



## Emergency Solutions Grants (ESG) Required Forms for Rapid Re-Housing

*The following forms must be completed, maintained in each client file and submitted to New Castle County along with the draw for reimbursement processing.*

### REQUIRED FORMS:

- ESG Client File Checklist Form (highly recommended)
- Agency Intake Application & Related Orientation Forms
- Homeless Certification Form (completed entirely and signed by client and staff)
- Staff Certification of Eligibility for Rapid Re-Housing Assistance Form
- Community Management Information System (CMIS) Client Documents
  - Service Point: Entry/Exit Assessment Screen showing Housing Status*
- Rapid Re-Housing Eligibility Determination Form (with HAD approval at bottom)\*\*
- Income Related Source Documents, Photo ID & Vital Statistics Documentation\*
- Housing Stability Plan Documents
- Housing Stability Case Management Notes
- Housing Habitability Standards Form
- Lead Disclosure Form
- Rent Reasonableness Determination Form
- Signed copy of Participant's lease
- Landlord/Tenant Code Receipt Form
- Termination & Appeal Policy & Procedure (proof client received a copy of them)

\* *As Available*

\*\* *Housing Alliance Delaware*





# New Castle County (NCC)

## Emergency Solutions Grants (ESG) Program

### HUD's DEFINITION of HOMELESSNESS and CERTIFICATION

ESG Household Name: \_\_\_\_\_ Date: \_\_\_\_\_

This is to certify the above individual or household is currently homeless based on the category checked and required documentation.

#### CHRONICALLY HOMELESS CERTIFICATION

#### CHRONICALLY HOMELESS: Is Eligible for Rapid Re-housing Assistance.

Individual or family:

- Is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been homeless and residing in such a place for at least 12 months *or* on at least four separate occasions in the last three (3) years where the combined occasions must total at least 12 months; and
- (ii) Has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

#### NOTE:

- Transitional Housing *does not* qualify an individual/family for chronic status;
- Veterans receiving Supportive Services for Veteran Families (SSVF) or other grant per-diem programs offered by the Veterans Administration do maintain their Chronic Status;
- ESG Rapid Re-housing is not considered transitional housing;
- Institution stays of less than 90 days do not constitute a break and can be included in the time calculation as long as the individual/family were on the streets, in emergency shelter, or safe haven when they began;
- Stays in "housed" environments that are less than seven (7) consecutive nights do not constitute a break in homelessness.
- A BREAK in homelessness is defined as a stay in housing that lasts at least seven (7) consecutive nights; therefore a client must have at least four (4) separate occasions to qualify under this option.

To certify individual living in a place not meant for human habitation, a safe haven or an emergency shelter, the following documentation must be provided.

#### Option 1:

- An CMIS record or record from a comparable database. If not documented in CMIS for 12 months proceed to Option 2.

#### Option 2\*\*:

- A written observation by an outreach worker of the conditions where the individual was living *or*
- A written referral by another housing or service provider where the individual was living.

\*\*Note: One encounter per month, documented breaks in CMIS (stayed with relative for night etc. counts as homeless) is acceptable documentation. Must be documented in client file.

Option 3: For use *only* in situations where no third-party certification is available; self-certification can be used only after attempts to collect documentation of Options 1 and 2 above.

- Self-certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps that were taken to obtain evidence in Steps 1 and 2.

To certify head of household disability, the following documentation must be provided:

- Verification of Disability



# New Castle County (NCC) Emergency Solutions Grants (ESG) Program

---

## HUD's DEFINITION of HOMELESSNESS and CERTIFICATION

### \*\*GENERAL HOMELESS CERTIFICATION

**\*\*Categories 1 and 4 are eligible for Emergency Shelter and Rapid Re-housing Assistance**

#### CATEGORY 1: Literally Homeless

- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (i) Has a primary nighttime residence that is a public or private place not meant for human habitation; or
  - (ii) Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs).

To certify homeless status for the above must provide documentation of two of the following:

- Written referral by another housing or service provider; or
- Written observation by the outreach worker; or
- Certification by the individual or head of household seeking assistance stating that (s)he was living on the streets or in shelter.

- Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:
- (iii) Is exiting an institution where (s)he has 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 (documentation must include one of the above forms of evidence AND 1 of the following).
  - Discharge paperwork or written/oral referral; or
  - Written record of intake worker's due diligence to obtain above evidence and certification by individual that they exited institution.

---

**\*\*Categories 2 and 3 are considered "homeless" but receive assistance under Homeless Prevention which is currently not a NCC ESG funded activity.**

#### CATEGORY 2: Imminent Risk of Homelessness

- Individual or family who will imminently lose their primary nighttime residence, provided that:
- (i) Residence will be lost within 14 days of the date of application for homeless assistance;
  - (ii) No subsequent residence has been identified; and
  - (iii) The individual or family lacks the resources or support networks needed to obtain other permanent housing.

