

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**



**Administrative Issuance: CFSA-18-7**

TO: CFSA and Private Provider Staff  
FROM: Robert L. Matthews, Deputy Director of Entry Services  
DATE: April 6, 2018  
RE: Emergency Housing Assistance

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This administrative issuance provides guidance on working with families where inadequate housing is a factor in their involvement with the child welfare system. It details:

- Family Eligibility Criteria for Receipt of Emergency Housing Assistance
- Prerequisites for Family Eligibility for CFSA Emergency Housing Assistance
- Procedures for Accessing CFSA Emergency Housing Assistance
- Program Requirements for Families Receiving CFSA Emergency Housing Assistance
- Closure/Termination of CFSA Emergency Housing Assistance Services

**Family Eligibility Criteria for Receipt of Emergency Housing Assistance**

A family applying for CFSA emergency housing assistance must have an open and active investigation/family assessment or open ongoing case and one or more of the following conditions exists:

1. The family is homeless, in an unsafe housing situation, or residing in an unfit place (e.g., vehicle, encampment, public space, abandoned building, or “couch surfing”).
2. The home is a health risk due to infestation of insects or vermin.
3. The home is unsafe due to fire, flood or natural disaster.
4. There is a temperature advisory and the family is without utilities, and cannot get services within 24 hours.
5. Children in the home are exposed to domestic violence.
6. The family cannot move into a permanent home because an inspection is delayed.

**Prerequisites for Family Eligibility for CFSA Emergency Housing Assistance**

1. CFSA emergency housing assistance is a resource of “last resort” that is to be accessed only when other available resources have been exhausted, including: local government programs, community-based organizations, CFSA Rapid Housing Program and flex funds, and temporary stays with family or friends.
2. The social worker shall assist each family in applying for shelter and prevention resources through the [Virginia Williams Family Resource Center \(VWFRC\)](http://www.vwfrc.org). The CFSA resource development specialist at the VWFRC is a designated resource for families involved with CFSA.
  - a. During regular business hours, the social worker may contact the CFSA resource development specialist for assistance accessing shelter and prevention services.



- b. After hours, the social worker shall contact the [Shelter Hotline](#) at (202) 399-7093, or 311.
3. The CFSA resource development specialist, or DC Department of Human Services case worker completing the assessment for shelter placement, shall contact the social worker with a disposition on the family's application within 1 business day of the assessment determination.

### **Procedures for Accessing CFSA Emergency Housing Assistance**

1. The social worker shall meet with the supervisor and program administrator to review the reasons for the family's needs and the efforts made to stabilize the family's situation.
2. The social worker shall submit a request for emergency housing memo that includes information on efforts made to exhaust all other resources, to the program administrator and put a copy of the memo in the case record.
3. When hotel availability is confirmed, the social worker will have adult family members sign the attached **Emergency Housing Assistance Agreement**.
  - The social worker shall give a copy of the signed agreement to each adult family member and a copy to CFSA's Agency Fiscal Officer. The original shall be placed in the hard-copy case record.
4. Whenever possible, the social worker shall transport (or arrange transportation for) the family to the hotel and assist them with the check-in process. *Note: Social workers should advise adult members of the household that proper identification will be required at check-in.*
5. CFSA-funded hotel stays that exceed three weeks must be approved by program deputy director or designee. The assigned social worker must prepare a memo explaining why it is appropriate to extend the emergency housing beyond three weeks.

### **Program Requirements for Families Receiving CFSA Emergency Housing Assistance**

1. The social worker, in collaboration with the family and other members of the family's case management team, shall integrate housing-related action steps into the family's case plan to move the family toward permanent housing.
2. The social worker shall provide weekly updates to the assigned deputy director on all emergency housing assistance cases including an assessment of family progress toward stable housing, and strategies on barrier reduction.

### **Closure/Termination of CFSA Emergency Housing Assistance Services**

1. CFSA emergency housing assistance shall end if family has:
  - a. Moved into stable housing
  - b. Reached the maximum stay of three weeks in the CFSA-funded hotel and will not be extended, or
  - c. Failed to comply with the requirements of its Housing Agreement or case plan.
2. If conditions 1b or 1c apply, the social worker shall provide a written notification to the family of the reasons for ending CFSA's emergency housing assistance. The written notification is to be delivered to the family at least one week before the assistance ends.
3. The social worker shall convene the case management team for a closing conference.

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**Emergency Housing Assistance Agreement**

I \_\_\_\_\_ acknowledge and understand that CFSA is providing this assistance as a temporary emergency measure. I understand that this housing is temporary (not to exceed 3 weeks) and that I will be required to move at the end of the assistance period or if I violate any of the rules listed below.

I agree that I must:

1. Actively work toward the goals established in my case plan.
2. Actively participate in the housing search and accept other housing options if they become available.
3. Follow the rules established by the hotel.
4. Keep the unit and surrounding area (hallway, balcony, etc.) clean.
5. Pay any expenses (in-room movies, room service, etc.) outside of the base accommodation cost.
6. Pay for any damage to the unit during my temporary stay.

I agree that I must not:

1. Commit or allow any criminal activity to occur in the unit.
2. Allow anyone, other than the individuals listed below, to stay in the unit.
3. Allow pets in the unit unless prior authorization is given by the hotel.

**Family Composition – Occupant Information**

Name	Relationship	Age	Gender

I have been informed and understand that if I violate any of the following rules, then I will be required to leave the unit immediately.

_____	_____	_____
Name of Client	Signature of Client	Date
_____	_____	_____
Name of Referring Social Worker	Signature of Referring Social Worker	Date
_____	_____	_____
Name of Social Work Supervisor	Signature of Social Work Supervisor	Date

