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AOD Housing Readiness program

LifeMoves' AOD Housing Readiness program is a rental subsidy program for candidates who have completed an AOD treatment program in San Mateo County within the last 18 months. If approved, program participants are eligible for a rental subsidy and case management services for **up to** 18 months.

Program participants will rent an **approved** apartment or home in San Mateo County and will be responsible for signing their own lease.

LifeMoves will conduct a thorough assessment with each eligible applicant to determine the length and amount of subsidy to be provided. Factors to be considered are level of income and need, cost of rental, and plan for sustainability.

Eligibility Requirements

- Completed an AOD treatment program in San Mateo County within the last 18 months
- Applicant must be currently homeless or exiting a residential treatment program, without a viable housing option
- Applicants must have sustainable and verifiable income (SSI/SSDI/SDI, TANF and GA do not qualify)
- Must actively participate in LifeMoves' case management services including…
  - required savings plan and financial education (i.e. budgeting and saving workshops)
  - if job searching, appropriate job development activities (i.e. resume workshop, job searching, etc.)
- Must have a realistic relapse prevention plan
- Complete the AOD Housing Readiness Application
- Once housing is secured, applicant will be required to obtain a completed W9 form and lease from their prospective landlord. **Rental units and leases must be approved by program staff before any payments can be made**

Please include the following documents with your completed application:

___ Certificate of Completion of a San Mateo County AOD treatment program

___ Proof of Income/Employment

___ Copy of Photo Identification – **must be visible**

___ Proof of Homelessness- **must be completed by referring agency**

___ Projected Budget

Please **scan and email documents** to Morgan Amituanai at mamituanai@lifemoves.org for review.

If you are unable to email documents you may fax them to **Morgan Amituanai at (650) 340-7019.**

It is required that you follow-up with a confirmation email to Morgan Amituanai to confirm that your fax has been received.

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This section must be filled out by referring agency

Applicant's Name: ____ **DOB:** ________ **Referral Date:** ____________

Applicant's Phone: _______________________________ **Email:** ____

Referring Agency/Program: ________________________________ **Entry Date:** _________ **Exit Date:** __________

Referring Staff: ____ **Phone:** ________________________________

Agency Contact Email: ____

Applicant's Portion (please use additional paper if necessary)

Additional Household Members

Name: ______________________________________ Relation: ____________________ Age: ___________

Name: ______________________________________ Relation: ____________________ Age: ___________

Name: ______________________________________ Relation: ____________________ Age: ___________

Name: ______________________________________ Relation: ____________________ Age: ___________

Have you graduated from an AOD Treatment program within the last 18 months? Yes ______ No _______

List Treatment Programs with dates of program stay and outcome

Program	**Dates**	**Outcome**
1. ___________________________________	______________________	____________________________
2. ___________________________________	______________________	____________________________

Please list 3 ways you are going to support your recovery and remain clean and sober

1. ____

2. ____

3. ____

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Program Goals

Please list 3 ways the AOD Housing Readiness program will help you

1. ____

____

2. ____

____

3. ____

____

List 3 goals you would like to accomplish in the AOD Housing Readiness program

1.____

2.____

3.____

List any diplomas, degrees, or certificates you have obtained (include H.S. Diploma/G.E.D.)

____

____

Current Employment and Income

Total Monthly Income (entire household): ________________________ Savings Amount: __________________

Current Employer: ____ Position: _______________________

Hours/week: _______________ Salary/Wage: _____________________ Length of Employment: ________________

How much can you afford to spend on rent? ____

Amount of Debt: ________________ Evictions? ___________________ Dates:_____________________________

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Please list income from all household members (use additional paper if necessary)

Applicant: ________________________________ Amount: _______________ Source: _________________

Additional: ________________________________ Amount: _______________ Source: ________________

Additional: ________________________________ Amount: _______________ Source: _________________

Please discuss any plans to increase your income while in the program

____

____

____

____

Please discuss any plans to attend school or vocational training while in program

____

____

____

What is your housing plan if you are not accepted into the program?

____

____

____

What is your available support system? ____

____

-- **LifeMoves use only** --

Date Referral Received: _____________ Assigned to: ____________________________ Date: ______________

Contact Attempts: ____

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Projected Monthly Budget

This budget is designed to help you determine how much you can afford to pay for housing by estimating what your projected income and expenses will be each month.

	MONTHLY Household Income (after taxes)		**Monthly Expenses**
Wages (Adult 1)	$________________	**Projected Rent**	$ ________________
Wages (Adult 2)	$________________	Groceries	$ ________________
Wages (Adult 3)	$________________	PG&E/Utilities	$ ________________
Wages (Adult 4)	$________________	Phone/Cell	$ ________________
GA	$________________	Cable/Internet	$ ________________
SSI	$________________	Water/Garbage	$ ________________
SSDI	$________________	Renter's Insurance	$ ________________
Social Security	$________________	Gas	$ ________________
Veterans Benefits	$________________	Bus/Train Tickets	$ ________________
Unemployment Benefits	$________________	Car Payment	$ ________________
Food Stamps	$________________	Car Insurance	$ ________________
Child Support	$________________	Laundry	$ ________________
Other (Specify)	$________________	Medical/Dental	$ ________________
__________________	$________________	Toiletries	$ ________________
__________________	$________________	Infant Supplies	$ ________________
		Cleaning/Household Supplies	$ ________________
Total Monthly Income	$________________	School Lunches/Eating out	$ ________________
		Entertainment	$ ________________
		Restitution/Loans	$ ________________
		Credit Card Payments	$ ________________
		Other Debt	$ ________________
		Savings DON'T TOUCH	$ ________________
		Savings- Emergencies	$ ________________
		Savings- Clothing/Shoes	$ ________________
		Savings- Car Repairs	$ ________________
		Savings for Gifts/Toys	$ ________________
Total Monthly Income	$ ________________	Other: ______________	$ ________________
		Other: ______________	$ ________________
Less Total Expenses	$ ________________	Other: ______________	$ ________________
Balance	$ ________________	Total Expenses	$ ________________

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LIFEMOVES HOUSING FIRST PROGRAMMING

HOMELESS CERTIFICATION

For Housing First and AOD Housing Readiness

Client name ______________________________________, SSN _____________________ is currently:

(Check one)

☐ In places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).

☐ In an emergency shelter.
Name/Location of Shelter: ____

☐ In transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters.
Name/Location of Shelter: ____

☐ In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.
Name/Location of Institution: ____

☐ Is being discharged within 30 calendar days from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.
Name/Location of Institution: ____

☐ Is living in housing but is within one week of being evicted from the dwelling by the lease holder.

I certify that the above information is correct to the best of my knowledge and that I have the appropriate documentation on file. Verification of homelessness will be available upon request.

________________________________	________________________________
Signature	Agency Name
Printed Name	Address
Title	City, State, Zip
Date	Phone Number

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Consent for Release of Confidential Information
AOD Housing Readiness Program

I, ___________________________________, authorize LifeMoves and its representatives to exchange information I have provided about me and/or my family for the purpose of evaluating my application for the AOD Housing Readiness program.

This authorization shall become effective on _____________________________ and is subject to revocation in writing by me at any time, except to the extent that action has already been taken. This authorization shall terminate one year from the effective date, if not earlier revoked.

I understand that this information will be used only for the purpose noted above and will not be disclosed to any other person or agency without my written permission.

____________________________________ ____________________

Signature of Client Date

____________________________________ ____________________

Signature of Referring Party Date