Documentation must include 1 of the following:

- A court order resulting from an eviction action notifying the individual or family that they must leave; or
  - For individual and families leaving a hotel or motel—evidence that they lack the financial resources to stay;
- or
- A documented and verified oral statement.

In addition to 1 of the above, documentation must include BOTH of the following:

- Certification that no subsequent residence has been identified; AND
  - Self-certification or other written documentation that the individual lack the financial resources and support necessary to obtain permanent housing.
-



## New Castle County (NCC) Emergency Solutions Grants (ESG) Program

---

### CATEGORY 3: Homeless under Other Federal Statutes

- Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as homeless under this definition, but who:
- (i) Are defined as homeless under the other listed federal statutes;
  - (ii) Have not had a lease, ownership interest, or occupancy agreement in permanent housing during the 60 days prior to the homeless assistance application;
  - (iii) Have experienced persistent instability as measured by 2 moves or more during the preceding 60 days; and
  - (iv) Can be expected to continue in such status for an extended period of time due to special needs or barriers.
- Documentation must include all of the following:
- Certification by the nonprofit or state or local government that the individual or head of household seeking assistance met the criteria of homelessness under another federal statute; and
  - Certification of no public housing in the last 60 days; and
  - Certification by the individual or head of household, and any available supporting documentation, that (s)he has moved 2 or more times in the past 60 days; and
  - Documentation of special needs or 2 or more barriers.

---

### CATEGORY 4: Fleeing/Attempting to Flee Domestic Violence

- Any individual or family who:
- (i) Is fleeing, or is attempting to flee, domestic violence;
  - (ii) Has no other residence; and
  - (iii) Lacks the resources or support networks to obtain other permanent housing

**Documentation required:**

*For victim service providers:*

- An oral statement by the individual or head of household seeking assistance which states: they are fleeing; they have no subsequent residence; and they lack resources. Statement must be documented by a self-certification and a certification by the intake worker.

*For non-victim service provider (must document all of the following):*

- Oral statement by the individual or head of household seeking assistance that they are fleeing. This statement is documented by a self-certification or by the caseworker. Where the safety of the individual or family is not jeopardized, the oral statement must be verified; and
- Certification by the individual or head of household that no subsequent residence has been identified; and
- Self-certification, or other written documentation, that the individual or family lacks the financial resources and support networks to obtain other permanent housing.

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Intake Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_



New Castle County  
Department of Community Services  
HOUSING DIVISION

**STAFF CERTIFICATION OF ELIGIBILITY FOR RAPID RE-HOUSING ASSISTANCE**

**Purpose:** This form serves as documentation that: (1) the program participant named below meets all eligibility criteria for ESG assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

**Instruction:** This form *must be completed for each program participant upon the determination of his or her eligibility for Rapid Re-Housing Assistance*. This form must be signed and dated by the ESG staff person who makes this determination AND the person's supervisor and must be kept in the program participant's case file. This form will remain valid, unless a different staff person re-determines the program participant's eligibility, in which case a new form will be required.

Head of Household Name:
Names of Other Household Members*:

*\*All members in household that will benefit from the assistance must be listed.*

**Required certification:** Each person signing below certifies to the following: (1) To the best of my knowledge, the program participant named above meets all requirements to receive assistance under the Rapid Re-Housing Program. (2) To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (3) I am not related to the program participant through family, business or other personal ties. (4) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (5) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S. C. 1001 and 18 U.S. C. 641. / (6) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

ESG Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_

ESG Supervisor Signature: \_\_\_\_\_ Date \_\_\_\_\_





**RAPID RE-HOUSING ELIGIBILITY DETERMINATION FORM**  
 ALL ITEMS ON THIS FORM MUST BE COMPLETED. NO ITEM CAN BE LEFT BLANK.

DATE FORM WAS FAXED: \_\_\_\_\_

**CLIENT INFORMATION**

NAME	
DATE OF BIRTH	
SSN	
CMIS ID #	
NAMES OF HOUSEHOLD MEMBERS	

**INDICATE YES OR NO TO THE FOLLOWING QUESTIONS:**

Have you confirmed with the client that they or any member of their household have not applied for Rapid Re-Housing assistance with any other provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client's income is less than 30% of Area Median Income (AMI)? see <a href="http://www.huduser.org/DATASETS/il.html">www.huduser.org/DATASETS/il.html</a> or NCC current Income Guidelines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have other housing options?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have financial resources or support networks to help them remain in or obtain housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Type of Assistance Requested	Dollar Amount	Time Period
	\$	
	\$	
	\$	
	\$	
	\$	

Type of Assistance Requested can be the following: Rental Assistance, Security and Utility Deposit, Utility Payments, Moving Cost Assistance, Motel and Hotel Vouchers, Case Management, Outreach and Engagement, Housing Search and Placement, Legal Services, and Credit Repair.

