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Also serving Hollister and San Juan Bautista | Tel: 831.637.0487

Housing Authority Universal Special Program Voucher Referral and Certification

The County of Santa Cruz Human Services Department (HSD), as the local Continuum of Care and the Smart Path to Housing and Health Coordinated Entry System lead, is referring the following person to the Housing Authority of the County of Santa Cruz for a Special Program Voucher.

Providers and applicants should complete this form together and include requested documents as listed. A copy of this form and associated documents should be sent to HSD via secure email to housingforhealth@santacruzcounty.us or via secure fax to 831-454-4642 HSD staff will review the referral, verify eligibility, and notify the provider and applicant about the applicant's eligibility for available voucher programs.

Date:

Referred Person (Participant)

Head of Household Name:

Full SSN:

Date of Birth:

Address:

Phone:

Household Size (include head of household plus others in total):

HMIS Unique Identifier (UI):

- If the Participant does not have an HMIS UI#, a completed HMIS Intake Form and signed Release of Information must be submitted with the Referral.
- Please Note: Applicable victim service providers are exempt from the HMIS requirement.

Service Provider Information:

Name of Agency/Program:

Care/Case Manager Name:

Phone: Cell Phone:

Email:

Special Voucher Eligibility Criteria

The Participant meets the following Eligible Group(s) being prioritized for a Special Program Voucher – please **check all that apply and document disabling health conditions to increase applicant’s chances of getting a voucher:**

- Eligible Group A** – A household experiencing homelessness who is currently or formally residing in a County of Santa Cruz COVID-19 hotel, motel, veterans’ hall shelter sites that are 65 or older or that have one or more chronic health conditions.
- Eligible Group B** - A household currently participating in a rapid re-housing program for households that were living on the streets or in a shelter prior to entering the program.
- Eligible Group C** – A household fleeing, or attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or family member, has no other residence, and lacks the resources or support networks to obtain other permanent housing.
- Eligible Group D** - A household with a member who has a disabling health condition and is exiting a jail or prison to the streets or an emergency shelter because they are without housing resources.
 - Please Note: a completed disability verification must be submitted with the referral to be considered under Group D
- Eligible Group E** – To be considered for Eligible Group E, a household must meet **all 3 criteria** listed below (please check all that apply):
 - **Criteria #1** – must be living in one of the following documented living situations at the time of referral:
 - Living in a place not meant for human habitation OR
 - Living in an emergency shelter or hotel/motel paid for by a government agency or nonprofit OR
 - Living in a transitional housing program that only serves formerly homeless individuals OR
 - Exiting an institution where the person resided for 90 days or less and stayed in an emergency shelter or place not meant for human habitation before entering the institution
 - **Criteria #2:**
 - Has an adult in the household with a documented disabling health condition that is expected to be of long-continuing or indefinite duration AND substantially impedes the person’s ability to live independently AND could be improved by the provision of more suitable housing conditions OR
 - Please Note: a completed disability verification must be submitted along with the referral to be considered under this criterion
 - Has at least one child in the household under the age of 18 living with a documented parent or guardian

- **Criteria #3:**

- Completed a COVID-19 homelessness referral within the past 12 months and prior to July 1, 2021 OR
- Completed a Smart Path Coordinated Entry assessment within the past 12 months and prior to July 1, 2021

Eligible Group F: A household must meet **all the criteria** listed below to be considered under Eligible Group F.

- Please Note: a completed disability verification must be submitted with the referral to be considered under Group F:

- Literally homeless as defined by the HUD HEARTH Act, in Federal Register Vol. 76, No. 233
- Considered vulnerable to COVID-19 due to existing medical conditions as defined by the Center for Disease Control and the State of California
- At least one non-elderly adult household member who has a disability:
 - Non-elderly is defined as a person who is at least 18 years of age but less than 62 years.
 - Having a disability is defined as a person who:
 - a. Receives Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI) OR
 - b. Is determined to have a physical, mental, or emotional impairment that:
 1. Is expected to be of long-continued and indefinite duration.
 2. Substantially impedes his or her ability to live independently and Is of such a nature that the ability to live independently could be improved by more suitable housing conditions.

This definition does not include a person whose disability is based solely on any drug or alcohol dependence.

Required Supporting Documentation

Please check all that apply/are provided with the referral form:

- Housing Authority Consent forms signed by the Participant:
 - Consent form with the County of Santa Cruz Housing for Health Division listed as the Authorized Agency provided
 - Consent form with the Service Agency listed as the Authorized Agency provided
- HMIS information:
 - Participant has an HMIS UI
Service provider id exempt from providing HMIS information
 - Completed HMIS Intake form provided
HMIS Release of Information signed by the participant
- Disability Verification:
 - Participant's Voucher eligibility does not require a disability verification
 - Completed Disability verification Form provided

Service Provider Verification:

Check all that apply:

- I agree to provide the following supports to Participant, for a minimum of six months from the Participant's permanent housing move-in date, including:
- Assistance with completing Voucher application materials and obtaining necessary supporting documentation to support referrals and applications for assistance, while aiding households in addressing barriers; AND
 - Supporting the Housing Authority in ensuring appointment notifications get to eligible households and assisting households with attending meetings with the Housing Authority; AND
 - Housing search and rental application assistance; AND
 - Ensuring the household secures the supports necessary to successfully maintain their housing.
- To my knowledge, the information provided in this document is correct and true. I certify that the information provided above is true, correct, and complete to the best of my knowledge, and will be relied upon for purposes of determining eligibility to receive an Emergency Housing Voucher. Any misstatement or false statement may result in denial / loss of assistance for the Participant.

Service Provider Printed name:

Service Provider Signature:

The following section is to be completed by the Human Services Department

Head of Household Name:

Based on the information above, I certify that the individual is eligible for the following voucher programs (check all that apply):

- Emergency Housing Vouchers (EHV)
- Mainstream COVID Vouchers

To the extent that an individual is eligible for more than one of these programs, the Housing Authority may assign the program type based on the availability and utilization of vouchers and funding.

I, as an employee of the Human Services Department, further certify that the information provided above is true, correct, and complete to the best of my knowledge, and will be relied upon for purposes of determining eligibility to receive an Emergency Housing Voucher. Any misstatement or false statement may result in denial / loss of assistance for the Participant. In addition, I understand that any misrepresentation in my statements may be considered to be fraud. Warning: Title 18 Section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

Head of Household Name:

HSD Printed name:

HSD Signature:

Date:

HSD Contact information – Phone: E-mail: