subsidies for individual adults and limited subsidies for families. Veterans with disabilities and chronically homeless persons served.

HUD 5 provides permanent housing for 20 individuals located in Sussex County. Housing is given to homeless disabled veterans and second to chronically homeless persons with disabilities.

HUD 6 located in Kent County provides 30 individuals with permanent housing for veterans with disabilities and chronically homeless adults. Both clustered and independent apartments are available.

HUD 7 provides 50 adults with permanent housing in New Castle County. Housing is for veterans with disabilities and chronically homeless individuals. Clustered and independent housing availability.

For Questions Please Contact Sara Weimer at (302) 230-9116

Fax Housing Referrals To (302) 230-9167

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CHRONIC HOMELESSNESS: *Applicants must be chronically homeless in order to be admitted to Easy Access, and chronically homeless applicants may be granted admission priority for Enterprise and Woman Space.*

CHRONIC HOMELESS DEFINITION:

Single adult (not part of a family and/or not accompanied by children)

AND

Who suffers from one or more of the following disabling condition(s) which limit(s) his/her ability to work or perform one or more activities of daily living:

- Diagnosable substance use disorder
- Serious mental illness
- Developmental Disability
- Chronic physical illness or disability

AND

Who has been continuously homeless for a year or more (sleeping in place not meant for human habitation or an emergency shelter)

OR

Who has had at least four (4) episodes of homelessness in the past three (3) years (sleeping in place not meant for human habitation or an emergency shelter)

HOUSING REFERRAL FORM

Enterprise, WomanSpace, Easy Access, Delthine House, HUD 5, HUD 6, HUD 7,

Next Step 2, Next Step 3

Next Step, and HUD 2(Connections referrals only)

Please print answers to the questions below and submit application to Connections Housing Coordinator
500 W. 10th St., Wilmington, DE 19801 or fax to 302-230-9167

Applicant Name	_____
	Last First MI
Referral Source Name & Agency	_____
	Name Agency
Referral Source Phone Number	_____
Date of Referral	_____

PERSONAL INFORMATION

Is there a phone number where we can reach applicant? _____

SSN: _____ Date of Birth: _____

Male Female Housing interest by county: New Castle Kent Sussex

Current Monthly Income: _____

Source (check all that apply):

____ Employment ____ SSI
____ General Assistance ____ SSDI
____ VA ____ Social Security
____ Unemployment ____ Child Support
____ Other: _____

Does applicant receive Food Stamps? Yes No Amount: _____

Does applicant receive Medicaid? Yes No Medicaid #: _____

Is applicant a Veteran? Yes No

Has the applicant been a victim/survivor of domestic violence? Yes No

If YES how long ago was the occurrence? _____

For WomanSpace only: Does applicant have dependent children who reside with her? Yes No

If yes, please provide names and ages: _____

HOMELESS STATUS *Documentation of homelessness must be attached to this application, as described below.*

Where does applicant currently spend the night?

- On the streets (or another place not meant for human habitation – car, park, abandoned building, etc.)
Attach letter from service professional, on letterhead, documenting that applicant is living on the streets, or another place not meant for human habitation. Must be signed by applicant and service provider.
- In a shelter. Name of shelter: _____
Attach letter from shelter staff, on letterhead, documenting that client is residing in emergency shelter, but was homeless immediately prior to placement in emergency shelter.
- In transitional housing Name of program: _____
Attach letter from shelter staff, on letterhead, documenting that client is residing in transitional housing, but came from streets or emergency shelter immediately prior to placement in transitional housing.

CHRONIC HOMELESSNESS: Applicants must be chronically homeless in order to be admitted to Easy Access, and chronically homeless applicants may be granted admission priority for Enterprise and Woman Space.

CHRONIC HOMELESS DEFINITION: Single adult (not part of a family and/or not accompanied by children)

AND

Who suffers from one or more of the following disabling condition(s) which limit(s) his/her ability to work or perform one or more activities of daily living:

- Diagnosable substance use disorder
- Serious mental illness
- Developmental Disability
- Chronic physical illness or disability

AND

Who has been continuously homeless for a year or more (sleeping in place not meant for human habitation or an emergency shelter)

OR

Who has had at least four (4) episodes of homelessness in the past three (3) years (sleeping in place not meant for human habitation or an emergency shelter)

The applicant meets all of the criteria for chronic homelessness as described. Chronic Homelessness Verification Form is attached.

The applicant does not meet all of the criteria for chronic homelessness as described.

ADMISSION PRIORITY Persons served at Enterprise and Woman Space must have a diagnosis of HIV/AIDS. Easy Access 2 is targeted to homeless persons with substance use disorders. All programs offer admission priority to homeless persons with either mental health and/or substance use disorder(s).

Does applicant qualify for admission priority as a result of an HIV/AIDS diagnosis? Yes No
(Required for Enterprise and Woman Space. Documentation required.)

