



## Community Action Team, Inc. (CAT) Housing Assistance Assessment/Intake Packet

www.cat-team.org ~ Ph:(503)397-3511 ~TTY/voice 711 ~ 125 N 17<sup>th</sup> St., St. Helens, OR 97051

### Coordinated Entry:

Funding is limited and financial assistance is not guaranteed. To ensure a fair and equitable process all requests for assistance will be entered through Coordinated Entry. Coordinated Entry is a process developed to ensure that all people experiencing a housing crisis have fair and equal access and are assessed for, referred, and connected to housing and assistance based on their strengths and needs. Contact and demographic information for individuals/households applying for assistance may be maintained on the Coordinated Entry by-name list until which time it is removed.

### Client Eligibility:

- Must prove that the household has ability to financially sustain housing without assistance.
- Must meet income eligibility.
- Must be homeless or at risk of homelessness (documentation required).
- Due to funding restrictions we will not assist with: Unmanaged single room occupancy, halfway house, drug rehabilitation, rent to own.
- Some private funding sources may require the applicant to be an established Columbia County Resident for 6 months or longer.

### Intake Procedure:

- After the request for assistance is received, an assessment, review, and a request for any further information/documentation will be made within seven (7) business days of receipt.
- Eligibility will be determined within three (5) business days of receipt of all required information/documentation.
- If monetary assistance request is denied, a verbal notification will be attempted as well as a written notice stating the reasons for denial. Said notice will contain a copy of the Grievance Policy and Procedure.

### Note:

- Any attempt to withhold information, deceive or provide false information may result in denial of services.
- Any rental assistance payments from CAT will be directly mailed to landlord, only if the landlord is willing to work with the tenant and CAT. The payable process takes 7 to 14 business days.
- CAT staff will not steer clients into any particular housing. We may make suggestions and inform you of options based on household needs/barriers but it is the applicant/client(s) responsibility to find/select housing that best fits their needs.

**\*\*Please submit the following documentation with your completed assessment/intake packet.  
Additional documentation may be required.**

1. Photo ID for all adults listed
2. Social Security cards for everyone in the household
3. Proof of income for the last 30 days for each household member (e.g. pay stubs, social security award letter)
4. Notice given by landlord, family member, etc. pertaining to your housing status.

**\*\* Absence of the above and additional required documentation requested may delay evaluation and eligibility determination.**

**EMAIL DOCUMENTS TO: [housing\\_solutions@cat-team.org](mailto:housing_solutions@cat-team.org)**



# Housing Status

1. Housing Status Summary (please provide a brief summary of your housing situation):

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## 2. Domestic Violence

A. Are you a victim of Domestic Violence? YES / NO

B. If you, are you currently fleeing? YES / NO

## 3. Housing Status:

### A. Literally Homeless:

Where Did You Stay Last Night?

Car	Street	Camping	Shelter
Couch Surfing	Iron Tribe	Hotel/Motel Paid by Agency	CCSO Transitional Housing

What caused you to be homeless? \_\_\_\_\_

Last Night did you stay in/on the streets, emergency shelter, or safe haven? Yes/No

Approximate date homelessness started \_\_\_\_/\_\_\_\_/\_\_\_\_

Can someone document the length of time you have been homeless? Yes/No

Number of times you have been homeless in the past 3 years: \_\_\_\_\_

If 4 or more times, total number of months homeless in the last 3 years: \_\_\_\_\_

Total number of months continuously homeless on the street, shelter, or safe haven in the past 3 years: \_\_\_\_\_

### B. At Risk of Homeless

Where did you Stay Last Night?

