

Date _____

Dear _____,

Thank you for your interest in Elijah Family Homes (also known as EFH). We look forward to serving you! Along with this letter, you will find:

1. **Your Application Checklist**
2. **EFH Information Sheet**
3. **Policies and Procedures Information**
4. **Your Application Packet**

To apply for tenant assistance, please complete and return the items on the enclosed application checklist.

We will keep your application on file until we have an opening for you. While you are waiting for an opening, EFH asks that you **attend all Community meetings**, which are generally held on the third Tuesday of every month at 6:30 pm. Attending these meetings helps us to get to know each other better and gives you a chance to see if EFH is right for you!

In order to keep your spot on our waiting list, please remember to **keep us informed of any changes or moves that you make.**

Remember, I'm happy to help with the forms, so feel free to call and/or visit me in the office if you have questions.

Sincerely,

Ryan Washburn
Program Administrator

Name _____

APPLICATION CHECKLIST

- _____ Application form (5 pages)
- _____ Completed Questionnaire for Applicants describing your current housing situation, goals, and why you want to be a part of EFH.
- _____ Substance Abuse Questionnaire
- _____ Relapse Prevention Questionnaire
- _____ A letter of support **sent by your service provider(s)** (letter of support request form included for your convenience)
- _____ Copy of a recent budget
- _____ Copy of housing denial from a local public housing authority (if available)
- _____ Documentation of your current income and most recent tax return
- _____ HMIS Release

Application for Rental Assistance
Do Not Leave Any Spaces Blank; If Not Applicable, Write N/A

Name:	Date:
Address:	DOB:
City:	State & Zip:
Home Phone:	Cell:
Clean Date:	Length of Time Homeless:

Person to Contact in Case of an Emergency

PRIMARY CONTACT		
Name:	Relationship:	Phone:
Address:	City:	State & Zip:
SECONDARY CONTACT		
Name:	Relationship:	Phone:
Address:	City:	State & Zip:

Household Composition: (List *all* members that will be living in the unit)

Member's Full Name	Relationship	Birth Date	Age	Sex	Race/ Ethnicity	Full Time Residence (Circle one)
						YES or NO
						YES or NO
						YES or NO
						YES or NO
						YES or NO
						YES or NO

Yes No Is any family member residing in the unit pregnant? *If yes, please list following information:*

Name	Pre-Natal Care	Physician or Clinic	WIC	Due Date

What is Your Form of Transportation? Public Transit Personal Vehicle

Yes No

Is there any history of domestic violence in your family?

Yes No

Are you currently residing in a domestic violence shelter?

Please Explain:

Income Information: List total monthly income of all household members: *(Include wages, salaries and tips; other income such as alimony, child support; and Social Security, AFDC or other benefits)*

Member's Full Name	Source of Income	Amount	Payment Basis (Weekly, Monthly, Etc.)
Total Monthly Income	\$		

Expense Information

Yes No

Does your household have un-reimbursed medical expenses?

If yes, list amount and please explain: _____

Yes No

Does your household pay child care expenses for children under the age of 13 which **enables** a family member to work or go to school?

If yes, list amount: _____

Asset Information: List the type and source of any family assets *(Provide both current cash value and estimated annual income)*

Member's Full Name	Type and Source of Asset (e.g. bank accounts, investments)	Cash Value of Asset

Housing Information:

Yes No Are you currently homeless and/or living in substandard housing?
If yes, please explain: _____

Yes No Have you been (or are you about to be) displaced from your housing?
If yes, please explain: _____

Yes No Are you or a family member considered disabled?
If yes, please explain: _____

Yes No Applied for housing/rental assistance through the housing authorities?
If yes, which one and what is your status: _____

Yes No Have you ever been evicted?
If yes, please explain: _____

Yes No If you have been evicted, was it from subsidized housing?

Yes No Does any household member have a history of substance abuse?

Yes No Is any household member in active substance abuse addiction?

Yes No Has any household member been convicted of the illegal manufacture or distribution of a controlled substance?

Yes No Has any household member been convicted of a misdemeanor or a felony?
If yes, please explain: _____

Citizenship Status:

Yes No U.S. Citizen

Yes No Permanent Resident Alien

Yes No Temporary Employment Authorization Card

Application Certification: I/we understand that the above information is being collected to determine if I/we are eligible to receive rental assistance. I/we authorize Elijah Family Homes to verify all information provided on this application.

Applicant Signature

Co-Applicant Signature

Representative of Elijah Family Homes Signature

Date

BACKGROUND AUTHORIZATION
Please print clearly and use INK

SECTION 1: APPLICANT INFORMATION

1. Name and Address	2. City
3. State/Zip Code	4. Telephone (Including area code)

SECTION 2: ALL QUESTIONS IN THIS SECTION MUST BE COMPLETED BY APPLICANT (PERSON TO BE CHECKED)

5. Social Security Number	6. Date of Birth	7. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
CURRENT NAME		OTHER NAMES YOU HAVE BEEN KNOWN BY	
9. Last Name	12. Birth Name	Last	First Middle
10. First Name	13. Other married name(s) (write none if none)		
11. Middle Name (write none if none)	14. Nickname(s)/other name(s) (write non if none)		

15. Have you been convicted of, or do you have charges pending for any crime? Yes No
If yes, give the crime, the conviction date or charge status and the state where it occurred.