*By signing this form, you are indicating that all of the information provided above is correct.*

Client Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*By signing this form, you are indicating that you have documented all information and can produce this documentation in the event of an audit.*

Case Manager \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax the completed form to the Homeless Planning Council of Delaware (302) 654-0127.

**Homeless Planning Council Staff Use Only:** Indicate below whether this client is eligible for the services listed above. If the client is eligible for partial services, indicate that also.

- This client is **NOT** eligible for the services listed above.  
 This client is eligible for the following services:

Type of Assistance Requested	Dollar Amount	Time Period
	\$	
	\$	
	\$	
	\$	

## **New Castle County**

### **ESG Minimum Habitability Standards for Permanent Supportive Housing –Rapid Re-Housing Projects**

All housing assisted under the HEARTH- Emergency Solutions Grant (H-ESG) must provide safe and sanitary housing that is in compliance with the habitability standards outlined below and any state or local requirements.

Mark each statement as **A for approved** or **D for deficient**. Property must meet all standards in order to be approved.

\_\_\_ 1. Structure and materials: The structures must be structurally sound so as not to pose any threat to the health and safety of the occupants and so as to protect the residents from hazards.

\_\_\_ 2. Space and security: Each resident is provided adequate space and security for themselves and their belongings. Each Resident is provided an acceptable place to sleep.

\_\_\_ 3. Interior air quality: Every room or space must be provided with natural or mechanical ventilation. Structures must be free of pollutants in the air at levels that threaten the health of residents.

\_\_\_ 4. Water Supply: The water supply must be free from contamination at levels that threaten the health of individuals.

\_\_\_ 5. Sanitary facilities: Residents must have access to sufficient sanitary facilities that are in proper operating condition, may be used in privacy, and are adequate for personal cleanliness and the disposal of human waste.

\_\_\_ 6. Thermal environment: The housing must have adequate heating and/or cooling facilities in proper operating condition.

\_\_\_ 7. Illumination and electricity: The housing must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of residents. Sufficient electrical sources must be provided to permit use of essential electrical appliances while assuring safety from fire.

\_\_\_ 8. Food preparation and refuse disposal: All food preparation areas must contain suitable space and equipment to store, prepare, and serve food in a sanitary manner.

\_\_\_ 9. Sanitary Conditions: The housing and any equipment must be maintained in sanitary condition.

\_\_\_ 10. Fire safety:

(i) Each unit must include at least one battery-operated or hard-wired smoke detector, in proper working condition, on each occupied level of the unit. Smoke detectors must be located, to the extent practicable, in a hallway adjacent to a bedroom. If the unit is occupied by hearing-impaired persons, smoke detectors must have an alarm system designed for hearing-impaired persons in each bedroom occupied by a hearing-impaired person.

(ii) The public areas of all housing must be equipped with a sufficient number, but not less than one for each area, of battery-operated or hard-wired smoke detectors. Public areas include, but are not limited to, laundry rooms, community rooms, day care centers, hallways, stairwells, and other common areas.

\_\_\_\_ 11. Lead-based paint: If the structure was built prior to 1978, and a child under the age of six or a pregnant woman will reside in the property, and the property has a defective paint surface inside or outside the structure, the property cannot be approved until the defective surface is appropriately treated. Defective paint surface means: applicable surface on which paint is cracking, scaling, chipping, peeling or loose.

**Note the following to assist in determining if unit can be approved or is deficient:**

Building built/rehabbed before 1978?      \_\_\_\_ Yes      \_\_\_\_ No

Children under 6 present                      \_\_\_\_ Yes      \_\_\_\_ No

Pregnant woman present                      \_\_\_\_ Yes      \_\_\_\_ No

**CERTIFICATION STATEMENT**

(Source: Department of Housing and Urban Development: Docket No. FR-5307-N-01)

I certify that I have evaluated the property located at the address below to the best of my ability and find the following:

The property meets all of the above standards \_\_\_\_ Yes \_\_\_\_ No

Therefore, I make the following determination:

The property is approved \_\_\_\_ Yes \_\_\_\_ No

Client Name \_\_\_\_\_

Rental Unit Street Address: \_\_\_\_\_ Apartment # \_\_\_\_\_

City, State Zip \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_