

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



IN REPLY REFER TO:

## Memorandum

**TO: ALL CFSA PROGRAM STAFF**  
**HFTCC STAFF**  
**PRIVATE AGENCY PROVIDERS**

**FROM: Shareef Mustafaa, Collaborative Liaison Manager**  
**Natalie Walker, Community Engagement Monitor**

**DATE: September 28, 2009**

**RE: Procedures for Accessing Housing Assistance**

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Child and Family Services Agency (CFSA) in collaboration with the Healthy Families Thriving Communities Collaborative (HFTCC) will provide limited assistance in the form of short-term subsidies to families for whom the lack of affordable housing will likely result in children being brought into care, or the lack of affordable housing is the major barrier to family stabilization. Transitioning-out teen wards with children and transitioning-out teen wards without children are also eligible to participate in the Rapid Housing Program. These youth will work with the assigned Healthy Families Thriving Communities Collaborative in the Youth Aftercare program. Housing support may be awarded to the family/individual if they meet the criteria of the program, and is subject to availability of the identified funds. The following are applicable procedures and related guidelines for accessing funds.

### **Procedures for Preservation and Reunification Families**

1. A **completed application** packet includes the following:
  - a. Preservation/Reunification Housing application;
  - b. Family Development Plan (from Collaboratives only);
  - c. Most recent paystubs and/or proof of income from the previous three months (if possible with the same employer);
  - d. Credit report or list of outstanding debts (a credit report will need to be requested at a later time); and
  - e. Verification of employment and/or other sources of income (e.g. pay stubs, payment stub from the Income Maintenance Administration, child support, etc). The applicant must provide original documents.
2. Once a completed application is submitted to Natalie Walker in cubicle 4210, the Social Worker and applicant will be scheduled to attend the Housing Review Panel. The Panel will include the Community Engagement Monitor, and Housing Specialists from the Collaboratives.
3. The Housing Review Panel will receive and screen applications for acceptance or denial of funding. Once the Housing Review Panel has approved of the application, the Social Worker must complete a referral to a Collaborative (if one is not already done).
4. The family will work with the assigned Collaborative Housing Specialist to identify affordable housing.
5. Once housing is identified, the Collaborative Housing Specialist will develop spending-plans with the assigned Social Worker and the family. In addition, the Collaborative will provide transitional case management to help the participant remain stable while in the program and to avoid other housing crises. Transitional case management includes, but is not limited to: monthly visits to ensure that the client is adhering to the guidelines of RHP and providing supportive services to maintain housing.
6. The CFSA Community Engagement Monitor and/or HFTC Collaborative Housing Specialist reserves the right to disqualify participants at any stage of this commitment if the participant has not been forthcoming with the current status of financial resources, does not make themselves available for services, fails to comply with the Family Development Plan/Case Plan/YTP or fails to comply with the established budget guidelines.

*Please review “Procedures for Housing Review Panel and Collaboratives”*

### **Procedures for Transitioning-Out Youth**

1. Submit a **completed application** packet, which includes the following:
  - a. Youth Housing application:
  - b. Most recent paystubs and/or proof of income from the previous three months (if possible with the same employer):
  - c. Credit report or a list of outstanding debts. If a credit report is not provided, applicant must provide one at a later time;
  - d. Verification of employment and/or school enrollment (e.g. pay stubs, school transcripts). The applicant must provide original documents.
  - e. A copy of the Youth Transition Plan signed by the applicant; and
  - f. Letter of reference or letter of hire from current employer indicating hire date and salary.
2. Once a completed application is submitted, the Social Worker/HFTC Collaborative Worker and youth will be scheduled to attend the Housing Review Panel. The Panel will include CFSA’s Community Engagement Monitor, Housing Specialists from the Collaboratives and an Independent Living Specialist from the Center of Keys for Life.
3. Youth who are referred for RHP after transitioning from care will be screened by their assigned Collaborative through the Aftercare program prior to being referred to the Housing Review Panel.
4. The Housing Review Panel will receive and screen applications for acceptance or denial of funding.
5. The youth must work with the assigned Housing Specialist to identify affordable housing.
6. Once housing is identified, the Collaborative will develop a spending-plan with the youth. In addition, the Collaborative will provide transitional case management to help the participant remain stable while in program and to avoid other housing crises. Transitional case management includes, but is not limited to: *monthly visits to ensure that the client is adhering to the guidelines of RHP and providing supportive services to maintain housing.*
7. The CFSA Community Engagement Monitor and/or Collaborative reserves the right to disqualify participants at any stage of this commitment if the participant has not been forthcoming with the current status of financial resources, does not make themselves available for services, fails to comply with the Family Development Plan/Case Plan/YTP or fails to comply with the established budget guidelines.

