

ESG – Homelessness Prevention Reimbursement Form

Homelessness Prevention: Individuals/families who are at imminent risk, or at risk, of homelessness. Household income below 30% AMI.

Today's Date: ____/____/____

Staff Member: _____

Name: _____ Date of Birth: ____/____/____

(First)

(Last)

Client's Program Entry Date: ____/____/____

Exit Date: ____/____/____

Housing Relocation & Stabilization Services – To prevent persons from becoming homeless in a shelter or an unsheltered situation and to help such persons regain stability in their current housing or other permanent housing.

Services:

Housing Search & Placement – *Eligible Costs: Assessment of housing barriers, needs & preferences; Development of an action plan for locating housing; Housing search to and negotiation with owner; Assistance with submitting rental applications & understanding leases; Assessment of housing for compliance with ESG requirements for habitability, lead based paint & rent reasonableness; Assistance with obtaining utilities & making moving arrangements; Tenant counseling.

Description of services provided: _____

Dates of Service Submitted: _____ to _____

Total Amount Requested: \$ _____

Case notes attached (if not in HMIS)

Staff Member: _____

Provide all documentation necessary for review

Housing Stability Case Management – Assessing, arranging, coordinating & monitoring the delivery of individualized services to facilitate housing stability.

*Eligible Costs: Counseling, Developing, securing & coordinating services including Federal, state & local benefits, Monitoring & evaluating program participant progress, Providing information & referrals to other providers, Developing an individualized housing & service plan.

Description of services provided: _____

Dates of Service Submitted: _____ to _____

Total Amount Requested: \$ _____

Case notes attached (if not in HMIS)

Staff Member: _____

Provide all documentation necessary for review

Mediation - Mediation between the program participant & the owner or person(s) with whom the program participant is living, to prevent the program participant from losing permanent housing in which they currently reside.

**Eligible Costs: Time and/or services associated with mediation activities*

Description of services provided: _____

Dates of Service Submitted: _____ to _____

Total Amount Requested: \$ _____

Case notes attached (if not in HMIS)

Staff Member: _____

Provide all documentation necessary for review

Legal Services - Legal services that are necessary to resolve a legal problem that prohibits the program participant from obtaining or maintaining permanent housing.

**Eligible Costs: Hourly fees for legal advice and representation; Fees based on the actual service performed (i.e. fee for service), but only if the cost would be less than the cost of hourly fees; Client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling; Filing fees & other necessary court costs; Subrecipient's employees' salaries & other costs necessary to perform the services, if the subrecipient is a legal services provider & performs the services itself.*

Description of services provided: _____

Dates of Service Submitted: _____ to _____

Total Amount Requested: \$ _____

Case notes attached (if not in HMIS)

Staff Member: _____

Copy of statement for legal services

Credit Repair - Services necessary to assist program participants with critical skills related to household budgeting, managing money, accessing a free personal credit report and resolving personal credit problems.

**Eligible Costs: Credit Counseling; Other Related Service; *Assistance cannot include the payment or modification of a debt.*

Description of services provided: _____

Dates of Service Submitted: _____ to _____

Total Amount Requested: \$ _____

Case notes attached (if not in HMIS)

Staff Member: _____

Provide all documentation necessary for review