



Sonoma County Community Development Commission

**Emergency Solutions Grant (ESG) Program
Homelessness Prevention (HP) Initial Evaluation**

SCREENING DATE (e.g. 1/08/2020)

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APPLICANT HEAD OF HOUSEHOLD

First Name

Last Name

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OTHER HOUSEHOLD MEMBERS (attach an additional page as needed)

ELIGIBILITY FOR ESG HP

Eligibility Condition 1: Extremely Low-Income Status

Household size (all adults/children):	
Total Annual Gross Income from All Sources:	\$
30% of Area Median Income for Household Size:	\$

ESG STAFF DISPOSITION:

Is gross annual household income less than 30% Area Median Income for household size?

YES NO

IF "NO", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

Eligibility Condition 2: Imminently At-Risk of Literal Homelessness

2A: Imminent Housing Loss

Next, we need to know some details about your current housing situation so we can understand how best to assist you.

Can you tell me about the place you stayed last night? Is this the primary place you stay or is there somewhere else you normally stay? If there's somewhere else you normally stay, can you tell me about that place?



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Identify the primary place where applicant is staying (check only one):

- Hotel or motel paid for without emergency shelter voucher
- Staying or living in a family member's room, apartment or house
- Staying or living in a friend's room, apartment or house
- Rental by client, no ongoing housing subsidy
- Rental by client, with other ongoing housing subsidy
- Permanent housing for formerly homeless persons (e.g., CoC Program funded unit)
- Owned by client, no ongoing housing subsidy
- Owned by client, with ongoing housing subsidy
- Hospital or other residential non-psychiatric medical facility*
- Long-term care facility or nursing home*
- Jail or prison*
- Residential project or halfway house with no homeless criteria*
- Psychiatric hospital or other psychiatric facility*
- Substance abuse treatment facility or detox center*
- Other (describe): _____

*If staying in institution, determine if stay there is 90 days or less and if previously stayed in emergency shelter, Safe Haven, or on the street prior to entry. Such individuals are considered literally homeless and should instead be screened RRH assistance.

[**Staff Note:** Applicants staying in emergency shelter, including hotel/motel paid for with emergency shelter voucher, or in a place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside) are considered literally homeless and should be screened for RRH assistance.

Do you have to leave this place (or the place you normally stay)? **YES** **NO**

[**Staff Note:** Briefly describe reasons why applicant has to leave current place they are staying and obtain copy of any written documentation.]

If yes, what's causing you to have to leave? How long can you continue to stay there?

Identify why the applicant must leave the primary place they are staying (check only one):

- Court-ordered eviction notice to vacate rental unit
- Formal written notice from landlord to vacate rental unit (e.g., 30 day Notice to Quit)
- Written or verbal notice from family, friend or host to leave doubled-up housing
- Exiting an institution or system of care (e.g., hospital, jail, treatment facility, etc.)
- Insufficient resources to continue to pay for hotel or motel
- Other (describe): _____

By what date must the applicant leave the primary place they are staying:

/ /



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[**Staff Note:** Date of loss of right to occupy must be within 21 days of date of application, or housing loss notice within 14 days to be eligible for HP assistance.]

May I contact your current [landlord, host family/friend, other] to see if we can negotiate a solution so you can continue to stay there OR stay there while you find another place to live? YES NO N/A

STAFF DISPOSITION:

Is applicant imminently losing their current primary nighttime residence? YES NO

IF “NO”, STOP: APPLICANT NOT CURRENTLY ELIGIBLE.

2B: Other Housing Options & Resources

We would like to know if you have any other safe and appropriate place to stay – either permanently OR while you look for other housing. We would also like to know if you have family, friends or others you know that may be able to help you financially.

[**Staff Note:** Discuss and record below a summary related to each of the following potential housing options and sources of assistance: 1) family members or relatives; 2) close or trusted friends; and 3) faith-based group or network applicant associates with. Where appropriate, ask if a potential housing option can be contacted by you to help secure housing. Attach additional notes as necessary.

Do you have a safe, appropriate place where you could live if you lose your current home? Let’s talk about different types of options and whether any of these might be available to you as a safe, appropriate place to live, either permanently or while you seek other housing on your own. Let’s start with family members and relatives...

If you’re unsure if relatives, friends or others could help OR if there are any people or groups you have NOT contacted for help, but you think might be willing to assist you...

Would you be willing to contact them OR may I contact them to find out if they can provide you with a place to stay, financial help, or other assistance to keep you from becoming homeless? This might include family, trusted friends or other groups (faith-based, social, etc.) that might be able to help.