16. Have you ever been found to have sexually abused, physically abused, neglected, abandoned or exploited a child or adult? Yes No
If yes, give name of court, state, licensing board, disciplinary board, or dependency action, details of the finding, and the state where it occurred.

17. Have you ever had a contract and/or license to care for children or adults denied, terminated, revoked, or suspended? Yes No
If yes, give date, contract and/or license type, name of contracting and/or licensing agency, and the state where it occurred.

18. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, or abandonment? Yes No
If yes, give date, court, and the state where it occurred.

19. Drivers license or state identification number	20. Number of consecutive years lived in Washington state Years: Months:
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21. I understand that I am signing this statement under penalty of perjury. The above statements are true and complete to the best of my knowledge. I understand that any untruthful or purposefully misleading answers or any deliberate omissions will result in my immediate disqualification for service and/or employment. I hereby authorize **Eljah Family Homes** to obtain background information including but not limited to, convictions, licensing, child and protective services, and professional licensing records, from any law enforcement, any state and federal agency including other states.

22. Signature of Applicant	23 Date
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Watch Search: No information found Information available Requested By: _____ Date of Search: _____

CONSENT AND AUTHORIZATION FOR THE RELEASE OF CONFIDENTIALITY

Participant Name:	Social Security Number:	Date of Birth:
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As part of the eligibility determination process, **Elijah Family Homes (EFH)** is required to verify information supplied by you in your application and may need to consult, share information, or request professional opinions specifically related to your participation in programs that we operate.

Initials:	Name:	Phone Number, Address, City, State, and Zip:
	Employers Past and/or Present:	
	Medical Doctor:	
	Mental Health Professional:	
	Property Owner/Landlord:	
	Counselor/Social Worker:	
	Sponsor:	
	Other List:	
	Other List:	
	Other List:	

I, (print name): _____ hereby agree to this Release of Confidentiality and/or the sharing of pertinent and necessary confidential, personal and/or program related information, specifically between **EFH** and the individuals listed above. This release will end on the date of my termination from the **EFH** program for which I am enrolled in as a participant.

Participant's Signature:	Date:
Elijah Family Homes Signature:	Date:

Questionnaire for Applicants to Elijah Family Homes

Name: _____

What is your present housing situation?

Please list everywhere you have lived for the past 3 years including any periods of homelessness and emergency shelters (continue on back if you need more room, or attach another sheet of paper)

Where and with whom I lived	Date moved in	Date moved out

What is the major problem you have with your housing? What circumstances caused you to have this problem?

Describe your goals for the next 9 to 12 months:

Why would you like to be part of Elijah Family Homes (use back of page if needed)?

Substance Abuse Questionnaire

Name: _____

1. Elijah Family Homes is an alcohol and drug free housing program. What substance(s) have you abused in the past?
2. Is one substance more of a problem than the others? If so, what is your “drug of choice”?
3. When was your last use of that substance?
4. What type of recovery program/meetings are you attending? How often?
5. What are your potential triggers? What do you do to keep yourself clean and sober, especially when facing these triggers?
6. Are there any substances that you currently use that you do not consider a problem? If so, have you ever tried to stop using that substance in the past?

Relapse Prevention Questionnaire

Name: _____

1. What are my triggers?
2. What do I do when I have a craving? Who will I contact?
3. Who supports my sobriety?
4. What will I do if I should relapse?
5. What will I do with my free time?
6. Above and beyond staying clean, what are two things you want to work on?
7. How will you know when you have achieved the goals listed in #6?
8. How will you address self-care in these areas?
Diet:

Rest:

Exercise:

Medical care:

Relapse Prevention Questionnaire (cont.)

9. How will you address the spiritual component of your recovery?

10. What are you doing to get any unfinished legal matters settled?

11. What recreational activities are you interested in?

12. What steps will you take to incorporate fun/recreation into your weekly routine?

P.O. Box 3027
Richland, WA 99354
Phone: 943-6610

LETTER OF SUPPORT

Applicants Name:	Date:
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Has/have applied for Elijah Family Home's Supportive Housing Assistance Program.

This Program is intended to assist homeless families in recovery find permanent housing and regain their self-sufficiency status in the community. A family may participate in this program for a maximum of 3 years with extensions granted on a month to month basis, provided the family is motivated and working on their scheduled goals established with them and the case manager.

In order to be interviewed for the program, a family must provide at least one letter of support by a case manager, sponsor, counselor, pastor, etc. **Letter cannot be written by a friend or family member.**

The letter is requested to contain the following information:

1. A brief description of your experience with the family, including how long you have known them.
2. A description of why you believe this family is well suited (or not) for this program, including any information you have regarding the family's demonstrated motivation to decide upon and work toward self-sufficiency goals.
3. Any other relevant information regarding this family.

