

MISSOULA COORDINATED ENTRY SYSTEM

Centralized Housing Solution Fund Paper Tool

(formerly known as Diversion Fund)

Confidential Document

When not doing direct and immediate entry into HMIS, you may use this form. It may also be used for training purposes. **IMPORTANT: In order for the Housing Solution Fund to be processed, it must be entered into HMIS. A corresponding HMIS referral MUST be completed and supportive documents will need to be uploaded into HMIS (Refer to checklist on last page).**

For more information, please read the [MOU](#), the [Guidelines](#) and [the step-by step instructions for making a referral in HMIS](#).

Centralized Housing Solution Fund (Term in HMIS - "Interim Assessment")	
Agency and Staff Contact Information	Agency and Staff name: _____ Staff E-mail: _____ Staff Phone Number: _____
Housing Status	<p><u>Client is:</u></p> <p><input type="checkbox"/> Literally Homeless (submit form/referral from Coordinated Entry - Missoula EDA)</p> <p><input type="checkbox"/> Fleeing/Attempting to Flee DV (submit form/referral from Coordinated Entry - Missoula EDA if they have consented to be in HMIS; if YWCA is submitting referral or household does not consent to being in HMIS, follow up with release of information, paper tool and necessary attachments to Fund Administrator)</p> <p><input type="checkbox"/> At-risk of eviction (submit form/referral from Coordinated Entry HP-Missoula EDA)</p> <p><input type="checkbox"/> Doubled up and needs rental assistance (submit form and referral from Coordinated Entry HP-Missoula EDA)</p> <p><u>If still in housing or doubled up:</u></p> <p><input type="checkbox"/> client has received pay or vacate notice</p> <p><input type="checkbox"/> client has received past due notice</p> <p><input type="checkbox"/> client is <u>not</u> past due yet</p> <p><input type="checkbox"/> client is being asked to leave the unit where they are doubled up (they are not yet literally homeless)</p>

Fund Request Type and Amount

Reason household is unable to pay this expense:

Housing Outcome Type (check one):

- Permanent (non-subsidized market-rate housing, staying with family and/or friends permanently ***(eligible)***)
- Temporary; staying with family and/or friends ***(eligible)***
- Temporary; group home, sober living, etc. ***(eligible)***
- Temporary; motel, hotel, etc. ***(not eligible)***

Please provide a short summary of the housing problem solving and exploratory conversation you had with the household:

How will this expense help connect the household to housing or help them maintain their housing (if not yet homeless)?

How does the household plan to sustain this plan (pay for rent, etc.)?

