Alameda County Health Care Services Agency (HCSA)
Housing Assistance Fund

Purpose of Fund
The HCSA Housing Assistance Fund provides one time or short-term financial assistance for housing costs for applicants who are receiving specialty mental health services from Alameda County Behavioral Health Care Services (BHCS) or one of its contracted service providers. Applicants must be either homeless or at risk of losing their housing and working with a BHCS-approved provider that will assist them to stabilize their housing situation as well as prepare the Housing Assistance Fund application. The Housing Services Office (HSO) will verify applicants’ status in the BHCS data system and review the application to determine whether applicants are eligible for support.

Funds may be used for:
- Back rent/arrears that a client owes and must be paid in order to avoid an eviction;
- Security deposit on a new place to live and/or first month’s rent;
- Short-term/temporary housing payments while permanent housing or stable income is being secured.

All payments are made to third parties: landlords, property managers or hotel/motel operators.
More information about the fund can be found in the HCSA Housing Assistance Fund policy document.

Giving Back
The best way to ensure that the fund will continue to serve persons in need is if those who receive assistance agree to give back to the fund. Recipients are asked to make contributions back to the fund, if able to do so, six months and twelve months after receiving assistance.

Instructions for Applicants and Service Providers
If an applicant’s situation is uncertain or unusual, or if the provider is unfamiliar with the Fund, it is recommended that the provider contact the Housing Services Office prior to preparing an application for assistance to determine whether or not the request is appropriate and eligible for consideration. Requests can only be approved if all of the required documentation is submitted AND the household is eligible and approved for assistance.

The application forms should be completed jointly by the service provider and the applicant or their parent/guardian. Questions throughout this application refer to the applicant unless otherwise specified. Legible handwritten forms are accepted, but typed forms are preferred.

Fax or e-mail the following completed forms to the Housing Services Office at (877) 341-5867 or via secure e-mail to HSO@acgov.org. Only use e-mail that is secured according to federal and state privacy standards:
- Completed Application
- Assistance Agreement signed by applicant and service provider
- Copy of lease or admission agreement
- Evidence of amount owed (for back rent)
- Landlord/Property Management Vendor Update Form (from landlord/property manager)

The BHCS finance department requires a signed, original invoice AND original W-9 form in order to process approved payments. These two (2) documents cannot be faxed; the originals must be mailed or hand delivered to the HCSA Housing Services Office for payments to be made to landlords/property managers:
- Fully completed, signed, original invoice
- Original W-9 form with signature
- Vendor Update Form (110-13)

Mailing address: Housing Services Office, Attn: Martin Pacheco
1900 Embarcadero, Suite 206
Oakland, CA 94606

For more information, please call Martin Pacheco at the Housing Services Office: Tel. (510)567-8016; Fax 1 (877) 341-5867
HCSA Housing Assistance Fund Application

Date Application Completed: ____________________________________________________________

Applicant Information

1) Name of Applicant: __________________________ (First, Middle, Last, Suffix)

2) If applicant is a child, name of parent/guardian responsible for application: __________________________ (First, Middle, Last, Suffix)

3) Social Security #: __________________________

4) Applicant’s Date of Birth: __________________________

5) Gender: ☐ Male ☐ Female ☐ Transgender

6) Applicant’s Current Address, (if applicable): ____________________________________________

(First, Middle, Last, Suffix)

(First, Middle, Last, Suffix)

7) Applicant’s Phone Number: _______________

8) Applicant’s E-mail Address: __________________________

Service Provider Information

9) Name of Referring Service Provider: __________________________

(First, Middle, Last, Suffix)

10 a.) Name of Referring Service Agency: __________________________

10 b.) Name of Referring Service Program: __________________________

11) Service Provider Phone Number: _______________

12) Service Provider E-mail Address: __________________________

HCSA Housing Assistance Fund – General Information

To help the Fund staff to understand the applicant’s situation, please answer the following questions:

13) What size is the client’s current/proposed unit? ____________

14) How many people will live there? ______

15) What is the total rent the client will pay? $ ____________

16) What is the total rent for the unit: $ ______

17) What is the client’s current monthly household income? $ ____________

18) Please explain how the situation will be financially sustainable (add pages if needed):
19) Please describe how the applicant’s current housing situation came about. What specifically happened that the applicant is requesting financial assistance? Please provide other supporting documentation that helps to clarify the current situation, if necessary.

