



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:

Katherine Cull, Intake Case Manager  
Renaissance Social Service, Inc.  
2517 W. Fullerton  
Chicago, IL 60647  
Phone: (773) 227-1865  
Fax: (773) 227-1985  
[kcull@rssichicago.org](mailto:kcull@rssichicago.org)

If you have any questions, please contact Katherine Cull 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]**

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- 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. \_\_\_\_\_

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- 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]**

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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.

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### **Category Three: Ability to Live Independently**

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

1) Grooming and hygiene skills and deficits \_\_\_\_\_

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2) Ability to do laundry \_\_\_\_\_

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3) Housekeeping skills and deficits \_\_\_\_\_

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4) Cooking skills and deficits \_\_\_\_\_

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5) Ability to make/keep doctor/dentist/therapist appointments \_\_\_\_\_

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6) Manage money \_\_\_\_\_

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7) Use public transportation \_\_\_\_\_

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8) Shop for groceries \_\_\_\_\_

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9) Manage medication \_\_\_\_\_

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**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. \_\_\_\_\_

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

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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).

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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?

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

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

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Signature

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Title

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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: \_\_\_\_\_