*Please review “Procedures for Housing Review Panel and Collaboratives”*

**Procedures for Youth Transitioning Out-of-Care and Living Out-of-State**

Under the section “Procedures for Youth Transitioning Out-of-Care,” and “Youth Transitioning-Out Criteria” youth must follow similar procedures and meet similar requirements.

Rapid Housing applications MUST be submitted 90 days prior to the youth exiting care and leaving the jurisdiction or as SOON as the youth has decided to leave the jurisdiction. Upon approval, the youth must provide the name, telephone number, address of prospective landlord, and approval letter from landlord at least 60 days before transitioning from care.

*Please review “Procedures for Housing Review Panel and Collaboratives”*

**Procedures for the Housing Review Panel and Collaboratives**

1. The Collaborative Housing Specialist will work with the youth to find housing and negotiate rental amounts with the landlord. The Collaborative have established on-going relationships with the landlords in their neighborhoods and are up-to-date on available housing.
2. The Collaborative Housing Specialist will maintain monthly contact with the client and landlord, during the period he/she is in RHP, to ensure that the client continues to reside at the address provided to RHP and to ensure that rental payments are made on time. Reports of these monthly contacts must be forwarded to CFSA’s Community Engagement Monitor
3. The spending plan and rental lease will be submitted to the CFSA Community Engagement Monitor and reviewed using established criteria prior to funds being disbursed. The spending plan is subject to denial if it does not demonstrate the teen’s ability to sustain housing during and after participation in RHP.
4. The CFSA Community Engagement Monitor will review the spending plan, log the total amount in the data base, sign/authorize the spending plan and submit the spending plan to the contracted provider for rental payment dissemination.
5. Based on the spending plan, the contracted provider will develop rental accounts on behalf of the family/teen to distribute checks directly to the landlords on a monthly basis.
6. The Collaborative Housing Specialist must notify CFSA’s Community Engagement Monitor (via email or telephone) within 24-hours of discovering any changes to the client’s spending plan, income, household composition and/or level of participation.
7. If approved, *the client must sign the Criteria Page acknowledging receipt of RHP’s guidelines and an Authorization of Release of Information* allowing Child and Family Services/Healthy Family Thriving Community Collaborative or a designee to obtain information from the client’s landlord regarding rental payments.

