

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Three Month Reassessment & Recertification for HPRP Services & Financial Assistance

Program Name: _____ Staff: _____

Head of Household Name: _____ Service Point ID: _____

Reassessment Date: ___ / ___ / _____ (mm / dd / yyyy)

Before beginning this Reassessment and Recertification, please print out the ART Report entitled "3 Month Reassessment Client Summary" for the Head of Household from the HPRP Agency and Generic Reports Folder. Review the answers on the Summary report and update on this form as needed.

Assistance Level and Duration Eligibility

What level of assistance is this household currently receiving from HPRP only (excluding TANF ECF and other assistance/services)?

- Rental assistance with case management
- Utility assistance with case management
- Rental and utility assistance with case management
- Receiving housing stabilization case management services only (no financial assistance)

How many total months of services has the household received to date? (counting from Staff Certification date to current date, and including all episodes of assistance, even if discontinuous)

Note: Count all periods of Housing Stabilization enrollment, not just financial assistance. If the household has already received 16 or 17 months of services, consider when 18 months of service will occur and schedule an Exit Interview appointment with the Head of Household now. Make certain no additional payments are provided beyond the 18th month of service.



If the household has received 18 months of services, stop here. The client is not eligible for continuing services or financial assistance. Record the determination below and on Page 7 of this form. Complete the Housing Stabilization Exit form for all adults.

- Ineligible for further financial assistance due to maximum assistance

Household Information

- No Change in address or phone
- Address and/or phone number has changed; new information below

Current STREET Address: _____ APARTMENT #: _____

CITY: _____ STATE: _____ ZIPCODE: _____

PHONE NUMBER (with Area Code): (____) _____ - _____

Email Address: _____

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Has your household composition changed since the last assessment? yes no

If no, skip the following three questions

How many people are in household? _____

How many are ADULTS in that household? _____

How many are CHILDREN under the age of 18 that are currently living in this household? _____

(If **Household increased**, complete Intake for new member, modify Household as needed, and add Program Entry. If **Household decreased**, complete the Exit form. Enter all changes into InHOUSE.)

Income Eligibility

What is the total gross *monthly* household income? \$ _____

What is the total gross *annual* household income? \$ _____ (monthly amount times 12)

Using the chart below, determine the percent of Area Median Income (AMI)

No income 1-15% AMI 16-30% AMI 31-50% AMI 51% or more AMI

Household size	1	2	3	4	5
15% AMI	\$9,375	\$10,710	\$12,060	\$13,395	\$14,460
30% AMI	\$18,750	\$21,420	\$24,120	\$26,790	\$28,920
50% AMI	\$31,250	\$35,700	\$40,200	\$44,650	\$48,200



If household income is greater than 50% of AMI, stop here. The client is no longer eligible for services or financial assistance. Record the determination on Page 7 and complete the Housing Stabilization Exit form for all adults.

Rent to Income Eligibility

Household still homeless at reassessment – skip to next page

a) Total monthly rent amount: \$ _____

b) Most recent month's subsidy amount: \$ _____

c) Total current tenant share (subtract subsidy from rent amount: a-b): \$ _____

d) Subsidized Percentage of Rent: (Subsidy divided by Total Mo. Rent: b÷a x100) _____%

If the household is currently housed, what is the ratio of rent to household income?

Rent is greater than 80% of income Rent is between 61 and 80% of income Rent is between 41 and 60% of income Rent is less than 40% of income

To calculate rent to income ratio, use answers from this page as noted below:

\$ _____ divided by \$ _____ x 100 = _____ %

(Total monthly Rent) divided by (Monthly Household Income) times 100 = ratio %



If household rent to income ratio is 40% or less, stop here. The client is no longer eligible for services or financial assistance. Record the determination on Page 7 of this form and complete the Housing Stabilization Exit form for all adults.

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Income Source and Amount Changes

Have you had any changes since the last assessment to your last 30 day/monthly income amount or source?

- No Yes

If “YES”, complete information below and record it in the appropriate person’s record.

Name of person with income change: _____ ServicePoint ID: _____

Have you received income from any source in the past 30 days?

- No Yes Don't Know Refused

Current Monthly Income Information *If “YES”, identify source, amount and start date (required).*

Source

Monthly Amount

<input type="checkbox"/> Alimony or other spousal support	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Child support	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Earned Income	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> General Assistance (GA)	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Pension from a former job	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Private disability insurance	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Retirement Income from Social Security	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Supplemental Security Income or SSI	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> (TANF) Temporary Assistance for Needy Families	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Unemployment Insurance	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> A veteran’s disability payment	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Veteran’s pension	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Worker’s compensation	\$ _____00	Start Date: ___/___/_____
<input type="checkbox"/> Other source	\$ _____00	Start Date: ___/___/_____

DATA ENTRY NOTE: Enter income information only on the ID for which it pertains. On this assessment screen, enter only Head of Household income. If another adult or child changed income amount or sources, go to “Other Adult” or “Child” assessment in ServicePoint and enter the data.

Has any other household member (adult or child) had any changes since the last assessment to the last 30 day/monthly income amount or source?

- No Yes

If “Yes”, complete the Income information. If more than one household member had a change in income, use the Income Subassessment from the Other Adult Intake and staple it to the end of this Reassessment.

- Income verified and documentation on file

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Non-cash Benefit Changes

Have you had any changes since the last assessment to non-cash benefits you received in the last 30 days?

No Yes

If “YES”, complete information below and record it in the appropriate person’s record.