YES NO NOT SURE

If YES, who should be contacted?

Name	Relationship to you	Phone number or email



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STAFF DISPOSITION: Does applicant have other safe/appropriate housing options and/or resources sufficient to avoid literal homelessness? <input type="checkbox"/> YES <input type="checkbox"/> NO		
immediately find other housing.		
<i>Approximately how much money would you need to pay immediately in order to keep your housing OR obtain other housing?</i>	\$	
<i>Do you have any funds or other assistance <u>immediately</u> available to you and that you could <u>access</u> to help you keep your current housing or immediately find other housing?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	
<i>Approximately how much money do you currently have available in savings, assets or other accounts?</i>	\$	
<i>Do you have enough money to pay for your current housing costs, including any rent or utility arrears?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	
<i>Are there other community resources you've applied for, such as other eviction prevention programs, emergency financial assistance programs, utility assistance programs, or other local emergency assistance programs?</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE	
<i>Can we help provide information about other resources?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, identify each resource:		
<i>Resource</i>	<i>Potential Assistance Available</i>	<i>Disposition (e.g., information & referral provided; contacted and not available; etc.)</i>
STAFF DISPOSITION: Briefly summarize efforts and discussion related to financial resources and whether other (non-ESG) financial resources are available to avoid literal homelessness. If they will lose housing <i>regardless</i> of their own financial resources or other financial assistance, explain.		
Does applicant have enough financial resources to avoid literal homelessness? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A (Housing loss occurring regardless of financial resources)		



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IF "YES", STOP: APPLICANT NOT CURRENTLY ELIGIBLE.	
2D: Previous Assistance	
We would like to know if you and/or any member of your household has received assistance in the past.	
<i>The maximum amount of rental or utility assistance a participant may receive is up to 24 months within a 3 year period. Limits on assistance is to the total assistance each individual received, either as an individual or as part of a household. Staff should run the 'Client Rental Assistance History' and 'Client History (RRH)' reports in HMIS to verify if <u>participant or any members of the household</u> have received assistance in the past and if so how many months of assistance within the last 3 years.</i>	
Total number of months of rental assistance provided to the member of the household with the most assistance received within the last 3 years: _____	
Total number of months of utility assistance provided to the member of the household with the most assistance received within the last 3 years: _____	
Based on the total number of months of previous rental assistance provided, is the household eligible for rental assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE
Based on the total number of months of previous utility assistance provided, is the household eligible for utility assistance?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NOT SURE

Eligibility Disposition	
<u>ELIGIBLE</u>: Meets all eligibility requirements above	<input type="checkbox"/> CONTINUE TO Enrollment
<u>NOT ELIGIBLE</u>: Does not meet one or more eligibility requirements	<input type="checkbox"/> STOP (Community resources and referrals provided)



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Section 3

STAFF DISPOSITION: Based on the initial evaluation determine each individual's or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing:

Staff Certification

By signing below, I certify the following: (1) to the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (2) I am not related to the program participant through family, business or other personal ties. (3) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (4) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws. (5) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

Staff Name Conducting Initial Evaluation _____

Staff Signature _____ Date _____



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Programs: Homelessness Prevention

Purpose: Per the Sonoma County Community Development Commission (SCCDC) Program Standards and Emergency Solutions Grant (ESG), Agencies will conduct an initial evaluation to determine each individual's or family's eligibility for ESG assistance. The initial evaluations should include verification and documentation of eligibility and the amount and types of assistance the individual or family needs to regain stability in permanent housing. The **ESG Homelessness Prevention (HP) Initial Evaluation** is designed to help staff assess, document, and determine whether a household applying for ESG homelessness prevention assistance is eligible for assistance.

Policy: Agencies will complete an initial evaluation to determine each individual's or family's eligibility for ESG assistance. The initial evaluation must be completed by ESG staff for each applicant household, using information obtained from the head of household. Questions included on the form are intended to be a starting point for a conversation between program staff and the applicant household regarding program eligibility, available resources and targeting criteria for homelessness prevention assistance. Agencies must obtain proof of eligibility and maintain documents in the program participant files. Agencies may use their own initial evaluation forms but must ensure it includes all requirements per 24 CFR 576.401.

ESG HOMELESSNESS PREVENTION ELIGIBILITY

To be eligible for ESG homelessness prevention assistance, a household must be screened for and meet each of the eligibility conditions described below.

Condition 1. Extremely Low-Income Status: Applicant household gross annual income must be less than 30% of area median income based on the income limits most recently published at: <http://www.huduser.org/portal/datasets/il.html>.

