

Emergency Housing Voucher Program Victim Service Provider Assessment



Basic Client Information

Referral Date	
Client Name (or ID number if ROI refused)	
Referring Agency/Project	
Current Case Manager or Referring Agency Contact	Name: _____ Phone: _____ Email: _____
Can the household meet these minimum qualifications? Y [] N []	<ul style="list-style-type: none"> • Fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking or human trafficking • Homeless or high risk of housing instability • Lacks the resource or support networks to obtain other permanent housing • Is not a lifetime registered sex-offender • Has not been convicted of manufacturing meth in public housing • Has income at or below HUD-specified income limits (50% AMI) • Can provide social security numbers for all household members, or certify they do not have a social security number • Qualify on the basis of citizenship or the eligible immigrant status of family members
Which of the following categories describes the households current night time residence?	<input type="checkbox"/> Unsheltered (location unfit for human habitation, e.g. car) <input type="checkbox"/> Staying with family/friends <input type="checkbox"/> Non-DV emergency shelter <input type="checkbox"/> DV emergency shelter <input type="checkbox"/> Rapid Rehousing program <input type="checkbox"/> Transitional Housing program <input type="checkbox"/> Other unsafe and unstable housing situation

Certification. The information contained in this application and assessment is as accurate as possible. The tenant and case manager have met to discuss this application and feel that the tenant is a great candidate for the EHV program. The agency will attempt at least three follow-up contacts to the tenant and the tenant understands that he/she must provide follow-up data and information to the agency for reporting purposes. In addition, the tenant will complete all MHA paperwork and understands that submitting this application does not guarantee acceptance into the Emergency Housing Voucher Program.

Client Signature (or "refused" if ROI refused)

Date

Case Manager Signature

Date