Name of person with benefits change: _____ ServicePoint ID: _____

Have you received any of the non-cash benefits listed below in the past 30 days?

No Yes Don't Know Refused

Non-cash Benefit Information

If “YES”, identify source, amount and start date (required).

Source

- | | |
|--|-------------------------------|
| <input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)
(Previously known as Food Stamps) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> MediCAL health insurance program (MEDICAID) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> MEDICARE health insurance program | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Healthy Families Insurance program (SCHIP) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Special Supplemental Nutrition Program for Women, Infants,
and Children (WIC) | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Veteran’s Administration (VA) Medical Services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> TANF/CalWORKS Child Care services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> TANF/CalWORKS transportation services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Other TANF/ CalWORKS-funded services | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Section 8, public housing, or other rental assistance | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Temporary rental assistance | Start Date: ___ / ___ / _____ |
| <input type="checkbox"/> Other source | Start Date: ___ / ___ / _____ |

DATA ENTRY NOTE: Enter benefits information only on the ID for which it pertains. On this assessment screen, enter only Head of Household non-cash benefits. If another adult or child changed non-cash benefits, go to “Other Adult” or “Child” assessment in ServicePoint and enter the data.

Has any other household member (adult or child) had changes since the last assessment to the non-cash benefits received in the last 30 days?

No Yes

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Change in Assets

Has this household received any additional assets like a settlement payment, a new car, or other one-time financial resources since the last assessment?

No Yes

If Yes, please account for the assets in determining New Subsidy Amount and Case Plan.

New assets reviewed and documentation in file



If with the new assets, the household exceeds the program asset policy, the household is no longer eligible for services or assistance. Record the determination on Page 7 of this form and complete the Housing Stabilization Exit form for all adults.

Other Housing Options/Financial Resources and Support Network Eligibility

Have you identified other appropriate housing options (affordable to you and available as needed)?

No Yes

Does your household have the financial resources and support networks needed to retain permanent housing or to obtain temporary or permanent housing?

No Yes

Other subsequent housing options (Do not enter in InHOUSE)

Have you identified any housing that you could move to that would be appropriate and affordable for you? What steps have you taken to identify other housing options?

Summary of assessment: _____

Financial Resources and Support Networks (Do not enter in InHOUSE)

Do you have any other resources that you could use to help you gain housing or remain in your housing? (This would include assets that can be converted to cash, family or friends who can lend or give money, someone with whom the person could stay, etc.)?

Summary of assessment: _____



If the case manager marked yes to either of the first two questions in this section, the client is no longer eligible for services or financial assistance. Record the determination on Page 7 and complete the Housing Stabilization Exit form for all adults.

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Housing Stabilization Plan Progress (Do not enter into InHOUSE)

Are this household's housing stabilization goals:

- Achieved and complete Making adequate progress Not making adequate progress

Is this household's employment or income goals:

- Achieved and complete Making adequate progress Not making adequate progress Does Not Apply

Is this household's education goals:

- Achieved and complete Making adequate progress Not making adequate progress Does Not Apply

Is this household's other stability goals:

- Achieved and complete Making adequate progress Not making adequate progress Does Not Apply



If the household has achieved and completed all goals of the Housing Stabilization plan, stop here. S/he is no longer in need of the Program and should be exited. Record the determination on Page 7. Complete the Housing Stabilization Exit form for all adults.

Based on the household's progress in the Housing Stabilization plan:

- Housing Stabilization plan fully achieved; household to be exited
 Previous plan continues in effect
 Revised plan developed and agreed to with Head of Household; copy in file

Other factors to take into consideration to determine continued eligibility and need for financial assistance: _____

Certification

Certification

By signing below I certify that the above information is true and represents a complete accounting of my household situation.

Head of Household

Date

HRC Staff Person Completing This Form:

Print Name: _____

Title: _____

Signature: _____ Date: _____

HOUSING RESOURCE CENTER – REASSESSMENT/RECERTIFICATION

Eligibility Re-determination and Subsidy Reassessment (Staff Use Only)

Eligibility Re-determination:

- Eligible for and needing up to an additional 3 months financial assistance
- Continued case management services but no longer eligible for or needing financial assistance
- No longer eligible for or needing financial assistance and HPRP case management services. **Complete Housing Stabilization Exit Form**

If eligible for ongoing case management and/or financial assistance:

Current monthly rent subsidy amount: \$ _____

New subsidy amount: \$ _____ New Subsidy Start Date: ___/___/_____

Next reassessment due on: ___/___/_____

Signature HRC Staff Person Recertifying Eligibility**:

Date:

** HRC Staff Person Recertifying Eligibility (signature above) must complete a Staff Certification if s/he has not previously completed one for this client.

Supervisor's Signature (if required): _____

Eligibility Re-determination and Notification

After the decision of re-determination of eligibility and new subsidy amount, I have been notified that I am:

- no longer eligible
- eligible for financial assistance in the revised subsidy amount noted above consistent with the other terms of my participation agreement.

Head of Household signature: _____

Date of Signature: _____

Alternate form of notification (Do not enter in InHOUSE)

- Phone message left on Date: _____
- Email sent to client on Date: _____ (copy in file)
- Letter mailed to client on date: _____ (copy in file)

Attach the printed "3 Month Reassessment Client Summary" Report and place in the Head of Household's file after data entry is complete. **FOR DATA ENTRY: Enter this data on the ServicePoint "HPRP 90 Day R+R" Assessment Tab, add a service for the Reassessment, and then data enter the Exit Form if needed.**