

# RRH Household Eligibility Evaluation Form

Grantees may use this worksheet to evaluate program eligibility at entry and annual re-evaluation. At the end of each evaluation, the case manager must attach the evidence to this form demonstrating the household is still eligible for the program. It is not acceptable to re-attach the evidence from previous eligibility decisions.

## Applicant Name:

## Program Information:

- Initial eligibility evaluation (must demonstrate homeless status and need)
- CoC-RRH re-evaluation (must demonstrate continued need and lack of resources)
- ESG-RRH re-evaluation (must have a household income at or below 30% AMI and demonstrate lack of resources)

Date of entry into program: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Number of months household has received assistance: \_\_\_\_\_ (Re-)Certification Date: \_\_\_\_\_

## Homeless Status

Please enter the household's current housing status AND attach the appropriate documentation. Eligible documentation (in order of preference) is as follows: HMIS records, written referral, outreach worker observation, or self-declaration of homeless status):

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Literally homeless                           | Documentation List: |
| <input type="checkbox"/> Fleeing/attempting to flee domestic violence | 1. _____            |
| <input type="checkbox"/> Coming from the streets or emergency shelter | 2. _____            |

## Household Information:

Please list the member(s) of this household—to be eligible for RRH, a household must have minor-aged children:

- |           |                      |
|-----------|----------------------|
| Adult(s): | Children (under 18): |
| 1. _____  | 1. _____             |
| 2. _____  | 2. _____             |
| 3. _____  | 3. _____             |
| 4. _____  | 4. _____             |
| 5. _____  | 5. _____             |

## Income (ESG Annual Re-Evaluation Only)

Please update the household's current income status reflected in the ESG Income Eligibility Worksheet AND attach the appropriate documentation. Eligible documentation (in order of preference) is as follows: source documents (such as wage statement, unemployment compensation statement, public benefits statement, or bank statement), third party verification (written or oral) or self-certification.

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> Household income meets AMI requirements for program         | Documentation List: |
| <input type="checkbox"/> Household income does not meet AMI requirements for program | 1. _____            |
|  | 2. _____            |
|  | 3. _____            |

## Need

F-VI-SPDAT Scores between 4 and 7 are recommended for Rapid Re-Housing. Scores that are below 4 are not recommended for the program but should be referred to diversion or homeless prevention assistance.

- Recommended for rapid re-housing
- NOT recommended for rapid re-housing

## Resources

For clients who are receiving ongoing financial assistance, staff must document their inability to pay for the item BUT FOR the assistance (example: bank/savings statements, medical bills, etc).

- |   |                     |
|---|---------------------|
| <input type="checkbox"/> Household HAS NO other housing options, financial resources, or support networks identified. | Documentation List: |
| <input type="checkbox"/> Household HAS other housing options, financial resources, or support networks identified.    | _____               |

## Staff Certification

By signing below, I certify that to the best of my knowledge, the program participant named above:

- Meets all of the requirements to receive rapid re-housing assistance
- DOES NOT meet the requirements to receive rapid re-housing assistance

I further certify all of the following: (1) to the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (2) I am not related to the program participant through family, business or other personal ties. (3) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (4) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws. (5) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_