

O'ahu CoC
Emergency Housing Voucher (EHV) Eligibility Assessment

Date: _____

Household Name: _____

Household Phone and/or Email: _____

Provider/CM Name: _____

Provider Agency: _____

Provider Phone: _____

Provider Email: _____

Instructions

The purpose of this assessment is to determine household eligibility for EHV assistance. This assessment must be completed by the homeless service provider with the head of household present. Complete Phase 1 and continue as the red instructions dictate.

Phase 1: Verify that all of the below documents have been uploaded to HMIS

Eligibility Screening and Document Verification

1. SSN
2. Proof of birth documentation
3. Valid Photo ID (for each adult household (HH) members)
4. What to Submit checklist (includes examples of what to submit to verify income and assets. These documents need to be submitted in order for us to process their paperwork.)
5. Personal Declaration
6. 214 Form (complete one for each HH member)
7. Eligible Immigration Status form (if applicable)
8. Debts owed (complete one for each adult HH member)
9. RHIP - What You Should Know About EIV (one completed for each HH member)
10. Offer and Acceptance OR Waiver of Free Interpreter Services (completed by HOH)
11. Notice of Right to Reasonable Accommodation (completed by HOH)
12. Release of Information -- form HUD-9886
13. Supplemental and Optional Contact form (HOH is required to sign. Option for HOH to list an alternative contact).
14. Limited English Proficiency form (if applicable)
15. Physician's Certificate of Disability (if HOH, co-head, or spouse states they are disabled and unable to provide SSDI letter, etc)
16. Medical Expense Declaration (Applicable only if HOH, co-head, or spouse is disabled. If qualified, then medical expenses can be provided for all disabled persons in the HH. Form provides examples of what can be submitted. Proof that the expense has been paid is required.)
17. Zero Income Checklist (if applicant states they do not receive any income)
18. Zero Income Contribution form (if applicant states they do not receive any income)
19. Request for Tenancy Approval (RFTA) Packet (Can be given to landlords to complete)
20. Household and PSH/RRH program Certification

If the household does not have the above documents, this household is not eligible to move forward with EHV assistance at this time; do not move forward with the assessment. If the household has the above documents, move on to the next section.

Meets “Recently Homeless” definition for Move-On Strategy

1. Does the household meet the recently homeless definition below: Yes / No

Recently homeless is defined as individuals and families who have previously been classified by the CoC as homeless but are not currently homeless as a result of homeless assistance (financial assistance or services), temporary rental assistance or some type of other assistance, and where the CoC determines that the loss of such assistance would result in a return to homelessness. Examples of households that may be defined as recently homeless by the CoC include participants currently enrolled in a permanent supportive housing program.

If the household answered no to the above question, do not move forward with the assessment. If the household answered yes to the above question, move on to the next section.

Household Willingness To Move On

1. Has the household expressed interest to move forward with the EHV program? Yes / No
2. Is the household willing to move locations if their current landlord does not accept this voucher? Yes / No

If the household answered no to any of the above questions, do not move forward with the assessment. If the household answered yes to the above questions, move on to the next section.

Phase 2:

Fast Track

1. Has the household been housed for 12 months or longer? Yes / No
2. Household does not require more than 1 case management contact per month: Yes / No

If the household answered yes to both questions above, they are automatically added to the EHV by name list. If the household answered no to either of the questions above, continue to the next section.

Phase 3:
Assessment on Health, Housing & Finances

Topic	Question / Statement	Yes / No
Connection to Mainstream and Primary Health Care	Household is connected to a primary health care provider and, if applicable, behavioral health care provider and keeps appointments as needed	
Medication Adherence	Household self-reports regularly taking prescribed medications OR has no prescribed medications	
Level of Service Needs*	Household is able to independently meet basic needs such as hygiene, food, and activities of daily living. If not, are they currently eligible for in-home supportive services or community case management that enable them to live independently? (check supportive service)	<ul style="list-style-type: none"> ● Chore Services ● AMHD* ● CCS* ● Other <p>*Must be recorded in HMIS. PIC to verify.</p>
Income	Household has received benefits for at least 12 consecutive months or been employed for at least 12 consecutive months	
Debt Obligations	Household does not have debt or has a monthly repayment plan that they are currently meeting	
Outstanding Arrears	Household has no arrears for rent utilities or has a monthly repayment plan that they are currently meeting	
Lease History	For 12 months, the household has maintained a lease and has had no evictions, lease violations or unit abandonment.	
Rent Payment	Household has paid rent on-time in the last 12 months.	
Utility Bills	Household has paid utility bills on-time in the past 12 months (or utilities are included in household's rent).	
Life Skills in Housing	Household has demonstrated the capacity to maintain healthy relationships with neighbors, landlords, and other community members.	

LEP Housing Needs Assessment:

1. Is the landlord willing to accept section 8? Yes No

If yes:

1. Property management name:
2. Property management email:
3. Property management phone number:
4. Property address:

If no: Complete LEP Housing Needs Assessment below

1. Bedrooms needed:
2. If you have children, please list their ages:

Please indicate your living area preferences:	Preferred Search Area	Area unwilling to live (due to safety, childcare, etc)
All Areas		
Downtown Honolulu - Salt Lake to Piikoi St		
East Honolulu - Piikoi St to Hawaii Kai, including Waikiki		
Ewa - Aiea to Kapolei		
Windward - Kaneohe to Wamanalo		
Upper Windward Kahaluu to Kahuku		
North - Wahiawa to North Shore		
Waianae Coast		

5. Have you signed a lease in the past? Yes No
6. Have you been evicted in the past? Yes No
 - a. If yes, please provide reason for eviction:
7. Do you or anyone you plan to live with have a felony charge? Yes No
 - a. If yes, please explain charge:
 - b. Date of charge:
8. Is there a need for an ADA or 1st floor unit? Yes No
9. Do you or anyone you plan to live with need a disability accessible unit? Yes No
10. Do you have any pets? Yes No
 - a. If yes, are they a documented certified emotional support or service animal? Yes No
11. Do you need parking? Yes No
 - a. If yes, how many spots?
 - b. If yes, is your vehicle's documentation up-to-date? Yes No
12. Do you currently have income? Yes No
 - a. If yes, what is your monthly household income?