## Reunification/Preservation Policy and Guidelines

- A. Participants may include birth families where the Court established goal is Reunification/Protective Supervision **or** placement with a kinship care provider where the Court established goal is Guardianship or Adoption.
- B. Applicants residing in subsidized housing, at the time of application **are not** eligible for the Rapid Housing program.
- C. Reunification or placement in the identified parent or kinship provider's home must occur within 90 days of the applicant being approved for Rapid Housing. The child must remain in the home for the duration of the family's participation in RHP.
- D. If the child/children are removed from the home and it is foreseeable that Reunification is not likely to occur within the next 90 days, transition planning must begin immediately to end the families' participation in RHP within 60 days. **Families must meet with the Collaborative Worker and CFSA Community Engagement Monitor to outline an exit plan. If the family refuses to meet with the Collaborative Worker or Community Engagement Monitor, a plan will be established to terminate prior to 90 days.**
- E. Participants must be either employed and/or have documented income that would enable them to secure housing independently (i.e. meeting the income guidelines established by prospective landlord), afford market rate rent and remain in unit after the RHP has ended. Participants must maintain this employment/income while in the RHP. Any changes to this status could result in termination from the program.
- F. In the event that the Applicant loses his/her income due to no fault of his/her own (must be documented/verified), the Applicant will have a maximum of six months to secure new employment. The Applicant must provide documentation of efforts made to secure new employment. Additional assistance, beyond the six months, will be reviewed on a case by case basis.
- G. The fund allocation will be determined based on required savings, and required security deposit contributions, which will be fully disclosed with the applicant, his/her social worker and community support worker at the time of application review.
- H. The preliminary spending plan is based on the current income status at the time of referral. The Collaborative reserves the right to modify the spending plan based on resource changes and based on approval by the CFSA Community Engagement Monitor.
- I. There **is not** a set amount awarded to all families. Amounts will be solely based upon demonstrated need. Rapid Housing funds will be used exclusively for rental payments (delinquent and current). The funds will only cover the difference between 30% of the Participants' income and the remaining rent. The funding amount **will not** be automatically granted or extended for 12 months.
- J. Social Workers and Collaborative Workers are encouraged to utilize community resources to assist the family in securing household items and assistance with first month's rent/security deposits and utility payments.
- K. Participants must cooperate with the Case Plan/Family Development Plan to maintain continued eligibility in the program. Non-compliance with the

agreed upon contract may result in an exit plan to facilitate the applicant's removal from the program.

### **Youth Transitioning-Out Criteria**

Youth must be transitioning from care between October 1, 2009 and September 30, 2010 and linked to a Collaborative that will assist in securing housing based on the identified need. As a participant in the program, the youth will be provided resources that will focus on the housing process, credit repair, and application requirements. The youth is required to participate in the Youth Transition Planning Conference and provide a signed copy of their plan in order to be eligible.

- A. In order to qualify for the Rapid Housing Program, the youth must be 18 to 20 years of age and will transition out within 90 days of submitting application. Aftercare Youth with children are also qualified to apply for RHP.
- B. Participants must be either employed and/or have documented income that would qualify them for housing independent from the Rapid Housing Program. Employment must be from the previous three months and enable them to secure housing independently (i.e. meet the income requirements set by prospective landlord), afford market rate rent and remain in their unit after the RHP has ended. Participants must maintain this employment/income while in RHP. Any changes to this status could result in termination from the program.
- C. In the event that the Youth loses his/her income, **due to no fault of his/her own (must be documented/verified)**, the Youth will have a maximum of six months to secure new employment. The need for additional assistance will be reviewed on a case by case basis. The Youth must provide documentation of efforts made to secure new employment. **If the youth does not provide documentation of his or efforts to secure new employment, a plan will be established to terminate immediately.**
- D. The fund allocation will be determined based on required savings, and required security deposit contributions, which will be fully disclosed with the applicant, his/her social worker and community support worker at the time of application review.
- E. There **will not** be a set amount for all transitioning youth (with or without children). Amounts and length of time in program will be determined based on need. Funding is to be used **solely** for rental assistance and based upon demonstrated need. Rapid Housing will only fund the difference between 30% of the Participants' income and the remaining rent. The funding amount **will not** be automatically granted or extend for 12 months.
- F. Participants must cooperate with the case plan to maintain continued eligibility in the program.
- G. Aftercare Youth who are **full-time students with or without families** must be employed at least part-time, have **sufficient** supplemental income to sustain housing after RHP, maintain a GPA of 2.0 or better, and be working with the Center of Keys for Life. Single, full-time students must also consider other housing options to enhance eligibility (i.e. roommates, rooms in private homes, studios, etc).