<p>This form is limited to 3 fund type requests per HMIS identifier (client). To add requests exceeding 3 entries, please use additional space at the end of this form.</p> <p><i>Our CoC does have a \$600 maximum or cap on the amount of financial assistance one household can receive through the CHSF; however, please document <u>all</u> costs because there is the possibility that we may be able meet the request through a committee review process or through other funds</i></p>	<p><u>Type of Fund Request:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Move-in Costs (damage/security deposits, including deposits for family pets) <input type="checkbox"/> Payment on previous housing/rental debt (e.g. unpaid rent from previous tenancy) <input type="checkbox"/> Utility payments and arrears for gas, electric, and/or combined utilities (water, sewer and garbage) <input type="checkbox"/> Utility Deposits <input type="checkbox"/> Rental payment and/or lot payment <input type="checkbox"/> Moving Cost assistance (storage costs, rental of moving vehicle, etc.) <input type="checkbox"/> Credit Check Fees <input type="checkbox"/> Background checks required by landlords as part of the standard application process <input type="checkbox"/> Interpreter Fees when necessary to help participants to access or maintain housing <input type="checkbox"/> Legal fees resulting from an eviction action <input type="checkbox"/> Car repairs or other transportation costs related to employment, childcare of education <input type="checkbox"/> Work or education related materials <input type="checkbox"/> Fees associated with certifications and licenses related to employment <input type="checkbox"/> Relocation Assistance (out of area travel, i.e., bus tickets, air fare, train, etc.) <input type="checkbox"/> Food and/or gas cards that directly result in short- or long-term diversion to safe housing <input type="checkbox"/> Other: <p><u>Dollar Amount:</u> \$</p>
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	<p><u>Second Type of Fund Request (if applicable):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Move-in Costs (damage/security deposits, including deposits for family pets) <input type="checkbox"/> Payment on previous housing/rental debt (e.g. unpaid rent from previous tenancy) <input type="checkbox"/> Utility payments and arrears for gas, electric, and/or combined utilities (water, sewer and garbage) <input type="checkbox"/> Utility Deposits <input type="checkbox"/> Rental payment and/or lot payment <input type="checkbox"/> Moving Cost assistance (storage costs, rental of moving vehicle, etc.) <input type="checkbox"/> Credit Check Fees <input type="checkbox"/> Background checks required by landlords as part of the standard application process <input type="checkbox"/> Interpreter Fees when necessary to help participants to access or maintain housing <input type="checkbox"/> Legal fees resulting from an eviction action <input type="checkbox"/> Car repairs or other transportation costs related to employment, childcare of education <input type="checkbox"/> Work or education related materials <input type="checkbox"/> Fees associated with certifications and licenses related to employment <input type="checkbox"/> Relocation Assistance (out of area travel, i.e., bus tickets, air fare, train, etc.) <input type="checkbox"/> Food and/or gas cards that directly result in short- or long-term diversion to safe housing <input type="checkbox"/> Other: <p><u>Dollar Amount:</u> \$</p>
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<p>Fund Requests Continued...</p>	<p><u>Third Type of Fund Request (if applicable):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Move-in Costs (damage/security deposits, including deposits for family pets) <input type="checkbox"/> Payment on previous housing/rental debt (e.g. unpaid rent from previous tenancy) <input type="checkbox"/> Utility payments and arrears for gas, electric, and/or combined utilities (water, sewer and garbage) <input type="checkbox"/> Utility Deposits <input type="checkbox"/> Rental payment and/or lot payment <input type="checkbox"/> Moving Cost assistance (storage costs, rental of moving vehicle, etc.) <input type="checkbox"/> Credit Check Fees <input type="checkbox"/> Background checks required by landlords as part of the standard application process <input type="checkbox"/> Interpreter Fees when necessary to help participants to access or maintain housing <input type="checkbox"/> Legal fees resulting from an eviction action <input type="checkbox"/> Car repairs or other transportation costs related to employment, childcare of education <input type="checkbox"/> Work or education related materials <input type="checkbox"/> Fees associated with certifications and licenses related to employment <input type="checkbox"/> Relocation Assistance (out of area travel, i.e., bus tickets, air fare, train, etc.) <input type="checkbox"/> Food and/or gas cards that directly result in short- or long-term diversion to safe housing <input type="checkbox"/> Other: <p>Dollar Amount: \$</p>
	<p><u>If there is a fourth type of fund request, please use the following space to explain:</u></p>

<p>Required Attachments</p> <p>Supportive Documentation must be uploaded to HMIS or attached to this form. Documentation mandatory for request to be processed.</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Invoice from vendor to be paid (copy of lease, desired travel itinerary, copy of utility bill, etc.) <input type="checkbox"/> Proof of income (if any) <input type="checkbox"/> Identification Card/Driver's License <input type="checkbox"/> Human Resource Council Service Intake Form <p><i>*individual receiving the funds can complete this form by calling 211 or it can be emailed to case worker who submitted request</i></p>
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*All CHSF forms MUST be uploaded to HMIS and all referrals to CHSF MUST come through HMIS
 *If you have any questions about the fund request, please email Lena Negrete - lln@hrcxi.org. If you have technical questions about completing the referral in HMIS, please contact support@pcni.org