



CAPCC HAP INTAKE PACKET

Must be completed within 7 to 10 days

HAP Required Documentation Checklist:

(Please initial that each required document below is included in this packet)

- EMERGENCY SHELTER ALLOWANCE (ESA) _____
- EVICTION OR LEASE _____
- HAP PACKET/All sheet completed _____
- PHOTO ID _____
- SOCIAL SECURITY CARD FOR ALL HOUSEHOLD MEMBERS _____
- HOUSEHOLD GROSS MONTHLY INCOME _____
- LANDLORD INFORMATION (CAPCC mails out forms) _____

INCOMPLETE APPLICATIONS WILL BE IMMEDIATELY DECLINED

By signing below, I am stating that I completed, signed, and submitted all the required documents:

SIGNATURE (CLIENT)

DATE TURNED IN TO CAPCC

CLIENT EMAIL ADDRESS (optional): _____

Referred By: _____

Date _____

SHELTER ELIGIBILITY DETERMINATION FORM

APPLICANT

LANDLORD

Name _____

Address _____

Phone # _____

Did you apply for Emergency Selter Assistance from the Dept. of Human Services/County Assistance Office?

What was the determination? _____

HOMELESS

Are you living in a shelter?

Are you staying with a friend or family member?

Was there a life changing event to create homelessness?

EVICTON

How many months are you behind?

What is the total due on eviction notice?

Why haven't you been able to pay rent?

CRISIS NARRATIVE

INCOME

How much income do you receive in a month?

Are there are any other sources of income for your household?
If so how much?

Total Income:

PRIMARY HOUSING COSTS

Rent	<input type="checkbox"/>	Trash	<input type="checkbox"/>
Electric	<input type="checkbox"/>	Food	<input type="checkbox"/>
Gas/Heat	<input type="checkbox"/>	Toiletries	<input type="checkbox"/>
Water	<input type="checkbox"/>	Total	<input type="checkbox"/>
Sewage	<input type="checkbox"/>		

You're acknowledging that you will provide all required info to the caseworker within two weeks of the date on this form. If not completed in that time you will be forced to reapply for assistance.

Client Signature

THIS IS NOT THE RENT APPLICATION



CLIENT INTAKE QUESTIONNAIRE

Date: _____

Household Address:		Income Sources	Amounts per Month
City, State, Zip:			\$
Municipality:			\$
Telephone Number:			\$
Means of Transportation:	other walks own car no access public	RENT subsidized or unsubsidized	please circle if you receive: food stamps liheap
School District:		Monthly Shelter: \$	Monthly Utilities: \$
Head Of Household	additional person	additional person	additional person

rev. 1/17/2007

Soc. Sec#				
Last Name:				
First Name:				
Middle Initial:				
Birth Date:				
Gender:	male or female	male or female	male or female	male or female
Link to HOH:	Self			
Health Insurance:	no coverage unsubsidized	no coverage unsubsidized	no coverage unsubsidized	no coverage unsubsidized
Any Disabilities:	developmental mental physical	developmental mental physical	developmental mental physical	developmental mental physical
Race:	African American Bi-Racial Caucasian Hispanic Other	African American Bi-Racial Caucasian Hispanic Other	African American Bi-Racial Caucasian Hispanic Other	African American Bi-Racial Caucasian Hispanic Other
Marital Status:	Married	Married	Married	Married
Parental Status:	no depend children single parent	no depend children single parent	no depend children single parent	no depend children single parent
Education Level:	0-8 grade HS Grad/GED College Grad	0-8 grade HS Grad/GED College Grad	0-8 grade HS Grad/GED College Grad	0-8 grade HS Grad/GED College Grad
Employment Status:	employed not in labor force	employed not in labor force	employed not in labor force	employed not in labor force
Please circle if applicable:	reg voter us citizen veteran	reg voter us citizen veteran	reg voter us citizen veteran	reg voter us citizen veteran

** CIRCLE YOUR ANSWERS ** ** CIRCLE YOUR ANSWERS ** ** CIRCLE YOUR ANSWERS ** ** CIRCLE YOUR ANSWERS **

I hereby certify that to the best of my knowledge the information contained herein is true, correct and complete and that all attachments provided by me, verifying my income is valid. I understand that this information is utilized to determine eligibility for services for which I am applying. All information contained on this document is used only for CAPCC purposes in accordance with the Privacy Act of 1974. The Social Security Number is required to identify and retrieve service records. CAPCC does not discriminate on the basis of sex, age, race or national origin.