Does applicant qualify for admission priority as a result of a substance use disorder? Yes No
(Required for Easy Access 2)

Does applicant qualify for admission priority as a result of a mental health disorder? Yes No

Applicant is interested in the following housing program(s): Enterprise Woman Space Easy Access

Delthine Next Step, HUD 2 Next Step 2 Next Step 3 HUD 5 HUD 6 HUD 7

Additional Information:

A personal interview maybe required as a part of the application process. If applicable, please bring a copy of a lab certification of HIV-positive status as well as supporting documentation regarding mental health and/or substance use disorders. Since persons selected for entry into housing will pay rent based on income, please bring copies of award letters for entitlements, and/or last three pay stubs to the interview.

PLEASE SIGN BELOW

I hereby apply to become a tenant at one of Connections' supportive housing programs. I affirm that the information and documentation that I have submitted during the application process is the truth, to the best of my knowledge.

Applicant Signature

Date

Referral Source Signature

Date



Applicant Name: _____
 Application Date: _____

CHRONIC HOMELESSNESS VERIFICATION FORM

This form should be completed and submitted only for applicants who are chronically homeless.
REQUIRED for admission to Easy Access

REQUIRED DOCUMENTATION

Check (✓) if verification is attached

DISABILITY

Verification of Disabling Condition:

_____ **ATTACH** written record or diagnosis of disabling condition(s) from medical or behavioral health professional, or documentation regarding disposition of application for Social Security Disability.

AND

HOMELESSNESS

Verification that applicant has been homeless ONE YEAR OR MORE:

_____ **ATTACH** written verification on letterhead from service professional that applicant is sleeping in place not intended for human habitation, and has done so for a year or more.

OR

_____ **ATTACH** written verification on letterhead from emergency shelter provider that applicant is currently residing in shelter, and has done so for a year or more.

OR

Verification that applicant has experienced FOUR EPISODES OF HOMELESSNESS IN LAST THREE YEARS:

For current episode of homelessness (EPISODE 4):

_____ **ATTACH** written verification from service professional on letterhead that applicant is sleeping in place not intended for human habitation.

OR

_____ **ATTACH** written verification from emergency shelter provider on letterhead that applicant is currently residing in shelter.

For previous episode of homelessness, please describe:

EPISODE 3	Approximate Dates _____	Location of stay _____
EPISODE 2	Approximate Dates _____	Location of stay _____
EPISODE 1	Approximate Dates _____	Location of stay _____

Applicant Signature

Date

Referral Source Signature

Date

Verification of Homelessness



Date: _____

To: Connections Housing Coordinator:

I am writing in reference to _____, an applicant to one of Connections supportive housing programs to verify that he/she is currently **homeless**.

The applicant currently resides (please check one):

- ON THE STREETS** (or another place not meant for human habitation – car, park, abandoned building, etc.) Please describe:

No further documentation is necessary.

- IN A SHELTER** *Name of shelter:* _____
Attach letter from shelter documenting that: *applicant currently resides in shelter, **and** was living on the streets or another place not meant for human habitation prior to shelter stay.*

- IN TRANSITIONAL HOUSING** *Name of Program:* _____
Attach letter from transitional housing provider documenting that: *applicant currently resides in transitional housing, **and** was in emergency shelter* or was living on the streets or another place not meant for human habitation prior to placement in transitional housing.*

*Further documentation is required demonstrating that applicant was on the streets or another place not meant for human habitation prior to placement in emergency shelter.

Sincerely,

Applicant Signature

Title

Referral Source Signature

Date



Verification of Disabling Condition
for Supportive Housing Programs

I hereby certify that _____ has a
disabling condition, according to the standard below.

He/she is an adult with a diagnosable substance use disorder, serious mental illness,
developmental disability or chronic physical illness or disability, including the co-occurrence of
two or more of these conditions.

The disabling condition limits his/her ability to work or perform one or more activities of daily
living.

Description of disabling condition(s): _____

Printed name of certifying physician or other qualified professional

Signature certifying physician or other qualified professional

Date



Verification of ZERO Income

I, _____, hereby certify that I have no
(Client's Name)

income at this time. I understand that I must inform the staff of my housing program at Connections IMMEDIATELY should I begin receiving any type of financial assistance, employment income, social security or any other type of income so that my rental amount can be recalculated.

Applicant Signature

Date

Referral Source Signature

Date

Applicant Name: _____
 Application Date: _____



AUTHORIZATION TO RELEASE INFORMATION

Enterprise, WomanSpace, Easy Access Permanent Housing, HUD IV, Delthine House, Next Step, and HUD 2(Connections referrals only)

I, _____, do hereby authorize _____
 (Applicant name) (Referral source name)

to release information in my case record concerning my identity, financial status, health status, and any other pertinent information to **Connections CSP, Inc.** I also understand that this release will operate as a complete release of liability to **Connections CSP, Inc.** and its employees for the release of any information authorized to be released by this form. Unless otherwise revoked by me, in writing, this authorization is to be considered valid for one year from the date below. I understand that revocation may not be made if information has already been released in reliance on this form.

 Applicant Signature

 Date

 Referral Source Signature

 Date