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: Sic check, Physician, nurse practitioner, LCSW, or other professional's completion | , | Third mornation, see 42 0.5. code § 11500. Demindons. | | | |
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| | YWCA Quincy Photo 639 York Street, Suite 202 Fax: | ne: 217-221-9922 | | | |
| REFERRING AGENCY: CONTACT: | ATTENTION DIRECTOR OF GRANT COORDINATION | | | | |
| | REFERRING AGENCY: | CONTACT: | | | |

EMAIL:

PHONE:

Rev. 5/2019

| Name: | | | | SSN Last 4: | | | SPDAT: | Nev. 3/2019 |
|---|--|-----------------|----------------|-------------------------------|------------|---------------------------|---------------|-------------|
| Address: | | | | | | | | |
| | (stree | et) | | (town/cit | y) | (state) | | (zip) |
| Preferred | l Phone: | | | | Safe tim | ne to call: | | |
| Ever enlis | sted in the military? | Yes | No | Branch: | | | | |
| Emergen | cy Contact: | | | E.C. Phone: | | Relation | Relationship: | |
| Are you o | ppen to housing in: | Quincy- | area | Macomb-area Jacksonville-area | | Any Available | | |
| | OLD MEMBERS: (Lis | t the head of l | household firs | st. spouse. i | then child | ren) | · | |
| First Nam | | | Gender | Age | DOB | Legal Custody? Full or sh | hared? | |
| | | | | | | | | |
| - | | | | | + | | | |
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| | | | | | | | | |
| Are you pregnant? Yes No If yes, what is your due date? Do you have any other minor children who do not live with you now, but may in the future? Yes No | | | | | | | | |
| | | | | | | | | |
| EXPERIENCES OF HOMELESSNESS | | | | | | | | |
| | e did you sleep last night? Outdoors including in a park tent vehicle, abandoned building, etc. | | | | | | | |
| | Outdoors, including in a park, tent, vehicle, abandoned building, etc Emergency shelter, including hotel or motel paid for with emergency shelter voucher | | | | | | | |
| | Foster care home or foster care group home | | | | | | | |
| | Hospital or other residential non-psychiatric medical facility | | | | | | | |
| | Jail, prison, or juv | | | | , | | | |
| | Long-term care fa | | | | | | | |
| | Psychiatric hospital or other psychiatric facility | | | | | | | |
| | Substance abuse treatment facility or detox center | | | | | | | |
| | Hotel or motel paid for without emergency shelter voucher | | | | | | | |
| | Owned by client, | with or witho | ut ongoing su | bsidy | | | | |
| | Permanent housing (other than Rapid Re-Housing) for formerly homeless persons | | | | | | | |
| | Rental by client, with no housing subsidy | | | | | | | |
| | Rental by client, with housing subsidy for veterans | | | | | | | |
| | Rental by client, v | | | | | lousing) | | |
| | Residential proje | | | | | | | |
| | Staying or living i | | | • | | | | |
| | | | | | | | | |
| ☐ Transitional housing for homeless persons (including homeless youth) | | | | | | | | |
| How long | How long have you been sleeping there? | | | | | | | |
| Where di | d you sleep <i>before</i> | the place ched | cked above? | | | | | |

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 houeshold 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:

| LEGAL HIS | | | | | |
|--|---|---------------------------------------|--------------|----------|--|
| Have you | ever been convicted of any of the following? | State & county of conviction | | Year | |
| | Arson | | | | |
| | Assault or battery, including aggrivated | | | | |
| | Kidnapping | | | | |
| | Murder/manslaughter | | | | |
| | Possession/production of child pornography | | | | |
| | Rape/sexual assault | | | | |
| | | • | | | |
| Do you ha | ve an open criminal case of any kind or charges pending? | | Yes | No | |
| Are you cu | rrently on parole? | | Yes | No | |
| Are you cu | rrently on probation? | | Yes | No | |
| Are you re | quired to register as a sex offender in any state? | | Yes | No | |
| If so, w | vhere? | | | | |
| 55, 1 | | | | | |
| Completio | n of this document does not guarantee admittance into the | ne YWCA Permanent Supportive Hou | using Progra | am. All | |
| - | Is must meet the criteria found on page 1 in order to be el | | | | |
| | nto the YWCA Permanent Supportive Housing Program ar | | _ | | |
| | and severity of service need; you should continue to work | | _ | | |
| | nto the YWCA Permanent Supportive Housing Program ar | _ | _ | - | |
| | will be admitted. | - | | | |
| | | | | | |
| The YWCA | Quincy is fully compliant with Section 504 of the Rehabili | tation Act of 1973, the Fair Housing | Act, the An | nericans | |
| with Disab | ilities Act, and HUD's Equal Access Rule. The YWCA Quinc | does not discriminate against clien | ts, employe | es, or | |
| communit | y 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. | | | | | |
| ii you requ | and translation services, please let as know. | | | | |
| l, | certify that the inform | nation above is true to the best of m | v knowledg | e I | |
| | d that any falsehoods or misinformation contained above | | | | |
| 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 | | | | | |
| - | rmanent Supportive Housing program. | termination and eviction from the f | | | |
| Zunicy i Ci | | | | | |
| APPLICAN [*] | T SIGNATURE/DATE | | | | |