



Housing Assistance Next Steps & Checklist

Step One: Complete and submit the CAC Universal Application. (Print or online)

Step Two: Complete the tasks listed below and submit all the required documents as soon as possible.

Additional Forms You Must Complete (Included in this packet)

- ☐ Fill out and sign the Tell Us Your Story Form
- ☐ Fill out and sign the Right to Fair Hearing or Grievance Hearing Form
- ☐ Fill out and sign Homeless Management Information System (HMIS) and Servicepoint Authorization
- ☐ Fill out and sign Landlord/Property Manager Contact Information Form

*Additional documentation may be required later for final eligibility

Eligibility Verification Documentation You Must Provide (Please do not provide originals)

- ☐ Proof of Howard County Residency
A copy of one of the following: A current lease in applicant's name, BGE or water/sewage bill in applicant's name and dated within the past 30 days, or a mortgage statement for property in Howard County. (Applicant's name must be clearly displayed on any documents for residency verification)
- ☐ Proof of Income for all household members
Earned Income: A copy of paystubs within the last 30 days with employer/company name, pay period, check date/pay date and gross pay and/or; Schedule SE or other applicable self-employment tax form. (One or more may be required to verify gross income)
Unearned Income: A copy of child support, alimony, social security award letter, TCA, TDAP, unemployment, pension, worker's compensation
- ☐ Copy of current lease and ledger or letter from landlord, or mortgage statement showing current balance owed
- ☐ Photo ID of Applicant
A copy of driver's license, state ID, passport, school ID or any other verifiable documentation that clearly displays the full name and photograph of applicant.

*Additional documentation may be required later for final eligibility

Step 3: Once all forms are completed and all required documentation is collected, please deliver to CAC by:

- ☐ Mail or Drop Off to: Community Action Council of Howard County, 9820 Patuxent Woods Drive, Columbia, MD 21046

If you have any questions or require assistance in determining what documents are acceptable, please contact CAC at 410-313-6440 or you can email us at ClientAssistance@cac-hc.org



Tell Us Your Story

INSTRUCTIONS

This form allows for the head of household/applicant to tell us about the situation that led to your need for housing assistance. These may include a reduction in household income, one-time significant increase in expenses, or some other financial hardship. Please provide details so we can determine what funds may be available to help you.

Once you have filled out the sections, please sign the form. If signing electronically, a date stamp must be applied.

List all sources of income for household members aged 18 years or older (if no income, please list name and write "None"):

Household Member Name	Employer/Income Source Name	Employer Phone Number	Employer Email	Current Weekly Gross Pay

By signing below, I do solemnly declare and affirm that the information above is true and correct to the best of my knowledge, information, and belief. I further understand that providing false representations constitutes an act of fraud. False, misleading, or incomplete information may result in my obligation to repay any funds received. I agree to provide, upon request, additional information or documentation.

Head of Household/Applicant Name (Print): _____

Head of Household/Applicant Signature: _____

Today's Date: _____



Right to a Fair Hearing or Grievance Hearing

Community Action Council (CAC) recognizes the importance of providing applications and recipients of services with an appropriate process for the prompt consideration of their concerns for the provision of services.

As an applicant for services at CAC, you have the right to request and receive a fair hearing or grievance hearing, if you consider yourself and/or your family to have been denied services for which you are eligible, services provided in an improper or inappropriate manner, or services improperly terminated.

An attempt will be made to resolve all concerns through an informal process prior to the initiation of a formal hearing procedure. Requests for a hearing shall be made to your case worker or to your case worker's immediate supervisor.

Procedures for requesting a hearing

Requests for a hearing should be made in writing to the appropriate immediate supervisor of the individual making the decision or taking the action which is grounds for the grievance. Specific forms are provided for this purpose for some of the programs. This information will be provided to you by your Community Worker. The supervisory chain is the Crisis Intervention Coordinator, the Director of Programs and Services, and, finally, the President.

The request must state clearly the name, address, and telephone number of the application, the action taken that gave rise to the grievance, and the reason such action is being appealed or grieved. The request may be mailed or hand-delivered to the appropriate party.

