

ESG-CV Rapid Rehousing Reimbursement Form

Homelessness Prevention: Individuals/families who are literally homeless (currently living in an emergency shelter or place not meant for habitation)

Today's Date: ____/____/____

Staff Member: _____

Name: _____ Date of Birth: ____/____/____
(First) (Last)

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

Exit Date: ____/____/____

Housing Relocation & Stabilization Services – To help homeless persons living on the street or in an emergency shelter transition as quickly as possible in to permanent housing and help such persons achieve stability in that housing to prevent and stop the spread of coronavirus.

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)

Copy of statement for legal services

Staff Member: _____

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****

Hazard Pay – Funds may be used to pay hazard pay for staff working directly to prevent, prepare for and respond to coronavirus among persons who are homeless or at risk of homelessness.

Staff receiving Hazard Pay & Amount of Hazard Pay: _____

Dates of Hazard Pay Provided: _____ to _____

Total Amount Requested: \$ _____

Staff Member: _____

****Provide all documentation necessary for review****