



Rapid Rehousing

Eligibility Criteria:

Acceptance into Rapid Rehousing is determined by prioritization coordinated through the Continuum of Care and is based on the following minimum criteria and documents.

Applicant must be:

- A survivor of domestic violence, sexual assault, human trafficking and/or stalking;
- Homeless OR at imminent risk of homelessness and fleeing or attempting to flee domestic violence. (View page 9 of application for further instruction.)
- Eighteen years old or (legally) emancipated minor

DVIS will not discriminate on basis of race, color, national origin, religion, sex, age, familial status, ancestry, marital status, sexual orientation, gender identity, or disability.

Application Required Documents:

- Application
- Income Verification/Zero Income Verification
- Homeless Verification
- Danger Assessment*
- Hope Assessment*
- Coordinated Entry Assessment

-Additional documents needed are listed on pages 6 through 8.

**Individual responses to these assessments do not impact eligibility and acceptance into this program.*



Application Forms Rapid Rehousing Program

We are glad you are interested in applying for DVIS Rapid Rehousing Program. The mission of DVIS Rapid Rehousing is to assist survivors of domestic violence, sexual assault, human trafficking and/or stalking gain permanent housing and achieve their personal goals. We strive to meet this goal by providing rental assistance and other services for up to 12 months.

This application is used to determine whether you are eligible and whether this program can offer you the support and assistance you desire. The questions in this application are included solely as a way of establishing whether this program is a good fit for your needs and situation. Upon request, reasons for non-acceptance may be provided in verbal or written notification in a language or manner readily accessible.

Contact Information:

Today's Date: ___ / ___ / ___

Name: _____

Date of birth: ___ / ___ / ___ Race: _____

Gender: _____ Pronouns used: _____

What is your preferred language? _____

Preferred method of contact:

- Phone: _____
 - If we call, is it safe to leave a message? Yes _____ No _____
 - If no, when is the best day and time to call? _____
- Email: _____
 - By communicating through email, you understand that you will be receiving an email from a "dvis.org" account. If someone else has access to your email, they will know that you are involved with DVIS.
 - Permission to email _____ No permission to email _____
- Mail: _____

Referral Contact Information:

Name, phone number, and agency of person referring you this program:

Current Living Situation:

Are you currently homeless as a result of domestic violence, sexual assault, dating violence, or stalking?

- Yes
- No

Approximate date homelessness began? _____

Are you currently living in a shelter?

- Yes. Which Shelter? _____
- No

Are you living with family or friends because you have fled domestic violence, sexual assault, dating violence, or stalking?

- Yes
- No

Please list all other people who would live with you in a rent-assisted apartment:

Do you have a companion or service animal(s)?

- Yes
- No

Do you have pets?

- Yes. Please describe the species and any other relevant characteristics of each animal:

- No

Are there any accommodations we can provide to ensure your ability to take part in this program?

Safety:

Is there anything you would like to share about your immediate safety concerns?

Do you have a PO against your abuser?

- Yes

Is it permanent? Yes _____ No _____

Does it include your children? Yes _____ No _____

No

Budget Worksheet:

Household Financial Resources:	Net income/month:	Gross income/month:
Earned Income	\$ _____	\$ _____
SSDI	\$ _____	\$ _____
SSI	\$ _____	\$ _____
Private Disability Insurance	\$ _____	\$ _____
Worker's Compensation	\$ _____	\$ _____
TANF	\$ _____	\$ _____
General Assistance	\$ _____	\$ _____
Retirement from SS	\$ _____	\$ _____
Child Support	\$ _____	\$ _____
Alimony/Spousal Support	\$ _____	\$ _____
Other	\$ _____	\$ _____
Total Monthly Income:	\$ _____	\$ _____

Non-Cash Benefits per Month:

- Food Stamps
\$ _____ /month
- WIC
- Utility Assistance
- Child Care Subsidy
- TANF
- Other _____
- Applied for Housing Subsidy?
 - THA: Section 8 _____, Public Housing _____
 - OHFA: Section 8