Rent with no Subsidy	Rent with Subsidy	Section 8	Hospital
Own Home	Foster Care/Group Home	Nursing Home	Psychiatric Hospital
Friends	Family	Treatment Facility	Jail/Prison

Approximate date you moved into your current place: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Landlord: \_\_\_\_\_

Landlord Phone number: \_\_\_\_\_

Landlord Email: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Have you received a notice to vacate your current residence? Yes/No

How will you pay your rent next month? \_\_\_\_\_

# Budget and Barriers

Resources/Income		
Source	Monthly Amount	Person Receiving
__ No Income	\$	
__ Unemployment	\$	
__ Employment	\$	
__ Food Stamps	\$	
__ TANF	\$	
__ SSI	\$	
__ SSDI	\$	
__ Child Support	\$	
__ Pension	\$	
__ VA Pension	\$	
__ Widows Benefits	\$	
__ Trust Fund	\$	
__ Alimony	\$	
__ Tribal Benefits	\$	
__ Family	\$	
__ Other	\$	
<b>Total:</b>	<b>\$</b>	

Expenses		
Source	Monthly Amount	Person Receiving
Rent	\$	
Mortgage	\$	
Electric	\$	
Natural Gas	\$	
Water/Sewer	\$	
Garbage	\$	
Phone	\$	
Cell Phone	\$	
Internet	\$	
Cable	\$	
Food	\$	
Child Support	\$	
Child Care	\$	
Car Payment	\$	
Car Insurance	\$	
Gasoline	\$	
Household Items	\$	
Laundry	\$	
Health Insurance	\$	
Cigs/Alcohol	\$	
Medical Bills	\$	
Medication	\$	
Court Fees	\$	
Credit Card(s)	\$	
Storage Unit	\$	
Other	\$	
Other	\$	
<b>Total:</b>	<b>\$</b>	

Disability Status	Yes/No	Name
Physical Disability	_____	_____
Mental Health Disability	_____	_____
Developmental Disability	_____	_____
Alcohol Abuse	_____	_____
Drug Abuse	_____	_____
Chronic Health Condition	_____	_____

Barriers	Yes/No	Name	Yes/No	Name
Lack of rent/mortgage	_____	_____	_____	_____
Lack of Security Deposit	_____	_____	_____	_____
Owe Money to Past Landlord	_____	_____	_____	_____
Eviction Last 10 Years	_____	_____	_____	_____
Bankruptcy Last 10 Years	_____	_____	_____	_____
Felony Conviction Last 10 Years	_____	_____	_____	_____
Theft Conviction	_____	_____	_____	_____
Assault Conviction	_____	_____	_____	_____
Lack of Screening Fees	_____	_____	_____	_____
Lack of Day Care	_____	_____	_____	_____
Damages to Past Rentals	_____	_____	_____	_____
Foreclosure	_____	_____	_____	_____
Illegal Chemical Conviction	_____	_____	_____	_____
Sex Offender	_____	_____	_____	_____
Arson Conviction	_____	_____	_____	_____
Other	_____	_____	_____	_____

# Community Action Team, Inc (CAT) General Release of Information

**Consent:** I give permission for Community Action Team, Inc. to share and exchange information with other staff at the agencies listed below for the purpose of providing assistance to me.

**Information Covered:** I understand that depending on the program policies previous or current, information regarding my household or myself may be needed. Verification and inquiries that may be requested include but are not limited to:

Identity	Housing Status	Marital Status	Disability Status	Benefit Verification
Income Verification	Asset Verification	Rental/Credit History	Criminal History	Parole/Probation Status

**Groups or Individuals:** The following groups or individuals that may be asked to release information (depending on program requirements) include but are not limited to:

Past, Present, and Potential Landlords	Medical, Mental Health and Treatment Providers
Past, Present, and Potential Employers	Courts, Parole and Probation and Law Enforcement Agencies
Federal, State, and Tribal Benefit Agencies	Department of Human Services (DHS) and their Contractors
Social Security Administration (SSA)	Community Action Agencies
Housing and Utility Service Providers	Veterans Administration (VA) /Local VSO
Northwest Oregon Housing Authority (NOHA)	Other:
Other:	Other:

**Computer Matching Notice and Consent:** I understand and agree that CAT, Inc. may conduct computer- matching programs (OPUS & ServicePoint) to verify the information supplied for my application rectification. If a computer match is done, I understand that I have a right to notification of any adverse information found and a chance to dispose of incorrect information. CAT, Inc. may in the course of its duties, exchange automated information with other Federal, State, County or Local agencies, including but not limited to: State Employment Department, Security Agencies, Department of Defense, VA, Office of Personnel Management, the US Postal Service, SSA, DHS and, OHCS-OPUS partner agencies.

