

Opening Doors
Permanent Supportive Housing Program

YWCA Quincy's Permanent Supportive Housing Program is funded by the Department of Housing and Urban Development (HUD) under the Continuum of Care (CoC) Program.

Disability Status Documentation Requirements: For more information, see 42 U.S. Code § 11360. Definitions.

The referring professional should initial each line to indicate that you understand our program eligibility. To be eligible for the YWCA PSH program, a household must:

- _____ **1.** Enter PSH from literal homelessness (HUD Category 1) or must be fleeing domestic violence (HUD Category 4), **AND***
- _____ **2.** Have a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury that meets the criteria found in (42 U.S.C. 11360(9)), **AND:**
- a. Is expected to be long-continuing or of indefinite duration;
 - b. Substantially impedes the individual's ability to live independently;
 - c. Could be improved by the provision of more suitable housing conditions; and
 - d. Is a physical, mental, or emotional impairment, including an impairment caused by alcohol or drug abuse, post-traumatic stress disorder, or brain injury;
 - e. Is a developmental disability, as defined in section 15002 of this title; or
 - f. Is the disease of acquired immunodeficiency syndrome or any condition arising from the etiologic agency for acquired immunodeficiency syndrome.
- _____ **3.** Full or shared physical custody of a minor child, or will have full or shared physical custody of a minor child within 90 days. A limited number of units are available for households without children.

*An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution also meets this criteria.

Verification of items 1, 2, and 3 above must be provided to the YWCA Quincy in order to make an eligibility determination. Options for professional verification include but are not limited to:

- 1. Homeless Status/Length of Time Homeless Verification:** HMIS or comparable database record, written observation by outreach worker, documentation from hospital or other institution, etc.
- 2. Disability Verification:** SSI check, Physician, nurse practitioner, LCSW, or other professional's completion of the *Disability Documentation for Permanent Supportive Housing Program* (available at YWCAQuincy.org), etc
- 3. Custody Verification:** Legal custody agreement, divorce decree, DCFS family reunification forms, etc

Please submit the completed form to the YWCA Quincy in person or via fax (this form can serve as the fax cover sheet).

YWCA Quincy
639 York Street, Suite 202
Quincy, IL 62301

Phone: 217-221-9922
Fax: 217-221-9926

ATTENTION DIRECTOR OF GRANT COORDINATION

REFERRING AGENCY: _____

CONTACT: _____

PHONE: _____

EMAIL: _____

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Have you ever stayed at an emergency shelter or domestic violence shelter outside of West Central Illinois (**outside** of Adams, Brown, Cass, Hancock, Henderson, McDonough, Morgan, Pike, Schuyler, Scott, or Warren County)?

Shelter names and locations:

In the last 3 years, have you slept in the following places?

- Outdoors, including in a park, tent, vehicle, or abandoned building
- A trailer, house, garage, or other building with **no power and no water**
- Emergency Shelter, like Salvation Army, Quanada, New Directions, or Crisis Center
- Jail, in-patient mental health, or hospital
- Hotel/motel **paid for by a church or charity organization** (not yourself or friend/family)
- Transitional housing such as New Start, Fishers of Men, Samaritan Well, or Well House

Will you be evicted in the next 30 days?

Yes No

DOMESTIC VIOLENCE HISTORY

Does anyone hurt you or threaten you with physical or sexual violence?	Yes	No
Are you homeless today because you are fleeing domestic violence?	Yes	No
Have you been the victim of domestic violence in the last 30 days?	Yes	No

DISABLING CONDITIONS

Has the head of household or a dependent member of the household been diagnosed **by a doctor or other professional** with any of the following types of conditions?

Condition	Household Member	Diagnosis
Mental Illness		
Substance Use Disorder		
Physical Disability		
Developmental Disability		
HIV/AIDS		

Does the above disabling condition keep the household from acquiring or maintaining housing?

Yes No

If so, how? Check all that apply (**none** of these make you ineligible for YWCA Quincy housing).

- The above condition keeps me from understanding and/or abiding by a lease.
- The above condition keeps me from being able to pay rent.
- The above condition causes serious conflict with my landlord or neighbors.
- The above condition causes frequent police or emergency services visits to my residence.
- The above condition results in damage to or illegal activity in my residence.
- Other: _____

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LEGAL HISTORY

Have you ever been convicted of any of the following?	State & county of conviction	Year
<input type="checkbox"/> Arson		
<input type="checkbox"/> Assault or battery, including aggravated		
<input type="checkbox"/> Kidnapping		
<input type="checkbox"/> Murder/manslaughter		
<input type="checkbox"/> Possession/production of child pornography		
<input type="checkbox"/> Rape/sexual assault		

Do you have an open criminal case of any kind or charges pending?	Yes	No
Are you currently on parole?	Yes	No
Are you currently on probation?	Yes	No
Are you required to register as a sex offender in any state?	Yes	No

If so, where? _____

Completion of this document does not guarantee admittance into the YWCA Permanent Supportive Housing Program. All households must meet the criteria found on page 1 in order to be eligible for YWCA Permanent Supportive Housing Program. Referrals into the YWCA Permanent Supportive Housing Program are prioritized based on documentable length of time homeless and severity of service need; you should continue to work with your case manager on alternate housing options, as openings into the YWCA Permanent Supportive Housing Program are infrequent, and there is no guarantee that any referred household will be admitted.

The YWCA Quincy is fully compliant with Section 504 of the Rehabilitation Act of 1973, the Fair Housing Act, the Americans with Disabilities Act, and HUD's Equal Access Rule. The YWCA Quincy does not discriminate against clients, employees, or community members based on:

- Race
- Color
- National Origin
- Religion
- Sex
- Familial Status
- Disability
- Veteran Status
- Genetic Information

If you require translation services, please let us know.

I, _____, certify that the information above is true to the best of my knowledge. I understand that any falsehoods or misinformation contained above may cause me to be ineligible for the YWCA Quincy Permanent Supportive Housing program. I understand that if I am accepted into the YWCA Quincy Permanent Supportive Housing program based on information above that is later determined to be false, I may no longer be eligible for the program, which could result in my termination and eviction from the YWCA Quincy Permanent Supportive Housing program.

APPLICANT SIGNATURE/DATE