Household Expenses Per Month:

Rent: \$ _____

Heating Fuel: \$ _____

Electricity: \$ _____

Food: \$ _____

Healthcare: \$ _____

Child Care: \$ _____

Credit Card: \$ _____

Loan Payments: \$ _____

Car Payments: \$ _____

Car Insurance: \$ _____

Vehicle Gas: \$ _____

Other Transportation: \$ _____

Miscellaneous: \$ _____

Cable/Internet: \$ _____

Phones: \$ _____

Household Goods: \$ _____

Pet Expenses: \$ _____

Restaurants/Coffee/
Take-out: \$ _____

Entertainment: \$ _____

Other: \$ _____

Utility Arrears: \$ _____

Utility Arrears: \$ _____

(copays, premiums, etc).

(rent-to-own, student loans,
back debt, etc.)

Total Monthly Expenses: \$ _____

Totally Monthly Net Income: \$ _____

Flexible Income (Subtract Expenses from Income): \$ _____

Are you a veteran?

- Yes
- No

In the past 3 years, how many months have you spent homeless, on the streets, in an emergency shelter, or in a safe haven? _____

In the past 3 years, how many times have you been homeless, on the streets, in an emergency shelter, or in a safe haven, including today? _____

Please describe the types of help and support you would like from this program:

Please describe any questions or concerns you have about the program. We will address any concerns when we meet.

I certify that the above information is true and correct to the best of my knowledge.

Client Signature

Date

Witness (referrer) Signature

Date

Please note that this is an application and does not constitute acceptance into this program. Once your application has been received, staff will reach out to you to learn more about your situation. Thank you!



Income Verification Form:

Client Name: _____

Date: _____

Where are you employed? _____

How long have you been employed? _____

What is your current income? _____

By signing this statement, the client certifies that they currently are receiving income and agree to notify DVIS if their income status changes. Please include any of the documents listed below to verify the client's income.

- Pay Stubs or W-2; OR
- A letter from someone they know stating that they are employed

Client Signature

Date

Staff Signature

Date



Zero Income Verification Form:

Client Name: _____

Date: _____

By signing this statement, the client certifies that they currently have no income and agrees to notify DVIS staff of any changes in their income.

Client Signature

Date

Staff Signature

Date



Homeless Verification Form:

Client Name: _____

Date: _____

Homeless Status – Indicate where the client is currently staying:

(Required documentation must be attached for each box checked. Details on the next page.)

- Unsheltered
- Emergency Shelter
- Transitional Housing
 - must be homeless prior to entry
- Institution for < 90 days
- Imminent Risk of Homelessness

Is client fleeing or attempting to flee domestic violence?

- Yes
- No

This is to certify that the above named individual or household is currently fleeing based on the check mark, other indicated information, and signature indicating their current living situation.

Client Signature

Date

Staff Signature

Date

<p>Unsheltered, emergency shelter, transitional housing, institution for <90 days.</p>	<ul style="list-style-type: none"> • Written observation by the outreach worker; OR • Written referral by another housing/service provider; OR • Certification by the individual or head of household seeking assistance stating that they were living on the streets or in shelter; <p>For individuals exiting an institution: one of the forms listed above AND;</p> <ul style="list-style-type: none"> • Discharge paperwork OR written/oral referral, OR • Written record of intake worker’s due diligence to obtain evidence AND certification by individual that they exited institution.
<p>Imminent risk of homelessness.</p>	<ul style="list-style-type: none"> • A court order resulting from an eviction action notifying the individual or family that they must leave; OR • For individual and families leaving a hotel/motel – evidence that they lack the financial resources to stay; OR • A documented and verified oral statement; AND • Certification that no subsequent residence has been identified; AND • Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing.
<p>Fleeing/Attempting to flee domestic violence.</p>	<p>For victim-service providers:</p> <ul style="list-style-type: none"> • An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification or a certification by the intake worker. <p>For non-service providers:</p> <ul style="list-style-type: none"> • Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification form or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; AND • Certification by the individual or head of household that no subsequent residence has been identified; AND • Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

This page does not need to be included in the application and is merely here to explain what documents must be attached to indicate homeless status.