Hearing procedures

The Fair Hearing or Grievance Hearing will be scheduled within three (3) working days of the receipt of the request by the appropriate supervisor. The supervisor will hear from the grieving party and the staff person involved in the decision and action. After consideration, the supervisor will render a written decision. The decision of the Coordinator of Crisis Intervention may be appealed to the Director of Programs and Services. The decision of the Director of Programs and Services may be appealed to the President, which, after hearing the case will render a final decision.

Acknowledgement of receipt

By signing this document, I certify and acknowledge that I have received a copy of these policies and procedures.

Applicant Name (Print): _____

Applicant Signature: _____

Date: _____

Community Worker Name (Print): _____

Community Worker Signature: _____

Homeless Management Information System

PRIVACY NOTICE

Effective 1 October 2017

THIS NOTICE DESCRIBES HOW PRIVACY INFORMATION MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ AND REVIEW THIS DOCUMENT CAREFULLY. **THE PRIVACY OF YOUR PERSONAL INFORMATION IS IMPORTANT TO US.**

PURPOSE OF THIS NOTICE

The Howard County Department of Community Resources and Services, and its local service providers, are required to use the Homeless Management Information System (HMIS) ServicePoint to collect information about persons who access services. ServicePoint is a shared, web-based software application designed to record and store client-level characteristics, service needs and usage of services. This method of data collection allows The Department and local Service Providers to (1) improve the effectiveness and coordination of services, (2) follow demographic trends and service patterns, and (3) share relevant client information needed for service delivery. Please note that even if you do not want your name or other information shared with partnering agencies, we must still record some information in the system, taking extreme care to protect your name and privacy. The ServicePoint system operates over the Internet and uses many security protections to help ensure confidentiality. Your personal records are secured at the highest level of encryption currently available. Even if you choose to allow us to share information with other agencies, records about substance abuse, physical and mental health, AIDS/HIV status, and domestic violence will not be shared without your prior written and informed consent.

PROGRAMS COVERED BY THIS NOTICE

The U.S. Department of Housing and Urban Development (HUD) 2017 HMIS Data Standards requires all programs participating in its jurisdiction's Continuum of Care to collect "Universal Data Elements" and, when applicable, "Program Specific Data Elements" for each person assisted. For a list of agencies, see page 2.

LEGAL DUTY

We are required by applicable federal and state law to maintain the privacy of your personal information. This Notice must be available at the service delivery site and be posted in a clear and prominent location where it is reasonable to expect any individual seeking service to be able to read the Notice. Howard County maintains HMIS Policies and Procedures for accepting and considering complaints about privacy and security policies. All persons entering or accessing HMIS are required to sign a confidentiality agreement and receive annual privacy training.

AMENDMENT POLICY/RIGHT TO RECEIVE A COPY OF THIS NOTICE

We reserve the right to change this Notice at any time. This Notice is not a legal contract. If changes are made, a copy of the revised Notice will be posted at all service locations. You may request a copy of the HMIS Privacy Policy at any time. For more information about our privacy practices, or for additional copies of this Notice, please contact us using the information listed at the end of this Notice.

PROTECTED PERSONAL INFORMATION (PPI)

Only information that is appropriate for the programs covered by this Notice are collected. All information is collected by lawful and fair means. Copies of all forms that collect PPI are given to clients at their request. Any request by clients to correct inaccurate information must be considered. Changes, deletions, or supplements should be notated where inaccurate or incomplete. At initial entry into a program, and again at each annual review, all forms and information are explained. All Release of Information forms must be signed every two years. The collection and use of all personal information is guided by strict standards of confidentiality.

Alternative formats of this notice (braille, large print, and dvd) can be made available upon request.

