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CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health Office
203 - 797-4625
Fax 796-1596

Social Services Office
203 - 797-4569
Fax 797-4566

August 21, 2014

Mayor Mark Boughton and City Council
City Hall
155 Deer Hill Avenue
Danbury, Connecticut 06810

RE: Department of Housing Funding

Social Services attended a meeting on August 20, 2014 by the Department of Housing (DOH); the DOH then announced that they will provide grant funds in smaller portions (totaling \$650,000.00) to help stabilize housing for homeless individuals, families and children.

This process will be organized by AIDS of Connecticut (ACT) whom will administrate the funds as immediate aide applications to Shelter residents and assist homeless families and individuals.

The Health & Human Services Department, with Community partners, will facilitate and assist our homeless clients with filling out paperwork and providing documentation for the application process administrated by ACT.

All funds will go from ACT directly to the property owners or facilities receiving funds; no funds will go to the clients or the City of Danbury.

There are also no matching funds requirement for this new program.

DOH requests that all Emergency Shelters participating and receiving Rapid Re-Housing Financial Assistance, sign a Memorandum of Understanding (enclosed) to facilitate the program.

Program Details

The CT. Rapid Re-Housing Program uses a combination of housing relocation and stabilization services combined with short and medium term (1-3 months) financial assistance, to assist homeless households (individuals and families) to move as quickly as possible into permanent housing and

All City Services 311
Eviction Prevention 797-4565
Information-Referral 797-4569

Dial 2-1-1 for all
Connecticut Services!

Emergency Shelter 796-1661
Em. Shelter Fax 796-1660
WIC Program 797-4638



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achieve housing stability. Financial assistance for qualified clients (must be documented homeless) entails the following:

- Security deposit (2 month maximum)
- Partial or full rental subsidy for a period of time not to exceed 3 months.
- Utility deposit or utility start-up up to six months maximum.
- Utility arrearages up to six months.
- Moving expenses.
- Storage fee (3 month maximum)
- Rental application Fee

This new source of funding will allow the City of Danbury to actually provide a path to immediate financial assistance to prevent homelessness and provide housing stability to our residents. This program is also apart of the objectives identified in the Mayor's Ten Year Plan to End Homelessness.

Sincerely,

Scott T. LeRoy MPH MS
Director of Health and Human Services

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RESOLUTION

CITY OF DANBURY, STATE OF CONNECTICUT

_____A.D. 2014

RESOLVED BY THE CITY COUNCIL OF THE CITY OF DANBURY

WHEREAS, the State of Connecticut Department of Housing (DOH) has notified the Health and Human Services Department of the City of Danbury (Health) of the City's eligibility to apply for grant funds to help stability housing for homeless individuals, families and children; and

WHEREAS, the DOH has grant funds totaling \$650,000 and will provide small grant funds to various state communities; and

WHEREAS, the process will be organized by AIDS of Connecticut (ACT) who will administer the funds; and

WHEREAS, the State's purpose in providing these funds is to enable the Health Department to provide housing stability to our residents and is a part of the objectives in the Ten Year Plan to End Homelessness; and

WHEREAS, the grant term will cover a one year period through June 30, 2015 with no local match required.

NOW, THEREFORE BE IT RESOLVED THAT, Mark D. Boughton, Mayor of the City of Danbury, or Scott LeRoy, Director of Health as his designee, is hereby authorized to apply to the State of Connecticut Department of Housing for said grant funds and to accept the award if offered, and to take any and all actions necessary to effectuate the purposes hereof.

Memorandum of Understanding
Between AIDS Connecticut and
FRONTLINE HOMELESS SERVICES PROGRAM XXX
Under the Department Of Housing Rapid Re-Housing Financial Assistance Program

A. DEFINITION

Department Of Housing Rapid Re-Housing Financial Assistance Program (the "Fund") is the allocation provided in the FY 2015 state budget to provide financial assistance for homeless families and individuals in Connecticut, and is administered by AIDS Connecticut (ACT). The contract for this project is to provide financial assistance for rapid re-housing programs ("program" or "programs"), defined as a program to coordinate and deliver rapid re-housing services to clients, families and individuals, who are eligible for these services due to their status as homeless, as defined by HUD guidelines.

FRONTLINE HOMELESS SERVICES PROGRAM XXX will participate in the use of this fund to facilitate the re-housing of families and individuals who are homeless.

B. DESCRIPTION OF SERVICES

Recipients of Financial Assistance – a homeless family or individual for whom at least one request for financial assistance payable by the Fund is submitted. FRONTLINE HOMELESS SERVICES PROGRAM XXX may submit financial assistance requests payable by the Fund to facilitate the re-housing of homeless families or individual who are homeless according to HUD guidelines.