Client's Signature: _____ **Today's Date:** _____

Employee's Signature _____



CLIENT INTAKE QUESTIONNAIRE

Date: _____

rev. 1/17/2007

	Household Address:		Income Sources	Amounts per Month
	City, State, Zip:			\$
	Municipality:			\$
	Telephone Number:			\$
	Means of Transportation:	other own car public walks no access	RENT OWN OTHER subsidized or unsubsidized	please circle if you receive: food stamps liheap
	School District:		Monthly Shelter: \$	Monthly Utilities: \$
	Head Of Household	additional person	additional person	additional person
Soc. Sec#				
Last Name:				
First Name:				
Middle Initial:				
Birth Date:				
Gender:	male or female	male or female	male or female	male or female
Link to HOH:	Self			
Health Insurance:	no coverage subsidized unsubsidized	no coverage subsidized unsubsidized	no coverage subsidized unsubsidized	no coverage subsidized unsubsidized
Any Disabilities:	developmental mental physical	developmental mental physical	developmental mental physical	developmental mental physical
Race:	African American Bi-Racial Caucasian Hispanic Other	African American Bi-Racial Caucasian Hispanic Other	African American Bi-Racial Caucasian Hispanic Other	African American Bi-Racial Caucasian Hispanic Other
Marital Status:	Married Single	Married Single	Married Single	Married Single
Parental Status:	no depend children not a parent single parent two parents	no depend children not a parent single parent two parents	no depend children not a parent single parent two parents	no depend children not a parent single parent two parents
Education Level:	0-8 grade 9-12 grade HS Grad/GED Some post HS College Grad	0-8 grade 9-12 grade HS Grad/GED Some post HS College Grad	0-8 grade 9-12 grade HS Grad/GED Some post HS College Grad	0-8 grade 9-12 grade HS Grad/GED Some post HS College Grad
Employment Status:	employed not in labor force d/a abuse ex-offender reg voter us citizen veteran	employed not in labor force d/a abuse ex-offender reg voter us citizen veteran	employed not in labor force d/a abuse ex-offender reg voter us citizen veteran	employed not in labor force d/a abuse ex-offender reg voter us citizen veteran
Please circle if applicable:				

** CIRCLE YOUR ANSWERS ** ** CIRCLE YOUR ANSWERS ** ** CIRCLE YOUR ANSWERS ** ** CIRCLE YOUR ANSWERS **

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Client's Signature: _____ **Today's Date:** _____

Employee's Signature _____

PA HMIS Collaborative Client Consent

Release of Information via PA HMIS

The Pennsylvania Homeless Management Information System (“PA HMIS”) serves the Pennsylvania Continuums of Care Collaborative, a group of agencies (“PA HMIS Participating Agencies”) working together to provide services to individuals and families in Pennsylvania who are homeless or at risk of becoming homeless. In an effort to end homelessness, PA HMIS allows the Commonwealth of Pennsylvania and PA HMIS Participating Agencies to use this system to efficiently collaborate, identify, coordinate, and evaluate individual services needed. The PA HMIS is also used to produce non-identifying, aggregate reports that can be used to track program performance which is necessary to receive program funding from the federal government, identify unfilled service needs, and plan for new service provision.

This process is beneficial to improving your case management and received services, as well as assisting PA HMIS Participating Agencies to locate multiple housing or service options. Additionally, sharing information between PA HMIS Participating Agencies can reduce the number of times you are asked for repeated information. By consenting to share this information with participating agencies, you will allow PA HMIS to provide better coordination between PA HMIS Participating Agencies in an effort for you to obtain and maintain permanent housing.

Information collected in the PA HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA). Every person and agency that is authorized to read or enter information into the database has signed an agreement to maintain the security and confidentiality of your information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties including legal action.

I UNDERSTAND THAT:

- In an effort to end homelessness and to better serve me and/or my family, the PA HMIS Participating Agency identified at the bottom of this form will collect and may share my identifying information with other PA HMIS Participating Agencies via PA HMIS.
- The intention and purpose of collecting and sharing my information is to help PA HMIS Participating Agencies better understand and assist my/our needs, and to produce non-identifying, aggregate reports to the federal government that can be used to track the program performance of these agencies.
- The PA HMIS participating agencies have signed agreements and are bound to implement policies to maintain my information in a secure and confidential manner, as mandated by Federal and State laws.
- The release of my information does not guarantee that I will receive assistance. Alternatively, refusing to release my information will not affect my opportunity to receive assistance.
- This authorization will remain in effect for a period of up to 7 years or until I revoke it in writing. I may revoke authorization at any time by returning to any previously visited PA HMIS Participating Agency and signing a new consent form using the “I do not agree” option. If I revoke my authorization or this authorization expires, all information about me already in the database will remain to retain usage history; however, it will be inactive and not updated. I further understand that any revocation of this consent will not affect the waiver of confidentiality as to information already disclosed.

