

# Supportive Services Intake Form

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

Income (*ONLY if required by QP2 or QP4*): \_\_\_\_\_ Number in Household: \_\_\_\_\_

Household Type: Single, Non-Elderly Elderly Single Parent Two Parents Other

New Household: Yes / No Veteran: Yes / No Hispanic: Yes / No

Race:

- |                                                                |                                                                            |                                                                                             |
|----------------------------------------------------------------|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> <i>White</i>                          | <input type="checkbox"/> <i>Native Hawaiian/Other Pacific Islander</i>     | <input type="checkbox"/> <i>Black/African American &amp; White</i>                          |
| <input type="checkbox"/> <i>Black/African American</i>         | <input type="checkbox"/> <i>American Indian/Alaskan Native &amp; White</i> | <input type="checkbox"/> <i>American Indian/Alaskan Native &amp; Black/African American</i> |
| <input type="checkbox"/> <i>Asian</i>                          | <input type="checkbox"/> <i>Asian &amp; White</i>                          |                                                                                             |
| <input type="checkbox"/> <i>American Indian/Alaskan Native</i> |                                                                            |                                                                                             |
| <input type="checkbox"/> <i>Other Multi-Racial</i>             |                                                                            |                                                                                             |

## ☐ QP1: Homeless

- ☐ Homeless
- ☐ Imminent Risk of Homelessness
- ☐ Homeless Under Other Federal Statutes

## ☐ QP2: At Risk of Homelessness

- ☐ Individuals & Adult Families (***Requires income verification***)
- ☐ Unaccompanied Children & Youth
- ☐ Families with Children & Youth

## ☐ QP3: Domestic Violence, etc.

- ☐ Imminent Risk of Harm

## ☐ QP4: Other Populations

- ☐ Other Families Requiring Services or Housing Assistance to Prevent Homelessness
- ☐ At Greatest Risk of Housing Instability (***Requires income verification***)
- ☐ Low Income & At Risk of Homelessness (***Requires income verification***)

*I certify that the information on this form is accurate and complete. I understand that I must fill out and include a copy of this form in the Client's file which **MUST** include my certification that the Client qualifies as QP1, QP2, QP3, or QP4 **AND** the required documentation listed in the Required Documentation section of this form.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## QP2: At Risk of Homelessness

- ☐ **Individuals and Adult Families: MUST** meet all requirements below.

**Income:** \_\_\_\_\_

- ☐ Less than 30% AMI (**Requires income verification.** See *HOME Income Limits*); **AND**
- ☐ Does not have sufficient resources or support networks immediately available to prevent them from moving into an emergency shelter or other place listed in *QP1: Homeless*; **AND**
- ☐ Meets **ONE** of six (6) following conditions:
  - ☐ Has moved because of economic reasons two or more times during the **60 days** immediately preceding the application for HOME-ARP Supportive Services.
  - ☐ Is living in someone else's home because of economic hardship.
  - ☐ Has been notified in writing that their right to occupy their current housing or living situation will be terminated within **21 days** after the date of application for assistance.
  - ☐ Lives in a hotel or motel and the cost of the hotel or motel stay is **NOT** paid by charitable organizations or by federal, State, or local government programs for low-income individuals (if the hotel/motel is paid for by a charitable organization or governmental agency, the individual qualifies as *QP1: Homeless*).
  - ☐ Two (2) or more people living in a single-room occupancy (SRO / studio) or efficiency apartment unit **OR** people living in a larger housing unit with more than 1.5 people per room. **Note: overcrowding is measured by ROOMS – excluding kitchen and bathrooms – not BEDROOMS.** (E.g. A 2-bedroom unit that has a living room and dining room has **4 ROOMS**. This unit can have up to 6 people living in it before it is considered "overcrowded." To qualify as QP2 with this condition, the unit in question would need to house 7 or more people).
  - ☐ Is living in a publicly funded institution, or system of care.
- ☐ **Unaccompanied Children & Youth:** A child or youth who does not qualify as "homeless" as outlined in *QP1: Homeless*, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act ([42 U.S.C. 5732a\(3\)](#)), section 637(11) of the Head Start Act ([42 U.S.C. 9832\(11\)](#)), section 41403(6) of the Violence Against Women Act of 1994 ([42 U.S.C. 14043e-2\(6\)](#)), section 330(h)(5)(A) of the Public Health Service Act ([42 U.S.C. 254b\(h\)\(5\)\(A\)](#)), section 3(m) of the Food and Nutrition Act of 2008 ([7 U.S.C. 2012\(m\)](#)), or section 17(b)(15) of the Child Nutrition Act of 1966 ([42 U.S.C. 1786\(b\)\(15\)](#)) (see *HOME-ARP Supportive Services Policies & Procedures* or the listed federal statutes for additional information).
- ☐ **Families with Children & Youth:** A child or youth who does not qualify as "homeless" under the homeless definition but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)) and the parent(s) or guardian(s) of that child or youth if the parent(s) or guardian(s) live with them. (see *HOME-ARP Supportive Services Policies and procedures* or the listed federal statutes for additional information).

