

**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.** Have full or shared physical custody of a minor child, or will have full or shared physical custody of a minor child within 90 days.

*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 Phone: 217-221-9922
639 York Street, Suite 202 Fax: 217-221-9926
Quincy, IL 62301

ATTENTION DIRECTOR OF GRANT COORDINATION

REFERRING AGENCY: _____

CONTACT: _____

PHONE: _____

EMAIL: _____

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VETERAN STATUS

Have you ever served in the military?* Yes No

*If so, what branch? _____ Years active: _____

Would you be open to a housing placement in a program that specializes in veterans' services? Yes No

DISABLING CONDITIONS

Has **HEAD OF HOUSEHOLD** been diagnosed by a doctor or other professional with any of the following types of conditions?

Condition	Yes	No	Specific Diagnosis
Mental Illness			
Substance Use Disorder			
Physical Disability			
Developmental Disability			
HIV/AIDS			

Does the above condition keep the household from acquiring or maintaining housing? Yes No

If so, how? Be as specific as possible. _____

Has a **DEPENDENT MINOR IN THE CUSTODY OF HoH** been diagnosed by a doctor or other professional with any of the following types of conditions?

Condition	Yes	No	Specific 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? Be as specific as possible. _____

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MENTAL HEALTH HISTORY:

Please list any hospitalization for mental health treatment and/or out patient counseling.

Facility	Dates	Diagnosis	Treatment	Medications

Please list all current medications, dosages, and the pharmacy where they are filled.

DRUG/ALCOHOL HISTORY

Please list any hospitalization for substance abuse treatment and/or out- patient counseling.

Facility	Dates	Diagnosis	Treatment	Medications

Drug(s)/alcohol of choice:

Do you currently use alcohol or illegal drugs? Yes No

If in recovery, since what approximate date?

Do you attend sobriety, abstinence, or peer-support meetings? Yes No

If so, how often do you attend group meetings?

HEALTH INSURANCE

Do you and/or your children have health insurance (Medicaid [the medical card], Medicare, workman's comp, etc?) Yes No

If so, what health insurance do you and/or your children have?

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MONTHLY FAMILY INCOME

Source	Amount	Beneficiary
TANF	\$	for Names:
SSI/SSDI	\$	for Names:
Child Support	\$	for Names:
Employment	\$	Employer's Name:
Food Stamps	\$	
Other income	\$	Source:

Are you anticipating any changes in the income amounts listed above? If yes, explain:

HOUSING HISTORY

Please answer the following regarding your past living arrangement, beginning with your current address.

Address	Dates	Landlord & Phone #	Reason for Leaving	Rent Owed

EDUCATION HISTORY

Please check all that apply

<input type="checkbox"/> Did not graduate	Highest Grade Completed:	Date Received:
<input type="checkbox"/> GED	School:	Date Received:
<input type="checkbox"/> HS Diploma	School:	Date Received:
<input type="checkbox"/> Vocational	School:	Date Received:
<input type="checkbox"/> Associate Degree	School:	Date Received:
<input type="checkbox"/> Bachelor's Degree	School:	Date Received:
<input type="checkbox"/> OTHER:	School:	Date Received:

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Are you currently enrolled in school or a vocational program?

Yes

No

If yes, where?

What are your educational goals?

WORK HISTORY

List jobs held within the past 5 years, starting with the most recent

Employer	Position	Dates Employed	Reason for Leaving

What are your work or career goals?

LEGAL HISTORY

List all convictions and pending charges

Charges	Date	Outcome	Fines Owed

Are you currently on parole?

Yes

No

Are you currently on probation?

Yes

No

If yes, list length of time you will be on probation or parole, probation/parole officer's name and phone number.

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CREDIT HISTORY

List all debts, both current and past due.

Amount	Owed To	Status (late or current)
\$		
\$		
\$		
\$		
\$		

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.

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.

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY CONTACT PHONE NUMBER: _____

APPLICANT SIGNATURE/DATE _____

YWCA STAFF SIGN/DATE _____