

Emergency Housing Voucher (EHV) Program MEMORANDUM OF UNDERSTANDING

Community Alliance for the Homeless (CAFTH) and partner agencies responsible for providing diverse housing and supportive services to people experiencing homelessness in the community and our Continuum of Care are collaborating to develop and sustain a referral process for the Emergency Housing Voucher (EHV) program.

This Memorandum of Understanding, hereinafter referred to as “MOU,” shall stand as evidence that:

_____ /
hereinafter referred to as AGENCY, agrees to work with CAFTH to provide the necessary services, outlined below, to households enrolled in this voucher program. To this end, each entity, agency and/or organization agrees to participate in an exchange of services and coordinating efforts to improve effective access to services in support of housing stability. This voucher program is available for households who are both survivors of violence and experiencing or at risk of homelessness or housing insecurity.

Those eligible for this voucher program include those who:

1. Are fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking; or households that are survivors of domestic violence, dating violence, sexual assault, stalking, or human trafficking, as defined under Homeless Emergency Assistance and Rapid Transition to Housing Act (HEARTH Act), the Violence Against Women Act (VAWA) and Trafficking Victims Protection Act (TVPA), and
2. Are experiencing homelessness or are at risk of housing instability, and
3. Lack the resource or support networks to obtain other permanent housing

REFERRAL PROCESS

The AGENCY, as outlined in responsibilities below, will assist with referrals for any household in their program who expresses a desire to participate and would be eligible for the Emergency Housing Voucher program. The referral steps for this program are:

1. Assess household to ensure eligibility criteria listed above are met
2. Fill out the EHV referral form and application packet with client (found on www.cafth.org)
3. Fill out the Release of Information form with client (found on www.cafth.org)
4. E-mail all forms to CAFTH following instructions found on www.cafth.org

RESPONSIBILITIES

The EHV program does not offer supportive services or ongoing stabilization services. The AGENCY, as identified above, will coordinate with the Emergency Housing Voucher partners to provide the following services to households:

- Assist all applicants with the paperwork throughout the initial referral process (outlined above) and any additional steps needed from MHA or CAFTH after initial referral has been made
- Assist applicants with housing navigation services including housing search, landlord outreach, and landlord navigation if and when they are accepted into the voucher program

- Provide at least three case management attempts by phone or in person for at least six months, with conclusion of case management attempts based on stability of client, connection to mainstream resources, and their likelihood to maintain housing without additional support
- Engage participants in determining the types of supportive services they need
- Establish and implement methods to identify housing problems for participants as early as possible and engage participants in a change process to prevent a loss of housing, including but not limited to the following:
 - a. Provide assistance in fulfilling Housing Choice Voucher program requirements
 - b. Provide and/or refer participants to supportive services
- Provide assistance with reasonable accommodations as needed

TERM

The MOU is an agreement that remains in effect as long as referrals are still being accepted by CAFTH for the Emergency Housing Voucher (EHV) program. It may be amended based upon the agreement of the Emergency Housing Voucher Program partners and the AGENCY.

AUTHORIZED SIGNATURES

AGENCY: _____

(Print) Name: _____

Title: _____

Signature: _____ Date: _____

Community Alliance for the Homeless (CAFTH):

(Print) Name: _____

Title: _____

Signature: _____ Date: _____