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**Child and Family Services Agency**



*This is a legal document. The information provided in this document must be truthful to the best of the applicant's applicability. By signing this document, the applicant acknowledges that he/she has thoroughly reviewed the entire application, answered all questions, read all program rules and regulations and has a full understanding of the programs expectations. Any violation of the program rules and expectations can result in the applicant's termination from the Rapid Housing Program.*

**Application for Housing Assistance for Reunification/Preservation Only**

Date: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Income: \_\_\_\_\_

Source(s) of Income: \_\_\_\_\_

**Children of Applicant**

Name	Gender	D.O.B	Faces#	Will child reside in the home?	Current Placement
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

## Assessment

1. How did the family come to the attention of Child and Family Services?

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2. What is the current status of the family (i.e. Housing status, compliance with Case Plan goals, compliance with Court orders)?

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3. Does the client currently have their own housing? If so, How much rent do they pay each month?

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4. What type of case is this: ( ) Reunification ( ) Preservation ( ) Kinship Care

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5. Are there any other case goals other than housing that the client still needs to complete? If so, what are they?

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6. Are the applicant and his/her family currently homeless or at risk of losing their home?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain:

7. If the children are not in foster care, are the children at risk of placement as a result of homelessness or substandard living conditions?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes explain: \_\_\_\_\_



8. If the children are in foster care, what are the reasons that they remain in care (other than lack of housing)?  
\_\_\_\_\_

9. Does the applicant receive services from any other agency?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the service and give name and phone number of agency and a contact person:  
\_\_\_\_\_

10. Is the applicant currently using alcohol or any chemical substance?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is the applicant enrolled in a treatment program, or has the applicant received treatment in the past?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of program and contact person: \_\_\_\_\_

Date of treatment(s) or estimated date of program completion: \_\_\_\_\_

Has applicant ever been recommended to a treatment program, but refused treatment?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, when? \_\_\_\_\_

Is applicant attending AA/NA or other supportive services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where? \_\_\_\_\_

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11. Has the applicant lived independently in the past (e.g. been responsible for paying rent and utilities for a family residence)?

Yes \_\_\_\_\_ No \_\_\_\_\_

A. If yes, where did the applicant live and when? \_\_\_\_\_

b. Whose name was on the lease? \_\_\_\_\_

c. If the lease was not in the applicant's name (or the applicant paid rent to a Homeowner), what was the applicant's relationship to the holder of the lease?  
\_\_\_\_\_

12. Does the applicant owe money to the District of Columbia Housing Authority?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, how much is owed? \_\_\_\_\_

Describe any repayment plan: \_\_\_\_\_

13. What is the current living situation of the family?

\_\_\_\_\_ A. Homeless

\_\_\_\_\_ Living in a homeless shelter

\_\_\_\_\_ Other: Explain: \_\_\_\_\_

\_\_\_\_\_ B. Living with relatives in overcrowded situation

\_\_\_\_\_ How long can family reside with family member? \_\_\_\_\_

\_\_\_\_\_ C. Client needs larger housing to facilitate reunification.

\_\_\_\_\_ When will reunification occur, if housing is provided? \_\_\_\_\_

\_\_\_\_\_ D. Client resides in deplorable conditions.

\_\_\_\_\_ Did DCRA do an inspection of the home? \_\_\_\_\_

\_\_\_\_\_ Did DCRA refer family to the Emergency Management Agency? \_\_\_\_\_

14. Is the family currently residing in subsidized housing? \_\_\_\_\_ Yes \_\_\_\_\_ No

15. Is the family currently linked to a collaborative? If so, which one: \_\_\_\_\_.

**Printed Name of Social Worker:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Signature of Social worker:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Printed Name of Immediate Supervisor:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Signature of Immediate Supervisor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note: In addition to this application, the following materials must be submitted:**

- Service agreement/plan detailing appropriate support services to be provided by CFSA or identified social service agency.
- Court report (if applicable) that document housing as a major barrier to reunification.

I understand that as the social worker for this family, I will continue working with the family until they have been situated in their house or apartment for at least two months. I understand that this includes attending the Housing Review with the client, assisting him or her in completing paperwork required for the program, completing the social service plan (if applicable) and referring the client to a collaborative to assist them in locating appropriate housing.