DANGER ASSESSMENT

Jacquelyn C. Campbell, Ph.D., R.N.
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Several risk factors have been associated with increased risk of homicides (murders) of women and men in violent relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of homicide in situations of abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones
4. Threat to use weapon; head injury, internal injury, permanent injury
5. Use of weapon; wounds from weapon

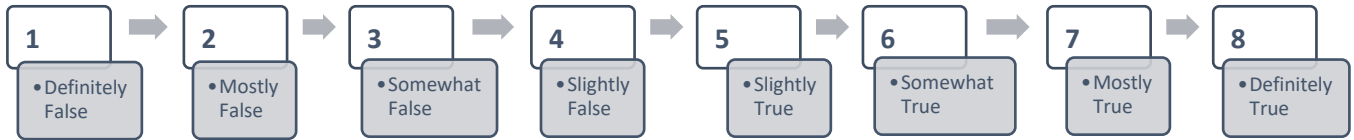
(If **any** of the descriptions for the higher number apply, use the higher number.) Mark **Yes** or **No** for each of the following. ("He" refers to your husband, partner, ex-husband, expartner, or whoever is currently physically hurting you.)

- ___ 1. Has the physical violence increased in severity or frequency over the past year?
- ___ 2. Does he own a gun?
- ___ 3. Have you left him after living together during the past year?
3a. (If have *never* lived with him, check here ___)
- ___ 4. Is he unemployed?
- ___ 5. Has he ever used a weapon against you or threatened you with a lethal weapon?
(If yes, was the weapon a gun? ___)
- ___ 6. Does he threaten to kill you?
- ___ 7. Has he avoided being arrested for domestic violence?
- ___ 8. Do you have a child that is not his?
- ___ 9. Has he ever forced you to have sex when you did not wish to do so?
- ___ 10. Does he ever try to choke you?
- ___ 11. Does he use illegal drugs? By drugs, I mean "uppers" or amphetamines, "meth", speed, angel dust, cocaine, "crack", street drugs or mixtures.
- ___ 12. Is he an alcoholic or problem drinker?
- ___ 13. Does he control most or all of your daily activities? For instance: does he tell you who you can be friends with, when you can see your family, how much money you can use, or when you can take the car? (If he tries, but you do not let him, check here: ___)
- ___ 14. Is he violently and constantly jealous of you? (For instance, does he say "If I can't have you, no one can.")
- ___ 15. Have you ever been beaten by him while you were pregnant? (If you have never been pregnant by him, check here: ___)
- ___ 16. Has he ever threatened or tried to commit suicide?
- ___ 17. Does he threaten to harm your children?
- ___ 18. Do you believe he is capable of killing you?
- ___ 19. Does he follow or spy on you, leave threatening notes or messages, destroy your property, or call you when you don't want him to?
- ___ 20. Have you ever threatened or tried to commit suicide?
- ___ Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment means in terms of your situation.

The Adult Hope Scale

Read each sentence carefully. For each sentence please think about how you are in most situations. Using the scale shown below, please select the number that best describes YOU and put that number in the blank provided. There are no right or wrong answers.



_____ 1. I can think of many ways to get out of a jam.

_____ 2. I energetically pursue my goals.

_____ 3. There are lots of ways around any problem.

_____ 4. I can think of many ways to get the things in life that are most important to me.

_____ 5. Even when others get discouraged, I know I can find a way to solve the problem.

_____ 6. My past experiences have prepared me well for my future.

_____ 7. I've been pretty successful in life.

_____ 8. I meet the goals that I set for myself.