**Conditions:** I understand that this authorization will not be used to obtain any information about me that is not pertinent to my eligibility for, and/or continued participation in a CAT, Inc. services. I understand this release is valid for the duration of my program/assistance or one year unless otherwise noted. I understand that I can revoke this consent at any time, by notifying CAT, Inc. (Note: If this occurs, client could write revoked on bottom of this form with date).

**All adults over the age of 18 must sign this release of information.**

Printed Name	Signature	Date
Printed Name	Signature	Date
Printed Name	Signature	Date

# Housing Options/Resource Eligibility/ Asset Worksheet

**Applicant:**

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

- Are there any financial or support networks available to your household that can be used to help you remain in your current housing or to obtain other appropriate housing?  YES  NO

*If yes, please explain:* \_\_\_\_\_

- Does anyone in the household have a checking or savings account?  YES  NO

**If yes, please note account balances and attach bank statement for last 30 days.**

Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

- *Non Cash Assets:*

TYPE OF ASSET	TOTAL VALUE	FEES OR PENALTIES	CASH VALUE (TOTAL VALUE MINUS PENALTIES)	INTEREST RATE	ACTUAL ASSET INCOME (MULTIPLY CASH VALUE BY INTEREST RATE)
<b>TOTALS:</b>					

To the best of my knowledge, I have no assets to report.

*By signing these forms, I declare that all of the information provided to Community Action Team, Inc. Housing Solutions is true and correct to the best of my knowledge. I understand that if it is discovered that I have provided false information I could be denied services.*

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY

**CAT Staff:**

**Subsequent Housing Options:** *Please assess with the applicant what appropriate subsequent housing options might be available to the household.*

- Are there any appropriate subsequent housing options for this household?  YES  NO

*If yes, please explain:* \_\_\_\_\_

- Have you verified that no other appropriate subsequent housing options are available? (i.e. Friends/family/hotel/motel/other agencies)  YES  NO

**Financial Resources and Support Networks:** *Please assess with the participant all financial resources and support networks that might be available to the household.*

- Have you verified that the household lacks the financial resources and support networks to maintain housing?  YES  NO

Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

# Community Action Team Housing Services

## Anti-discrimination and Mutual Respect Policy

### Anti-discrimination Policy

Community Action Team is committed to fair, respectful and unbiased treatment of applicants in our services and programs. Community Action Team will not discriminate or take any of the following actions on the basis of age, race, color, national origin, religion, gender, familial status, disability (federal), marital status, source of income, sexual orientation, gender identity, veteran/military status, or toward survivors of domestic violence:

- Refuse to accept an application for housing assistance or services
- Deny an application for housing assistance or services
- Set different terms, conditions or privileges for housing assistance or services
- Provide different or specific housing, facilities or services
- Falsely deny that housing is available for inspection or rental or that services are available
- Deny anyone access to a facility or service.

### Mutual Respect Policy

It is the goal of Community Action Team to provide services of the highest quality, and to provide those services in a manner that is professional, respectful, and based on the dignity and rights of the people we serve. Likewise, we expect our clients to treat staff members and other clients in a manner that is respectful, and based on the dignity and rights of others.

### Dispute Resolution Process

Community Action Team has the right to deny services or terminate services to any individual who: engages in behavior that presents a danger to other people or disrupts the delivery of services to other clients; creates a hostile environment; or commits acts of fraud, deceit, or trickery. Any individual who is denied services or is terminated from services has the right to appeal that decision and may inquire about the agency's dispute resolution process. (See Grievance Policy and Procedure).