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***Youth Application for Housing Assistance***

*It is the expectation of the Housing Review Committee that this application will be completed by the client and Social Worker/Aftercare Worker. The Rapid Housing Program is time-limited assistance provided to emancipated youth with or without children. The information requested in this application is required to make a determination as to whether the applicant will be a strong candidate for this program.*

*This is a legal document. The information provided in this document must be truthful to the best of the applicant's applicability. By signing this document, the applicant acknowledges that he/she has thoroughly reviewed the entire application, answered all questions, read all program rules and regulations and has full understanding of the program's expectations. Any violation can result in the applicant's termination from the Rapid Housing Program.*

Date Submitted: \_\_\_\_\_

Rapid Housing Applicant/Head of household (s): \_\_\_\_\_

Current Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone/Cell Number: \_\_\_\_\_

Date of Birth (all applicants): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name of Judge: \_\_\_\_\_

Name of GAL: \_\_\_\_\_

Next Permanency Hearing: \_\_\_\_\_

**Children of Applicant**

Name	Gender	D.O.B	Faces#	Will child reside in the home?	Current Placement
1.					
2.					
3.					
4.					

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Are you assigned to a collaborative?

Y ( )

N ( )



Do you know why are you taking medication? If so please explain

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Are you engaged in therapy? Y ( ) N ( )  
(please provide supporting documentation, i.e. letter from therapist verifying attendance)

Are you currently using **alcohol or any chemical substance**? Y ( ) N ( )

Do you have a history or alcohol/substance/marijuana use? Y ( ) N ( )

If so, what is the name of the treatment program you completed and date of completion?

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Has the applicant ever been recommended to a treatment program, but refused treatment?  
(This question must be answered by Social Worker/Collaborative Worker)

Y ( ) N ( ) If yes when: \_\_\_\_\_

Is the applicant attending AA/NA or any other supportive services? Y ( ) N ( )  
(This question must be answered by Social Worker/Collaborative Worker)

If yes, where? \_\_\_\_\_

**NARRATIVE SECTION TO BE COMPLETED BY YOUTH**

*All sections except those designated with “\*” are to be completed by youth.  
Sections designated with “\*” must be to be answered by Social Worker/Aftercare Worker*

Why do you think you should be awarded assistance through the Rapid Housing Program?

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On a **separate sheet**, please provide a **one page** summary describing your career/educational goals for the next 18 months. Explain how you plan to achieve these goals and/or how the RHP will assist you in becoming more self-sufficient. *(This summary should outline specific tasks you will be involved in to achieve your career/educational goals by the end of your participation in RHP).*

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What have you done in the last six months to prepare for your transition from care?

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\*Please describe how your youth has been working on established goals in Case Plan/Family Development Plan/Youth Transition Plan for the past 12 months:

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What type of housing are you willing to consider? Check all that apply:

- ☐ Lease Efficiency with no roommate  
☐ Lease 1 bedroom apartment with no roommate.  
☐ Lease with roommate  
☐ Rent room in private residence and share basic common areas  
(i.e. room in friend/family's home)

I attest that I have thoroughly read all of the information entered into this document.

\_\_\_\_\_  
Youth Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Worker/Family Support Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisory Social Worker

\_\_\_\_\_  
Date

**RHP**  
**Housing Risk Scale**

**High Risk (Long-term FUP)**

Family income, size and ability to increase income may be prohibitive. Family unlikely to obtain and/or sustain housing due to size, income and earning potential. Due to severity of mental health needs, social and/or economic challenges, family will be unlikely to improve housing accessibility.

**Moderate Risk (FUP)**

Family size, mental and social challenges create difficulties with the family's ability to obtain and sustain housing. Family is willing to address these challenges. Resources are available to assist family with these issues. Once these issues are addressed, the family will be able to sustain housing.

**Low-Moderate Risk (TBD)**

Family size and social, mental and educational level enables family to increase income, obtain and sustain housing. Family is involved in self-improvement activities that will allow it, over specified period of time, to sustain housing independently.

**Low Risk (RHP)**

Family has ample income and or strong potential to increase income in relatively short period of time. Family's income or income potential will allow the family to obtain appropriate housing. Family housing history presents a challenge to family's ability to obtain housing.