20) Does the applicant have a bank account? □ Yes □ No

21) Does the applicant or their parent/guardian have a payee that manages their money? □ Yes □ No

If yes, who is their payee:

22) If the applicant does not have a bank account or someone who manages their money, how will the client make rent payments?

23) If the applicant has a housing subsidy (such as Section 8 or Shelter Plus Care) please explain why they need assistance and whether they have contacted the Housing Authority regarding their situation, e.g., adjusting rent due to change in income (add pages if needed):

24) Current and planned future living situation after receiving assistance (may be the same location for applicants seeking assistance to retain their housing). Please check one box for Current and one box for Planned:

<table>
<thead>
<tr>
<th>Current</th>
<th>Planned</th>
<th>Living Situation*</th>
<th>Current</th>
<th>Planned</th>
<th>Living Situation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster family home (for children)</td>
<td>State Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Single room (motel, rooming house)</td>
<td>VA Hospital</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Group quarters (dorm, migrant barracks)</td>
<td>SNF/ICF/IMD, for Psychiatric reasons</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group home</td>
<td>SNF/ICF/Nursing home for physical health reasons</td>
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</tr>
<tr>
<td>CRTs long-term or transitional housing</td>
<td>General hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Satellite housing</td>
<td>Mental Health Rehabilitation Center</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>House or Apartment</td>
<td>PHF/Inpatient Psych</td>
<td></td>
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<tr>
<td>House or Apt. w/support</td>
<td>Drug Abuse Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>House or Apt. w/supervision</td>
<td>Alcohol Abuse Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Supported housing</td>
<td>Justice Related</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Small Board &amp; Care home (6 beds or less)</td>
<td>Temporary Arrangement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Large Board &amp; Care home (7 beds or more)</td>
<td>Homeless, no identifiable county residence / Shelter</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Residential Treatment Center</td>
<td>Homeless, in transit</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Treatment Facility</td>
<td>Other:</td>
<td></td>
<td></td>
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<tr>
<td>Supported housing</td>
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<tr>
<td>Adult Residential / Social Rehabilitation</td>
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</tr>
</tbody>
</table>

* A list of definitions for these living situations is available. If you are not sure of the correct response, please contact the Housing Services Office.

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HCSA Housing Assistance Fund – Housing Plan

An important part of the Housing Fund is that the applicant and service provider work together to develop a sustainable housing plan. This includes identifying how rent will be paid, preparing a budget, and addressing past or current issues that impact the applicant’s housing. Please be as realistic as possible in budgeting. **Service providers are encouraged to give applicants a copy of their completed budget, housing plan, and assistance agreement and to retain a copy for themselves.**

25) Income and Expense Plan

<table>
<thead>
<tr>
<th>Expense Category</th>
<th>Current Budget (how the applicant’s resources are used <strong>now</strong>, the bottom line may be a negative number)</th>
<th>Planned Budget (how the applicants resources will be used in the future)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing (Rent)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Gas and Electric</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Transportation</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Medical</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Phone</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Laundry</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cable</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Clothing</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Personal Care (hair, toiletries, etc)</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other (Specify):</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other (Specify):</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>MONTHLY EXPENSES TOTAL:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>MONTHLY INCOME:</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>INCOME MINUS EXPENSES:</td>
<td>$</td>
<td>$</td>
</tr>
</tbody>
</table>

*Income minus expenses should be a positive number. In other words, monthly income should exceed monthly expenses. If this is not the case, attach a statement explaining how the proposed housing situation is financially sustainable.*

26) Please list at least three specific steps the applicant and the service provider have identified together as part of their housing plan. **These steps should be included in the applicant’s service plan** and the service provider and applicant should check in on them regularly.

a) Mental Health Services will be provided by ____________________________ (how often)?

b) ________________________________________________________________

c) ________________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Applicant Initials and date: ___________________ Service Provider Initials and date: ___________________
HCSA Housing Assistance Fund Request

27) For the funds requested, check all that apply and place the dollar amount(s) next to each expense. The individual amounts should total the amount of funds requested.