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Client Name (print)	Client Signature	Date
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Client Name (print)	Client Signature	Date
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Client Name (print)	Client Signature	Date
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**Homeless Management Information System (HMIS)  
Informed Consent & Release of Information Authorization**

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I, understand that Community Action Team, Inc., collects information about me and/or my dependents listed below to enter it into a database system called Homeless Management Information System (HMIS). This database helps us to better understand homelessness, to improve service delivery to the homeless, and to evaluate the effectiveness of services provided to the homeless. Participation in data collection and release, although optional, is a critical component of our community's ability to provide the most effective services and housing possible. The information that is collected in the HMIS database is protected by limiting access to the database and by limiting with whom the information may be shared, in compliance with the standards set forth by federal, state, and local regulations governing confidentiality of client records. 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 the information.

**BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

**The information gathered and prepared by this agency will be included in a HMIS database of the Rural Oregon Continuum of Care (ROCC)'s participating agencies (*list available*), and only to the participating agencies who have entered into an HMIS Agency Participation Agreement and shall be used to:**

- a. Produce a client profile at intake that will be shared by collaborating agencies
- b. Produce anonymous, aggregate-level reports regarding use of services
- c. Track individual program-level outcomes
- d. Identify unfilled service needs and plan for the provision of new services
- e. Allocate resources among agencies engaged in the provision of services

**BY SIGNING THIS FORM, I AUTHORIZE THE FOLLOWING:**

I authorize the participating agencies and their representatives to share basic information regarding my family members listed below and/or me. I understand that this information is for assessing my/our needs for housing, utility assistance, housing counseling and/or other services.

**THE INFORMATION MAY CONSIST OF THE FOLLOWING PPI (PROTECTED PERSONAL INFORMATION):**

• Name	• Homeless History
• Date of Birth	• Family Composition
• Social Security Number	• Employment Status
• Gender	• Veteran Status
• Ethnicity and Race	• Disabling Condition
• Income and Non-Cash Benefits information	• Domestic Violence
• Housing information	

**I UNDERSTAND THAT:**

- Information I give concerning physical or mental health problems will not be shared with other participating agencies that have not completed an HMIS Agency Participation Agreement.
- The participating agencies have signed agreements to treat my information in a professional and confidential manner. I have the right to view the client confidentiality policies used by the HMIS participating agencies.
- Staff members of the participating agencies who will see my information have signed agreements to maintain confidentiality regarding my information.
- I understand that participation in data collection is optional, and I may choose to not participate without it disqualifying me from receiving assistance.





## Homeless Management Information System (HMIS) Informed Consent & Release of Information Authorization

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- The release of my information does not guarantee that I will receive assistance, and my refusal to authorize the use of my informational again does not disqualify me from receiving assistance.
- I understand that I may withdraw my consent at any time.
- This authorization will remain in effect until I withdraw my consent in writing, and I may revoke authorization by signing a "Limited Visibility Request", but that cancellation will not be retroactive.
- If I revoke my authorization, all information about me already in the database will remain but will become invisible to all the participating agencies.
- My records are protected by federal, state, and local regulations governing confidentiality of client records and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- Auditors or funders who have legal rights to review the work of this agency, including the U.S. Department of Housing and Urban Development may see my information.
- I understand that my personal information will not be made public and will only be used with strict confidentiality.
- This release is valid for seven (7) years from the date of my signature below.

**Participating agencies:** A list of the participating agencies within the Rural Oregon Continuum of Care (ROCC) System may be viewed prior to signing this form. Information about the ROCC can be found at the website: [oregonbos.org](http://oregonbos.org)

List all Dependent children under 18 in household, if any (first and last names):

1.	2.
3.	4.
5.	6.

Please initial one of the following levels of consent:

\_\_\_\_\_ I understand that Protected Personal Information and other relevant information will be entered into the HMIS and shared between participating agencies.

OR

\_\_\_\_\_ I understand that I can choose to limit Protected Personal Information to only the service provider agency listed on this document.

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Participant Signature

Date

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Agency Personnel Name (print)

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Agency Personnel Signature

Date