C. RESPONSIBILITIES OF FRONTLINE HOMELESS SERVICES PROGRAM XXX

Under the terms of this MOU, FRONTLINE HOMELESS SERVICES PROGRAM XXX agrees to:

1. Collect and maintain documentation for all clients receiving financial assistance through the Fund.

- Identification Documents
 - Photo IDs, birth certificates or other ID for all household members
 - Proof of Social Security numbers for all household members
- Housing Status Documentation
 - Documentation of current homelessness
- Income documents:
 - Income verification for all members of household earning income
- Intake forms
- Release of Information
- Stabilization Plan for Housing Retention
- Completed vulnerability index

2. Verify proposed payees for all assistance. Maintain documentation to support all payment requests. 13-41

Allowable costs that may be approved for processing by the Fund include:

- Security deposit (2 month maximum) when ineligible for DOH Security Deposit Guarantee Program.
- Partial or full rental subsidy for a period of time not to exceed 3 months.
- Utility deposit or utility start-up costs up to six months max.
- Utility arrearages up to six month arrearage.
- Moving expenses.
- Storage Fee (3 month max storage)
- Rental Application Fee

Prepare and submit payment requests to ACT using official Rapid Re-Housing Fund Request Form (attached). Maintain copies of all payment requests with required documentation. Assure client confidentiality by faxing materials only to secure fax provided by ACT.

3. Housing retention: A minimum of 60% of individuals and families housed with Fund resources will remain out of the shelter system for a minimum of one year after housing placement.

D. STATE OF CONNECTICUT AS 3RD PARTY BENEFICIARY

1. A copy of this signed MOU will be sent to Brenda Earle at Brenda.Earle@ct.gov at The Department of Housing (DOH) to be kept on file.
2. The homeless services provider agrees to provide documentation file access to DOH as requested for programmatic and financial auditing purposes.

E. REPORTING REQUIREMENTS

FRONTLINE HOMELESS SERVICES PROGRAM XXX agrees to:

1. Conduct follow-up on all participants by phone at three, six and nine months to collect data on housing retention and enter this information into HMIS. Data will be collected by contacting client by phone or in person. Provider will make at least two attempts at each reporting date to contact client, and will document those attempts in client file.
2. Enter all applications approved for financial assistance into HMIS utilizing protocols established by CT Coalition to End Homelessness (CCEH). CCEH will provide training on HMIS data input for this program to all participating entities.

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This MOU expires on June 30, 2015. I hereby agree to the terms of this Memorandum of Understanding.

For FRONTLINE HOMELESS SERVICES PROGRAM XXX:

Signature

Date

Name and Title (printed)

For AIDS Connecticut:

Signature

Date

Name and Title (printed)

Rapid Re-Housing Fund Request Form

Client ID # _____ (HMIS ID) _____ Region # _____

Shelter/program/RRP that this referral came to RRP from _____

Amount of money requested: \$ _____ (per check)

INSPECTION of the unit must be completed before funds can be requested

Make Check Payable to: _____

(please use a separate form for each vendor check request)

Address (Add "Attention To" if different from above) _____

Send to (if other than above) _____

___ One Time Rent Payment Assistance (First Month Rent)
 New Housing*
 ___ W9; and
 ___ rental verification form (first month/security); or ___ lease

Vulnerability *split*
(VI) Score

___ Utility Assistance/ Arrearage *(six months arrearage; up to 12 months max.)*
 ___ copy of current bill/shut off notice for gas; electricity; oil, propane; and
 ___ billing & payment history on account in client's name (or proof of responsibility); and
 ___ verification applicant has applied for energy assistance and/or payment plan

___ Moving Cost Assistance *(3 months max storage)*
 ___ truck rental quote/bill, and/or ___ storage fee quote/bill, and/or ___ moving co. quote/bill

___ Security Deposit Assistance *(2 months max)*
 ___ (CM initials) denial from Security Deposit Guarantee Program; and
 ___ W9; and ___ rental verification form (first month/security)

___ Rental Application Fees
 ___ (CM initials) copy of the lease indicating the fees.

___ On-going Rental Subsidy: ___ short-term (1-3mths) ___ medium-term (4-12 mths)
 ___ W9 *(if not already on file)*; and
 ___ rental verification form (first month/security) or rent receipt *(proof client is current with rent)*
(12 months max including first, last, security deposit and on-going subsidy)
 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th

For Short Term (1-3 months): Attach the W-9 and signed lease. Check off if remaining forms are completed and are in the client file with the referral agency

For Medium Term (1-12 months): Attach the following forms:

- rent reasonableness form
- habitability form
- verification of ownership w/no conflict of interest
- documentation of homelessness
- lead form or n/a*
- Release of information

Name: _____ Agency: _____

Phone: _____ Email: _____ @ _____

Signature of CT-RR Case Manager Date

Signature of Supervisor (or authorized individual) Date

For ACT use only: Date request received _____ Date approved _____ Amount of money approved _____ Check No. _____
 Date Not Approved _____ Reason for denial _____

Reviewed By: _____ Signature: _____