PA HMIS Collaborative Client Consent Release of Information via PA HMIS

- If I decline to release my information, it will be hidden from all other PA HMIS participating agencies, except in the case of a referral. If I need to be referred to another agency for services, my information will be forwarded to only that agency, regardless of my recorded data sharing preference.

Please choose an option:

- I **agree** to allow sharing of my information via the PA HMIS system with PA HMIS participating agencies.
- I **agree** to allow sharing of my information via the PA HMIS system with PA HMIS participating agencies, but wish to limit sharing of certain data elements (complete and attach the Release of Information Supplement).
- I **do not agree** to allow sharing of my information via the PA HMIS system with PA HMIS Participating Agencies. I understand that if I need to be referred to another agency, only the data necessary to complete the referral will be forwarded.

Client Name
(Please print)

Client Signature

Date

Guardian Name, if applicable
(Please print)

Guardian Signature, if applicable

Date

List Dependent(s) Name(s), if applicable

(Note: If dependents are not presenting for services at the same time as the guardian, or the guardian wishes to record different individual consent responses, use a separate consent form for each dependent.)

PA HMIS Participating Agency Name
(Please print)

Agency Personnel
(Please print)

Agency Personnel Signature

Date

PA HMIS Collaborative Client Consent Release of Information Supplement Form

Please use this form to collect the information that a client wishes to share if the partial/ limited option is selected on the Client Consent – Release of Information (ROI) form. Place a check next to the information for which sharing is permitted and attach to the ROI.

Client Information (All)

- Name
 - Alias
 - SSN
-

Client Transactions (All)

- Pre-Enrollment Assessments
- Project Enrollment Information
- Project Assessments
- Project Services

Client Demographics (All)

- Date Of Birth
 - Ethnicity
 - Race
 - Gender
 - Disabling Condition
 - Veteran Status
-

Additional Client Information (All)

- Place of Birth
 - Marital Status
 - Housing Status
 - Primary Language
 - Driver's License
-

Contact Information (All)

- Address
- Home Phone
- Work Phone
- Email Address

HMIS DATA SHEET

WHERE WAS EVERYONE IN YOUR
HOUSEHOLD BORN?

1 _____
2 _____
3 _____
4 _____
5 _____

ARE YOU A HIGH SCHOOL GRADUATE?
IF NOT, WHAT LEVEL DID YOU COMPLETE?

HOW LONG HAVE YOU LIVED AT YOUR
CURRENT ADDRESS?
FORMER ADDRESS?

HOW MUCH DO YOU RECEIVE IN FOOD
STAMPS PER MONTH?

DO YOU HAVE HEALTH INSURANCE?
SUBSIDIZED OR PRIVATE?

HOW MANY HOURS A WEEK DO YOU
WORK?



Client Name: _____

Date: _____ Total Amount Needed: _____

CAPCC Pledge Amount: _____ Released when **TOTAL AMOUNT** has been met & application has been processed and approved.

COMMUNITY ACTION PARTNERSHIP OF CAMBRIA COUNTY - 814-536-9031

516 Main St/4th Floor, Johnstown, PA 15901

PLEDGE AMOUNT _____ Verified By: _____

ST. VINCENT DE PAUL - 814-535-8521

227 Bedford St. Johnstown, PA 15901

PLEDGE AMOUNT _____ Verified By: _____

SALVATION ARMY – 814-539-3110

576 Vine St. Johnstown, PA 15901

PLEDGE AMOUNT _____ Verified By: _____

DOROTHY DAY CENTER – 814-419-8695

115 Mary St. Loretto, PA 15940

PLEDGE AMOUNT _____ Verified By: _____

CATHOLIC CHARITIES – 814-535-6538

321 Main St. Johnstown, PA 15901

PLEDGE AMOUNT _____ Verified By: _____

OUR MOTHER OF SORROWS – 814-535-7646 PRESS #1

Phone referral **ONLY** – *Leave message and they will call you back*

PLEDGE AMOUNT _____ Verified By: _____

PEER EMPOWERMENT NETWORK – 814-539-2724

514 Somerset St. Johnstown, PA 15901

PLEDGE AMOUNT _____ Verified By: _____

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> S Corporation
<input type="checkbox"/> Other (see instructions) ▶	<input type="checkbox"/> Partnership
<input type="checkbox"/> Trust/estate	<input type="checkbox"/> Trust/estate
5 Address (number, street, and apt. or suite no.) See instructions.	Exempt payee code (if any) _____
6 City, state, and ZIP code	Exemption from FATCA reporting code (if any) _____
7 List account number(s) here (optional)	(Applies to accounts maintained outside the U.S.)
Requester's name and address (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
or					
Employer identification number					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

FACT SHEET: FAIR HOUSING FOR PERSONS WITH DISABILITIES: ENSURING ACCESSIBILITY



Cambria County Fair
Housing Office
Redevelopment Authority
of Cambria County
401 Candlelight Drive,
Suite 209
Ebensburg, PA 15931
(814) 472-6711
<https://www.phrc.pa.gov>

Information provided by
Fair Housing Center of
West Michigan

What is fair housing?

