

**Prince William Area
Emergency Housing Voucher Program Referral Form**

<i>Client Information:</i>		<i>Date of Referral:</i>
Head of household Full Name:		
Email Address:		
Telephone Number:		
Additional Household Member:		DOB:
Additional Household Member:		DOB:
Additional Household Member:		DOB:
Additional Household Member:		DOB:
Additional Household Member:		DOB:
Additional Household Member:		DOB:
Additional Household Member:		DOB:
Additional Household Member:		DOB:
Total # of Household Members:		

VI-SPDAT v 2.0 Score: VI-FSPDAT v 2.0 Score: (within the past 12 months)	<u>Combined</u> Score from Emergency HCV Group Prioritization Points & VI-SPDAT or VI-FSPDAT v 2.0:
Emergency HCV Group Prioritization Points (Check only one of the priority group points below) Group #1: Street Homeless 3 points Group #2: Persons released from incarceration/institution in the last 90 days & were homeless prior to entering jail/institution. 2 pts ___ Group #3: Transitioned Age Youth (18-24 yrs.) 2 points Group #4: Veteran's 2 points ___ Group #5: History of Domestic Violence 2 points ___ Group #6: Families with minor children 2 points	Referring Agency Staff Name: Contact Number: Email Address:

All clients must meet the criteria of 30% below the AMI, please check the appropriate box.

Median Income	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Extremely Low (30% of AMI)	\$27,100	\$31,000	\$34,850	\$38,700	\$41,800	\$44,900	\$48,000	\$51,100

Barriers to Housing History		
Category	Check all that Apply	Criminal History: What is the charge and when did it occur? Housing History: When was the foreclosure/eviction?
Criminal History: (Assault, etc.) Includes misdemeanor or felony charges		
Sex Offense (is there a lifetime registrant?)		
Criminal History (Drugs):		
Criminal History (Any other convictions)		
Criminal History (Pending Charges):		
Housing evictions/foreclosures		
No rental history		

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Please choose from one category of homelessness and all boxes that apply within each category.

Category 1: Individuals and families who meet the defined definition of homeless.

An individual or family who lacks a fixed, regular, and adequate nighttime residence meaning:

___ 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;

___ 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

___ 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.

Category 2: At risk of homelessness.

Defined as an individual or family who will imminently lose their primary nighttime residence, provided that meets all of the categories below:

The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

Has an annual income below 30 percent of median family income for the area, as determined by HUD;

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 described in paragraph (1) of the "Homeless" definition above; and

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; and

Meets one of the following conditions (check the appropriate box below):

___ Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;

___ Is living in the home of another because of economic hardship;

___ Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days of the date of application for assistance;

___ Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low-income individuals;

___ 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;

___ Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or

___ 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.

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Category 3: Individuals or families who are fleeing, or attempting to flee domestic violence, dating violence, sexual assault, stalking or human trafficking.

Please check the appropriate box(es):

- Domestic violence includes felony or misdemeanor crimes of violence
- Dating violence means violence committed by a person
- Sexual assault
- Stalking
- Human trafficking

Category 4: Individuals or families who are recently homeless.

The household being referred for the program was previously homeless prior to moving into a permanent supportive housing or rapid re-housing program.

- The household has moved into your permanent housing program (Rapid Re-housing or Permanent Supportive Housing) within 0-6 months of the time of submission of the EHCV referral and the household is still enrolled in the project.
- The referring agency attached a letter on agency letterhead indicating the household was homeless when entering the permanent housing program.
- The referring agency has also attached the HMIS entry date of the household from the Entry/Exit of the electronic file.

Emergency Housing Voucher Checklist:

Providers **with** HMIS access, please submit your referral via HMIS and upload all supporting documentation in order of the checklist.

Providers **without** HMIS access, please email your referral and supporting documentation in order of the checklist to dssehvp@pwcgov.org.

PWA Emergency Housing Voucher Program Referral Form	
Consent for the Release of Confidential Information	
PWC CSB Authorization to Release and Obtain Confidential Information- CSB ONLY	
Homeless Certification Form (Categories 1, 2, and 3)	
Letter on Agency Letterhead indicating household was homeless for (Category 4 only).	
Supplemental Documentation HMIS documentation for (Category 4 only).	
Copy of VI-SPDAT or VI-FSPDAT v 2.0 within the past 12 months	

By signing below, the referring agency certifies the documents has been reviewed for accuracy.

Print Name

Referring Staff Member Signature/Date

Print Name

Program Manager Signature/Date