## QP2: At Risk of Homelessness

*I certify that the Client listed on this form qualifies for the HOME-ARP Supportive Services program as QP2, they meet eligibility requirements for HOME-ARP Supportive Services listed above, and the information provided on this form is accurate. I understand that I must provide adequate documentation to prove the Clients eligibility.*

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

# Required Documentation

The following pages contain examples of how to document that an individual or family qualifies for HOME-ARP Supportive Services as QP2. Check which documentation is needed to certify that an individual or family is eligible. ***Keep a copy of ALL documentation with the signed and dated intake form in each Client's file.***

## QP2: At Risk of Homelessness

### Individuals and Adult Families

Meets income requirements **AND** exhibits lack of resources **AND** evidences housing instability according to *Housing Instability Conditions* as outlined at the end of this document. **MUST** provide documentation for **ALL 3** sections below.

- ☐ ***Income (less than 30% AMI): Intake Worker Observation is not an acceptable verification for this criterion***

*Third Party Verification (Preferred)*

- ☐ Wage Statements, pay stubs, unemployment compensation, public benefits statement, bank statement; documented calculation to show household eligibility

*Self-Certification (when third party is unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ ***Lack of Resources and Support: Intake Worker Observation is not an acceptable verification for this criterion***

*Third Party Verification (Preferred)*

- ☐ Notice of termination of employment, unemployment compensation statement, bank statement, health-care bill showing arrears

*Self-Certification (when third party is unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ ***Evidence of Housing Instability (See Housing Instability Conditions at the end of this document for documentation examples for each condition)***

*Third Party Verification (Preferred)*

- ☐ Source documents that prove one or more of the conditions listed in *Housing Instability Conditions* at the end of this form.

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Written, signed, and dated intake worker observation

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

# Required Documentation

## QP2: At Risk of Homelessness

### Unaccompanied Children & Youth

Meets Other Federal Definition **AND** Age. **MUST** provide documentation for **BOTH** sections below.

- ☐ **Other Federal Definition:** *Third Party Verification is the only acceptable form of verification for this criterion*

#### *Third Party Verification*

- ☐ Dated and signed letter that must come from staff at an entity responsible for administering the program using the other federal definition of homelessness

- ☐ **Age**

#### *Third Party Verification (Preferred)*

- ☐ School ID, Driver's License, birth certificate or any other document issued from state or local government with date of birth.

#### *Self-Certification (when third party is unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

# Required Documentation

## QP2: At Risk of Homelessness

### Families with Children & Youth

Meets section 725(2) of the McKinney Vento Homeless Assistance Act AND age AND parent or guardian of child in household requirements. MUST provide documentation for **ALL 3** sections below.

- ☐ **McKinney Vento Homeless Assistance Act: Third Party Verification is the only acceptable form of verification for this criterion**

#### *Third Party Verification*

- ☐ Dated and signed letter must come from staff at an entity responsible for administering the program using the federal definition of homelessness under McKinney Vento

- ☐ **Age**

#### *Third Party Verification (Preferred)*

- ☐ School ID, Driver's License, birth certificate or any other document issued from state or local government with date of birth

#### *Self-Certification (when third party is unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ **Parent or Guardian of Child(ren) in Household**

#### *Third Party Verification (Preferred)*

- ☐ Birth certificate or court document showing custody of child

#### *Self-Certification (when third party is unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

# Housing Instability Conditions

Housing Instability Condition is met when the client meets **ONE** of the following criteria.

- ☐ **Has moved because of economic reasons two or more times during the last 60 days immediately preceding the application for homelessness prevention assistance**

*Third Party Verification (Preferred)*

- ☐ Letter from tenant/owner
- OR**
- ☐ Referral from housing/service provider
- OR**
- ☐ HMIS records

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ **Is living in the home of another because of economic hardship ("doubled-up")**

*Third Party Verification (Preferred)*

- ☐ Letter from tenant/owner where the participant is residing,
- AND**
- ☐ Termination letter from employment, medical or utility bills in arrears

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Written, signed, and dated intake worker observation

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ **Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance**

*Third Party Verification (Preferred)*

- ☐ Eviction notice, court order to leave within 21 days
- OR**
- ☐ If (doubled-up): eviction letter from tenant/homeowner

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

# Housing Instability Conditions

- ☐ **Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by federal, State, or local government programs for low- income individuals**

*Third Party Verification (Preferred)*

- ☐ Letter from hotel/motel manager

**AND**

- ☐ Cancelled check, credit card statements made to hotel, OR if paid in cash, letter from hotel/motel manager

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Written, signed, and dated intake worker observation

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ **Lives in a severely over-crowded unit as defined by US Census Bureau (SRO/efficiency more than 2 people OR 1.5 people per room in larger housing)**

*Third Party Verification (Preferred)*

- ☐ Lease with unit size and number of people in unit

**OR**

- ☐ Unit details from Tax Assessor's Office

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Written, signed, and dated intake worker observation

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance

- ☐ **Is exiting a publicly funded institution, or system of care**

*Third Party Verification (Preferred)*

- ☐ Discharge paperwork

**OR**

- ☐ Letters from referring provider

*Intake Worker Observation (when third party verification is unavailable)*

- ☐ Intake worker observation is not appropriate in cases where staff would be confirming historical information in conditions

*Self-Certification (when both third party and intake observation are unavailable)*

- ☐ Self-certification by the individual or head of household seeking assistance



# HOME Income Limits

**2025 INCOME LIMITS (effective June 1, 2025)**

		1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
EXTREMELY LOW-INCOME	(30% AMI)	\$22,200	\$25,400	\$28,550	\$31,700	\$34,250	\$36,800	\$39,350	\$41,850

Calculate AMI for a more than 9-person household by adding 8% for each member over 4-person AMI (e.g., 9 person is 140% of 4-person AMI).