



RENAISSANCE
SOCIAL SERVICES
Supportive programs for affordable housing.

REFERRAL TO HOUSING STABILITY PROGRAM

Mission Statement

We deliver the supportive services low income individuals and families need to achieve housing stability and form relationships with providers of quality affordable housing to benefit these families and individuals, as well as the community.

The Housing Stability Program is a supportive housing program designed to help individuals and families who are **both homeless and disabled** attain permanent housing and develop the skills necessary to avoid future episodes of homelessness. RSSI's staff provides supportive case management services designed to maximize client's ability to remain permanently housed, improve client's economic circumstances and enhance the client's potential for achieving self-sufficiency and improved self-determination.

RSSI is seeking referrals of applicants that are both homeless and disabled (disability of indefinite duration) in need of single-room occupancy, studio, and/or family rental apartments. RSSI requests that the referring agency provides:

- 1. Referral for Services (attached).** Please fill out completely.
- 2. Documentation/Verification of Homelessness (include all that apply).**
 - Formal letter from a case manager that specifies dates
 - Letter from shelter/s
 - Letter from the Department of Human Services
- 3. Documentation/Verification of Disability (include all that apply).**
 - Letter from doctor that states disability
 - Social Security award letter
 - Letter from substance abuse treatment facility verifying enrollment
- 4. Proof of income (include all that apply).**
 - Social Security statement of income
 - Two check stubs
 - Statement from supervisor
- 5. Photo ID for everyone over 18 years of age.**

Please return completed materials to:

Sarah Maley, Intake Case Manager
Renaissance Social Service, Inc.
2517 W. Fullerton
Chicago, IL 60647
Phone: (773) 227-1865
Fax: (773) 227-1985

If you have any questions, please contact Sarah Maley at the number above. Thank you for your cooperation, and for helping to make a difference.

Renaissance Social Services, Inc.
Referral for Services

Name of Applicant (1): _____

Name of Applicant (2): _____

Address: _____ Phone #: _____

Children or other people who will be living with the applicant:

Name _____ Date of birth: _____

Name _____ Date of birth: _____

Name _____ Date of birth: _____

Name _____ Date of birth: _____

Name _____ Date of birth: _____

Name of Referring Contact Person: _____

Referring Agency: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

Duration of time in current program:

From: _____ To: _____

Current treatment type: _____

Date began: _____ Date end: _____

Previous treatment type: _____

Date began: _____ Date end: _____

1) Will you maintain a client relationship with the applicant after his or her release from your facility? Yes No

2) Will the applicant be able to continue to participate in your social service programming after moving into RSSI housing? Yes No

If so, for how long? _____

Category One: Documentation of Homelessness and Disability

- 1) Please complete the Homeless Eligibility Verification Form on page 7.
- 2) Describe in detail the circumstances and duration of the applicant's current homelessness?
[Please attach appropriate documentation]

- 3) With what disability(ies) has the applicant been diagnosed?
[Please attach appropriate documentation]

- Physical Disability
- Mental Disability
- HIV/AIDS
- Substance Abuse

Please explain in detail. _____

- 4) Describe the current treatments, therapies and medications the applicant is receiving for this disability. _____

Date treatment began: _____

- 5) If the applicant has a history of substance abuse, how long has he or she been clean and sober? _____

- 6) Does this person require ongoing supportive services in order to maintain independent housing? Yes No

Category Two: Ability to Meet Financial Obligations

- 1) What is the source of income? (Please list all household incomes.)

Source: _____ Monthly amount: _____ Start date: _____

Source: _____ Monthly amount: _____ Start date: _____

Source: _____ Monthly amount: _____ Start date: _____

Source: _____ Monthly amount: _____ Start date: _____

- 2) Does the applicant pay rent or program expenses? Yes No
In what amount monthly? _____

3) Does the applicant save money regularly? Yes No

In what amount monthly? _____

How much does the applicant have saved? _____

4) Does the applicant have any outstanding bills or other financial obligations? If so, please indicate the nature of the obligation and the amount due. **[Describe in detail]**

5) Do the applicants have a history of poor credit? **[Describe in detail.]**

Repossessions: _____

Accounts sent for collection: _____

Legal judgments: _____

Personal bankruptcy: _____

Evictions: _____

Other: _____

Please explain what steps the applicant has taken to resolve the situation.

Category Three: Ability to Live Independently

Please describe in detail the applicant's daily living skills.

1) Grooming and hygiene skills and deficits _____

2) Ability to do laundry _____

3) Housekeeping skills and deficits _____

4) Cooking skills and deficits _____

5) Ability to make/keep doctor/dentist/therapist appointments _____

6) Manage money _____

7) Use public transportation _____

8) Shop for groceries _____

9) Manage medication _____

Category Four: Interpersonal Skills

1) Describe the applicant's relationships with other residents and with staff in your program and their ability to observe program rules. _____

2) Have there been any incidents of disruptive or aggressive behavior involving the applicant? If so, please explain. _____

3) Has the applicant ever been arrested or convicted of a crime? Yes No

If so, please explain in detail (including dates, charges, convictions and acquittals).

4) Please describe the applicant's social supports including family, friends or organizational ties that will support his or her efforts to obtain self-sufficiency?

5) What groups, meetings or other supports should the applicant continue at this point?

6) Is the applicant interested and willing to participate in ongoing social services from RSSI? Please describe in detail why or why not.

Signature

Title

Date

Renaissance Social Services, Inc.

HOMELESS ELIGIBILITY VERIFICATION FORM

Client Name: _____

Homeless persons are those who fall into one of the following situations:

(CHECK ONE ONLY**)**

_____ **Person sleeping in a place not meant for human habitation: in a car, park, on the sidewalks or in an abandoned building.**

_____ **Person sleeping in an emergency shelter.**

_____ **Person living in interim housing for homeless persons but who originally came from the streets or emergency shelters.**

_____ **Person was released from a hospital or other institution after being there for 30 consecutive days or less and being returned to one of the above sleeping/living conditions.**

_____ **Person is being discharged within 7 days from an institution in which they have been a resident for more than 30 consecutive days and no subsequent residences have been identified and they lack the resources and support networks needed to obtain housing.**

_____ **Abused/battered individual is fleeing a domestic violence housing situation, and no subsequent residence has been identified and person lacks the resources and support network needed to obtain housing.**

Signed: _____

Title: _____

Name of Organization: _____

Date: _____

RSSI Staff Signature: _____

Date: _____