

Permanent Supportive Housing Program Application

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.

To be eligible for YWCA Quincy's Permanent Supportive Housing Program, a household must:

_____ 1. Be literally homeless (HUD Category 1) **OR** must be fleeing domestic violence (HUD Category 4),

AND

_____ 2. You or your dependent has 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 developmental disability.
- e. Is the disease of HIV/AIDS.

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

Verification of items 1 and 2 above must be provided to YWCA Quincy 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 YWCA Quincy in person or via fax.

**YWCA Quincy
325 South 8th Street Suite G
Quincy IL 62301**

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

Referring Agency: _____ **Contact:** _____

Phone: _____ **E-mail:** _____

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Name: _____ SSN (last 4): _____

Address: _____ Phone: _____

Military Service: Yes No Branch: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

HOUSEHOLD MEMBERS: *(list head of household first, spouse, then children)*

First Name	Last Name	Gender	Age	DOB	Legal Custody? Full or shared?

Are you pregnant? Yes No Due date _____

Do you have any other minor children who do not live with you, but may in the future? Yes No

Experiences of Homelessness

Where did you sleep last night?

- Outdoors or parks, 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 juvenile detention center
- Long-term care facility or nursing home
- Psychiatric hospital or facility
- Substance abuse treatment facility or detox center
- Hotel or motel paid for without emergency shelter voucher
- Owned by client, with or without ongoing subsidy
- Permanent housing (other than Rapid Re-Housing) for formerly homeless people
- Rental by client, with no housing subsidy
- Rental by client, with housing subsidy for Veterans
- Rental by client, with other housing subsidy (including Rapid Re-Housing)
- Residential housing project or halfway house with no homeless criteria
- Staying or living in a family member’s room, apartment, or house
- Staying or living in a friend’s room, apartment, or house
- Transitional housing for homeless people (including homeless youth)

How long have you been sleeping there? _____

Where did you sleep before the place you checked above? _____

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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)? Yes No

Shelter names and locations: _____

In the last three 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 or 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 yes, 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 my rent
 - The above condition causes serious conflict with my landlord or neighbors
 - The above condition causes frequent police or emergency services calls to my residence
 - The above condition results in damage to or illegal activity in my residence
 - Other _____
- _____
- _____

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Legal History

Please check box if you have ever been convicted of any of the following?

	State & County of conviction	Year
Arson		
Kidnapping		
Assault or battery, including aggravated		
Murder/manslaughter		
Possession/production of child pornography		
Rape/sexual assault		

Do you have an open criminal case of any kind of 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 State _____

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

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. YWCA Quincy does not discriminate against clients, employees, or community members based on: Race, Color, National Origin, Religion, Sex, Familial Status, Disability, Veteran Status, or 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 Housing program. I understand that If I am accepted into the YWCA Quincy Permanent Housing program based on the information above, and it is later determined to be false, I may no longer be eligible for the program which could result in my termination from the program and eviction from the YWCA Permanent Housing program.

Applicant Signature _____ Date _____