- [ ] Unpaid, late rent (arrears) needed to prevent eviction # of months = ____ Amount = $ _____________
- [ ] Move-in Expense – first month’s rent
  Amount = $ _____________
- [ ] Move-in Expense – security deposit
  Amount = $ _____________
- [ ] Short-term assistance (benefits pending, hospitalization, etc.)
  Amount per month = $ ___________

* Short-term assistance is only provided on a month-to-month basis. Applicants may seek approval for funding for more than one month but a new invoice is required for each month.

Total Requested: Amount = $ _____________

28) All checks are made to eligible third parties, typically landlords, property managers or hotel operators.

Make Check payable to: _________________________________________________________

- [ ] Hold check for pickup by service provider, or
- [ ] Mail check to the following address: ___________________________________________

FOR PROGRAM USE ONLY

Instruction to BHCS Program Staff: Print out face sheet and attach to application.
Client ID#: __________________ Provider Team/Program RU#: _______________________
Application incomplete________ Application approved________ Application rejected (reason):__________

Notes:
- [ ] Completed Application
- [ ] Assistance Agreement
- [ ] Unpaid, late rent (arrears) needed to prevent eviction # of months
- [ ] Move-in Expense – first month’s rent Amount
- [ ] Move-in Expense – security deposit Amount
- [ ] Short-term assistance (benefits pending, hospitalization, etc.)
- [ ] Housing List Verified
- [ ] Consumer Factsheet
- [ ] Evidence of amount owed
- [ ] Copy of lease or admission agreement
- [ ] Copy of passed inspection (Section 8)
- [ ] Invoice EOH
- [ ] Original W-9 form with signature
- [ ] 10-13 ALKOLINK SUPPLIER RECORD

Contacted
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

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HCSA Housing Assistance Fund Agreement

I have requested assistance from the HCSA Housing Assistance Fund to help me find or stay in housing. I understand that I have certain obligations that come with receiving this assistance.

- I agree to complete the application with my service provider and to provide accurate and truthful information.
- I agree to work with my service provider and others in my support system on my housing plan.
- I understand that staff of the Housing Fund will follow up with my service provider or me at six and twelve months from the date I receive assistance to get updates on my housing situation.

Giving Back

- I agree to give back to the Fund when I am able to do so and I understand that by giving back to the Housing Fund, I am helping someone else in Alameda County with their housing.
- If my financial situation does not permit or I am unable to give back, I can ask for adjustments or postponements of my give back agreement at any time.
- I agree that it is okay to contact me at six months and twelve months from the date I received assistance to tell me what I have already paid back and what I have agreed to contribute.

1) Assistance Amount (estimate if not known at time of application): $ ____________

2) My Planned Give Back contribution will be:
   - Full repayment pending benefits approval and receipt of retroactive payments OR
   - Describe repayment plan:

   Planned repayment method (Check ONE):
   - Check/money order payable to “HCSA Housing Assistance Fund”; or
   - Payee Deduction from disability check or other income source

I have read, understood and accepted the above agreement and verify my application contains truthful and accurate information.

Applicant Signature: ___________________________ Date of Signature: ___________________________

Print Name of Applicant: ________________________________________________________________

As the service provider working with this applicant, I agree to support the applicant in working on his/her housing plan. I understand that the Housing Services Office will contact me at six and twelve months from the date of support regarding the applicant’s living situation.

Service Provider Signature: ___________________________ Date of Signature: ___________________________

Print Name of Service Provider: ____________________________________________________________

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