PARTNERING AGENCIES COVERED UNDER THIS PRIVACY NOTICE

- Accessible Resources for Independence (ARI)
- Baltimore Regional Housing Partnership
- Bridges to Housing Stability
- Community Action Council (CAC)
- Department of Social Services (DSS)
- Family and Children's Services
- Foreign Born Information and Referral Network (FIRN)
- Grassroots Crisis Intervention Center
- HopeWorks of Howard County
- Howard County Department of Corrections
- Howard County Health Department
- Howard County Health Department Women, Infants & Children (WIC) Clinic
- Howard County Mental Health Authority
- Howard County Office of Community Partnerships
- Howard County Office of Workforce Development
- Howard County Public School System (HCPSS)
- Humanim, Inc.
- Laurel Advocacy and Referral Services (LARS)
- Legal Aid Bureau
- Maryland Access Point (MAP)
- MakingChange Center
- Maryland Department of Veteran Affairs
- Resident One
- Salvation Army
- Success in Style
- The Day Resource Center (DRC)
- The Jacaranda Center
- The MultiService Center (MSC)
- Volunteers of America (VOA) Chesapeake



Howard County HMIS

SERVICEPOINT CLIENT AUTHORIZATION

NAME OF AGENCY: Community Action Council of Howard County

This agency is requesting your permission to share information with other agencies in the planning and delivery of services to you. If not restricted by you, your name and other basic identifying information will be available to partnering Service Providers for up to two (2) years.

Participant's Full Name: _____

Date of Birth: _____ Social Security Number: _____

Check all that apply:

- ☐ The HMIS Privacy Notice has been explained to me.
- ☐ I understand that all information gathered about me and my family is being released in confidence.
- ☐ I have reviewed and understand the Privacy Notice and the intended use of data within Howard County's Department of Community Resources and Services and partnering Service Providers.
- ☐ I understand that basic identifying information may be shared with the Agencies listed on page 2 of the Privacy Notice.
- ☐ I understand that I may cancel this authorization at any time by written request to the organization that I originally gave the authorization. I understand that this release is valid for two (2) years from the date of this document, expiring on _____.

By signing, you authorize the Howard County Department of Community Resources and Services to obtain and share basic information and non-confidential service information about you and your dependent(s) with other agencies as noted within this Privacy Notice.

Signature of Client, Guardian or Power of Attorney

Signature of Witness

Date: _____

Date: _____



Landlord/Property Manager Contact Information Form

Please provide the contact information for the landlord/property manager of your residency.

IMPORTANT: Do not send this document directly to your case worker.
Please forward all documents to clientassistance@cac-hc.org

Your Name (print): _____

Apartment Complex/Property Name: _____

Landlord/Property Mgr. Name: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Phone Number: _____

Email Address: _____

HOUSING ASSISTANCE

What to Expect



HOW SOON DO YOU NEED HELP?

If your eviction or move-in date is less than 3 business days from today, we are unfortunately unable to help you.

Please check back in the future to see if new funding source have become available.



COMPLETE HOUSING ASSISTANCE APPLICATION

Fill out the application on the CAC website at
cac-hc.org/housing-assistance



AFTER SUBMITTING APPLICATION

If your eviction or move in date is more than 3 business days from today, you must provide the following documentation to clientassistance@cac-hc.org immediately.



EVICTON - A copy of your court-signed Eviction Notice (Petition for Warrant of Restitution) with scheduled eviction date.

MOVE-IN - A copy of your pre-lease/welcome letter.



ADDITIONAL REQUIRED DOCUMENTS

You will receive an email and a letter in the mail requesting needed documentation within 21 days.

Your case will be completed 28 days after receiving all required documents.



SUBMIT REQUIRED DOCUMENTS

Documents can be provided to CAC using method below.

Drop them off at our main office lobby drop box located at

9820 Patuxent Wood Dr.

Columbia, MD 21046

Please be aware that additional documentation will be requested depending on your case.



DECISION AND NOTIFICATION

You will receive a notification within 3 days of a decision being made.

If you are approved, it will take up to 3 weeks for your landlord to receive payment in the form of a bank check.

If you were denied, you may reapply for housing assistance 30 days from the date of your denial letter.

A commitment letter of payment can be provided to your landlord within 24 hours of your approval.



DO NOT CALL

Unless you are notifying us of an eviction date, supported with a document, please refrain from calling about case status as it slows down processing time.