



Solicitud de referencia de Programa de Apoyo de Vivienda de CalWORKs

Si alguien en su familia inmediata es aprobado para el programa de CalWORKs y cumple con una de las definiciones de la falta de vivienda a continuación, usted puede ser elegible para el Programa de Apoyo de Vivienda de CalWORKs (CW HSP).

Algunos de los servicios proveídos en el CW HSP pueden incluir, pero no están limitados a:

- Servicios de administración de casos
- Asistencia con solicitudes, tarifas de cheques de crédito, verificación de antecedentes penales
- Asistencia en la corrección de los informes de crédito
- Asistencia con el transporte para la búsqueda de vivienda y entrevistas con propietarios
- Cuidado de niños mientras que los padres están buscando vivienda o se reúnen con posibles propietarios
- Clases de presupuestos
- Educación para inquilinos
- Asistencia para la colocación de viviendas
- Asistencia con los costos de mudanza (depósito, alquiler y/o cargos de conexión de servicios públicos)
- Subsidios temporales de alquiler continua – determinado dependiendo cada caso

HSP es un servicio de apoyo del programa CalWORKs. Los derechos y responsabilidades que usted leyó y aceptó al firmar el formulario SAWS 2A SAR Derechos y Responsabilidades son inclusivos a todos los servicios de apoyo de CalWORKs. La aprobación o negación de su solicitud no afectará su elegibilidad para CalWORKs.

Como parte del proceso de su solicitud, habrá una evaluación de barreras de vivienda y no todas las familias recibirán los servicios a través del Programa de Apoyo de Vivienda. Es muy importante que su información de contacto (dirección de correo y/o número de teléfono) esté al corriente y confiable. La pérdida de contacto tal como correo devuelto o la incapacidad de comunicarse con usted por teléfono puede causar la negación de su elegibilidad para HSP o que los servicios de apoyo sean reducidos o suspendidos.

¿Dónde durmió ayer por la noche? _____

¿Cuál es el número de teléfono para contactarlo/a? _____

Dirección de correo: _____

(No deje en blanco. Proporcione la dirección de un familiar/amigo o Entrega General y la cuidad)

Nombre

Firma

Fecha

County Use Only

Case Name: _____ Case Number: _____

- ☐ Homelessness eligibility checked on pages 2 and/or 3
- ☐ HA (Homeless Assistance) used? If yes, last date of issuance _____.
- ☐ HSP referral submitted through the HSP database
 - ☐ DSS HSP 1 uploaded to the HSP database
 - ☐ Form 815 uploaded to the HSP database (Reminder to initial FCNI)

Family meets the following definition of homelessness, at imminent risk of homelessness, or at risk of homelessness (MUST check the corresponding letter(s) that match the families current housing situation)

1. An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning (**CHOOSE A, B, or C**):
 - a. ☐ An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; **or**
 - b. ☐ An individual or family living in a supervised publicly or privately-operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals);
or
 - c. ☐ An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
2. An individual or family who will imminently lose their primary nighttime residence: **all boxes must be checked to meet this criteria:**
 - a. ☐ The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;
 - b. ☐ No subsequent residence has been identified;
 - c. ☐ The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing.
3. An individual/family is at risk of homelessness when they meet **ALL** the following criteria: **all boxes must be checked to meet this criteria:**
 - a. ☐ Are experiencing housing instability that places them at risk of homelessness in the absence of HSP assistance; including recipients who have not yet received an eviction notice, and for whom housing instability would be a barrier to self-sufficiency or child well-being;
 - b. ☐ Have no subsequent permanent residence secured;
 - c. ☐ Lacks resources or support networks needed to stabilize their unique housing situation and secure subsequent permanent housing.

(Participant shall be allowed to self attest that they meet this definition).

4. Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, **but meet ALL the following criteria: all boxes must be checked to meet this criteria:**
 - a. ☐ Are defined as homeless under section 387 of the Runaway and Homeless Youth Act (42 U.S.C. 5732a), section 637 of the Head Start Act (42 U.S.C. 9832), section 41403 of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2), section 330(h) of the Public Health Service Act (42 U.S.C. 254b(h)), section 3 of the Food and Nutrition Act of 2008 (7 U.S.C. 2012), section 17(b) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)), or section 725 of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a);
 - b. ☐ Have not had a lease, ownership interest, or occupancy agreement in permanent housing at any time during the 60 days immediately preceding the date of application for homeless assistance;
 - c. ☐ Have experienced persistent instability as measured by two moves or more during the 60-day period immediately preceding the date of applying for homeless assistance; **and**
 - d. ☐ Can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse (including neglect), the presence of a child or youth with a disability, or two or more barriers to employment, which include the lack of a high school degree or General Education Development (GED), illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment;

5. Any individual or family who **meets ALL the ALL the following criteria: all boxes must be checked to meet this criteria:**
- a. ☐ Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence;
 - b. ☐ Has no other residence;
 - c. ☐ Lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, to obtain other permanent housing.
6. An individual or family who **meets all sections A, B, and C; all boxes must be checked to meet this criteria:**
- a. ☐ Has an annual income below 30% of median family income for the area, as determined by HUD; **AND;**
 - b. ☐ Does not have sufficient resources or support networks, e.g., family friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place as listed in number 1 above; **AND;**
 - c. ☐ Meets one of the following conditions (**Mark one of the boxes i-vi below**):
 - i. ☐ Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;
 - ii. ☐ Is living in the home of another because of economic hardship;
 - iii. ☐ Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
 - iv. ☐ Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 people per room, as defined by the U.S. Census Bureau;
 - v. ☐ Is exiting a publicly funded institution, or system of care (such as health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
 - vi. ☐ Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan
7. ☐ A child or youth who does not qualify as "homeless" under this section, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832 (11), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6), section 330 (h)(5)(A) of the Public Health Service Act (42 U.S.C. 245b(h)(5)(A), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15); **or**
8. ☐ A child or youth who does not qualify as "homeless" under this section but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2), and the parent(s) or guardian(s) of that child or youth if living with her or him.

ERS Name: _____

ERS Worker Number: _____

Date: _____