Condition 2. At Risk, or Imminent Risk of Literal Homelessness: Applicant household must (1) be imminently losing their primary nighttime residence, (2) have no other residence, and (3) not have sufficient resources or support networks (e.g., family, friends, faith-based or other social networks) immediately available to prevent them from becoming literally homeless.

Determining Risk of Literal Homelessness: Apart from being a qualified household with very low-income, applicants must also meet the criteria under the "at risk of homelessness" definition, or who meet the criteria in paragraph (2), (3), or (4) of the "homeless" definition in § 576.2. This means that every household who meets eligibility are at the highest risk to become homeless in 21 days or less "but for" ESG assistance (i.e., an applicant has no other housing options and resources and there are no other community resources available to prevent homelessness).

ESG is not just an eviction prevention program. It is intended to prevent individuals and their families from losing all housing and ending up in emergency shelter or on the street. Some households who apply for ESG Homelessness Prevention assistance may be losing their housing,



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but they have another safe and appropriate housing option – including temporary options – where they can stay while they work to obtain their own housing. Or, an applicant may have another resource they can use to maintain current housing or obtain new housing. Such households would not be considered at immediate risk of homelessness and would not be eligible for ESG Homelessness Prevention assistance.

Sections 2A through 2C of the screening form include questions to determine whether a household is at imminent risk of homelessness within 21 days of applying for assistance and is, therefore, eligible for ESG homelessness prevention services. ESG Staff should use these questions as a starting point and ask additional questions to better understand an applicant's current circumstances and options. ESG staff should seek to determine whether the household has safe, viable, immediate housing options and resources to keep them from becoming literally homeless.

2A: Imminent Housing Loss. This section explores whether a household has a place to stay tonight and whether they are losing their right to occupy housing within 21 days, or must in fact leave their current housing arrangement within 14 days. ESG Staff should explore whether the household could avoid literal homelessness by negotiating directly with their landlord. ESG Staff should also seek to determine if the household is in immediate need of assistance to ensure they have a safe and appropriate place to stay in the near term.

2B: Other Housing Options & Resources. This section explores whether the household has other friends, family or close support networks that could assist them in avoiding literal homelessness. ESG staff should engage in a conversation with the household regarding potential support and use this information to determine whether the household has other housing options and resources available to them. ESG Staff should be particularly mindful of any inappropriate, unsafe, or otherwise unhealthy relationships the household is reluctant or refuses to pursue and not assume such options are viable to prevent the household's homelessness.

2C: Financial Resources. This section explores whether the household has financial resources to pay for their immediate housing costs. This may include their own resources, community resources, or financial assistance they are eligible for and is available in time to prevent literal homelessness. This section should still be discussed for planning purposes even if the primary reason for the household losing their current housing is not related to financial need.

2D: Previous Assistance. This section explores whether participants in the household have received homelessness prevention assistance within the last 3 years. Participants may receive up to 24 months of rental or utility assistance within a 3 year period. ESG staff should ask the applicant if they or anyone in their household has received homelessness prevention assistance in the past. ESG staff must run the 'Client Rental Assistance History' and 'Client History (RRH)' reports in HMIS to verify if participant or any members of the household have received assistance in the past and if so how many months of assistance within the last 3 years. If assistance was received in the past, this section will help ESG staff identify how many months of assistance the household is eligible for and



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additional resources the household may need to stabilize. ESG staff should explore referrals and resources that were helpful to the household in the past and additional resources needed.

Understanding ESG HP Eligibility Disposition:

Households who do not meet eligibility requirements should be identified as “**NOT ELIGIBLE**” on the form and offered information and referral, including a “warm hand off” referral, to other assistance as needed and desired.

A household that meets all of the ESG eligibility conditions listed should be identified as “**ELIGIBLE**” on the form. Households that meet eligibility requirements may receive ESG Homelessness Prevention services. These households should be enrolled in the ESG program and tracked within HMIS. The SCCDC expects agencies to use a progressive approach to the delivery of services. This means that even if a household meets eligibility requirements of a given ESG program, *financial assistance should not automatically be offered*. Subrecipients should aim to provide the least intensive and costly intervention possible and only use more intensive services or the provision of financial assistance when necessary to prevent a household from becoming literally homeless.

Section 3 Determining amount of assistance:

This section is for ESG staff to document each individual or family's eligibility for ESG assistance and the amount and types of assistance the individual or family needs to regain stability in permanent housing as required under 24 CFR 576.401(a).

Staff Certification

Staff member will sign and date to certify the information they have entered is true and correct.