Fair housing is the right to choose housing free from unlawful discrimination. Fair housing laws protect people from discrimination in housing based on race, color, religion, sex, national origin, familial status, **disability**, marital status, and age. Discrimination is illegal in housing transactions such as rentals, sales, lending, and insurance. One type of discrimination prohibited by the law is the refusal to make reasonable modifications or accommodations that allow for a person with a disability the equal opportunity to access, use and fully enjoy a dwelling.

What qualifies as a disability?

The Fair Housing Act defines a person with a disability to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment. Major life activities include caring for yourself, performing manual tasks, walking, seeing, hearing, speaking, breathing, and working.

What are reasonable modifications?

Reasonable *modifications* are physical changes to an apartment or house that make the unit accessible to someone with a disability, such as ramps or grab bars. A person with a disability must be permitted to make reasonable modifications to their dwelling unit or to the public and common use areas if necessary for equal access. Reasonable modifications are critical for equal housing opportunity, especially in meeting the demand for accessible housing from a growing senior population.

What are reasonable accommodations?

Reasonable *accommodations* are changes in any rule, policy, procedure or service needed in order for a person with a disability to have equal access to and enjoyment of their home. Examples of reasonable accommodations include allowing an overnight caregiver despite a policy prohibiting overnight guests or allowing a service animal despite a "no pets" policy.

What does reasonable mean?

Reasonable is not defined by law so each request should be determined on a case-by-case basis. To show that a requested accommodation or modification may be necessary, there must be an identifiable relationship, or nexus, between the request and the individual's disability. A request may be denied if providing the accommodation or modification is not reasonable – i.e., if it would impose an undue financial and administrative burden on the housing provider or it would fundamentally alter the nature of the provider's operations.

Continued on other side...

What are assistance animals?

Assistance animals include service and companion animals that perform tasks or provide support to assist people with physical or mental disabilities in daily living activities under fair housing laws. These animals are **not** considered to be pets, and are **not** subject to pet fees or “no pet” policies. They do **not** have to be certified or licensed by any government or training program.

What kinds of assistance animals are there?

The most recognizable assistance animals are those that assist people with obvious physical disabilities, such as guide or seeing-eye dogs. Other common assistance animals include hearing animals, mobility animals and seizure response animals. However, companion or emotional support animals also qualify as assistance animals under the Federal Fair Housing Act. Companion animals can help persons with psychological disabilities alleviate symptoms such as depression, anxiety, and stress thereby enhancing the person’s ability to live independently and enjoy their home.

Are dogs the only animals that can be assistance animals?

No. Any animal prescribed by a doctor or other medical professional to assist a person with a disability can be an assistance animal.

How do I request an accommodation?

Though not required, it is recommended the request for an accommodation is in writing. The requester should keep a copy of the request and any supporting attachments. An individual is not required to disclose the disability to the housing provider, but may be asked to provide information to show a connection between the nature of the disability and the requested accommodation. The individual should also describe the specific policy or rule which limits the opportunity for the individual to live in or fully enjoy the housing. The individual then needs to state the specific change in the policy he or she is requesting.

Where can I find more information?

If you have additional questions about reasonable modifications or reasonable accommodations, or if you would like assistance in requesting a reasonable modification or accommodation, please contact the Fair Housing Center office.

SIGNS OF POSSIBLE DISCRIMINATION AGAINST PERSONS WITH DISABILITIES

- Refusing to rent or sell to you because of your disability or a relative’s disability
- Being charged extra fees, such as a higher deposit, or higher rent
- Being told the unit just rented, even though it has an “available unit” sign
- Refusal to allow assistance animals because of a “no pets” policy
- Refusal to permit reasonable modifications, such as wheelchair ramps or grab bars
- Being asked for a medical history to prove you have a disability or to prove you can live independently
- Being told you won’t be safe, neighbors won’t want you there, or the neighborhood is not “right” for you
- Terms, conditions, or availability change between phone contact and an in-person visit
- Filling out an application and waiting an unreasonable time for a decision