Reference Information:

Your name:	Position/Title:
Address:	Phone #:
City/State/Zip:	
Signature:	Date:
Relationship to Applicant:	

Letter (Maximum 2 pages) must be returned by mail to the above address or faxed to 943-6645

If you have any questions, please call 509-943-6610 or email Ryan Washburn at rwashburn@elijahfamilyhomes.org

Thank you for your time in assisting our clients in this matter. All information is kept strictly confidential.

**ELIJAH FAMILY HOMES
MONTHLY BUDGET FORECAST**

APPLICANT NAME

MONTHLY BILLS

ITEM	DESCRIPTION	AMOUNT	COMMENTS
RENT	after subsidy		
FOOD	at home		
	outside home		
NON FOOD	cigarettes		
CLEANING	household		
TOILETRIES	cosmetics		
	soap, deoderant		
TRANSPORTATION	public		
	gasoline		
UTILITIES	electric		
	water		
	garbage		
	telephone		
	cell phone		
	other		
MONTHLY	finest		
PAYMENTS	auto insurance		
	car payment		
	car maintenance		
	other		
CLOTHING	womens		
	mens		
	children		
ENTERTAINMENT			
ALLOWANCES			
MISC.			

TOTAL

INCOME

SALARY			
TIPS			
CHILD SUPPORT			
SSI			
FOOD STAMPS			
OTHER			

TOTAL

VARIANCE

IMMEDIATE NEEDS

clothing	
bedding	
towels	
toiletries	
kitchen utensils	
furniture	
miscellaneous	

Client Release of Information and Informed Consent

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or 4) under 18 with no parent or guardian available to consent to sharing the minor’s information on HMIS.

*If this applies to you, **STOP- Do not sign this form.***

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness. **RCW 43.185C.180**

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to insure that clients are not counted twice, we need to collect four pieces of personal information. Specifically, we need: **name, birth date, race/ethnicity, and last permanent address.** You may also choose to provide your social security number. However, signing this form does not require you to do so. Your information will be stored in our database for 7 years. If you have questions about collection of data or your rights regarding your personally identifying information, contact the HMIS System Administrator at: (360) 725-2982
- We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: (360) 725-2982
- The data you provide will be combined with data from the Department of Social and Health Services (DSHS) for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members, who have signed confidentiality agreements, will be able to see this information. Your information will not be used to determine eligibility for DSHS programs. Washington State HMIS system administrators have full access to all information in HMIS. This includes the Department of Commerce staff, designated HMIS system administrators, and the software vendor.
- By signing this form, you acknowledge and allow Department of Commerce staff to obtain additional records of information from other state agencies with which there is a data sharing agreement on file between Commerce and the other agency. Our data share agreement guides data transfer and storage security protocols. If data share agreements are in place, Commerce is authorized by you to obtain, add to HMIS, and use for evaluation purposes any other data you have provided to other Washington state agencies.
- Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, assistance, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to your information be supplied in HMIS in order for you to receive services from that funding source.

I understand the above statements and consent to the inclusion of personal information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by filing a ‘Client Revocation of Consent’ form with this agency.

Dependent children under 18 in household, if any (Please print first and last names):

Client Signature (Parent/Guardian)

Date

Client Name (Print clearly) Date of Birth

Agency Staff Name (Print clearly) Initials

Client refused consent _____ (Agency Staff Initials)

HMIS Client Privacy Rights



Department of Commerce
Innovation is in our nature.



Elijah Family Homes
(HMIS Partner Agency)



<p>ABOUT YOUR INFORMATION:</p> <p>USES</p> <p>RISKS</p> <p>PROTECTIONS</p>	<ul style="list-style-type: none"> • Information you provide to this agency will be entered into the HMIS computer system, unless you tell them you do not want it entered. • You will receive the same services, whether or not you allow your personal information to be entered into the HMIS. • Your personal information that is in the HMIS will not be shared with any other people or organizations unless you say it can be. • Your personal information that is in the HMIS will not be shared with any other government agencies except as required by law. • Personally identifying information, such as names, birthdays and social security numbers, will be kept in the HMIS Database for seven years. • Although careful measures are taken to protect the personal information entered in to the HMIS, it may be possible that a person could access your information and use the information to locate you, commit identity theft or learn about sensitive personal information entered into the HMIS. • Your data is protected by legal agreements signed by users of the HMIS and by electronic encryption of your personal information. • Information in the HMIS is used to improve services to clients like you. • You can contact the Department of Commerce at the number below if: <ul style="list-style-type: none"> ➤ You have questions about the information collected in the HMIS and your rights regarding that information. ➤ In the event of an injury to you related to the collection information in the HMIS 		
<p>YOUR RIGHTS & CHOICES</p>	<ul style="list-style-type: none"> • You have the right to refuse to provide personal information, or to stop this agency from entering your personal information into the HMIS computer system. • You have the right to decide what personal information can be shared about you in the HMIS, and who it can be shared with. • You have the right to change your mind about what personal information about you this agency has in the HMIS, what types of information about you they can share, and who they can share it with. You must notify this agency in writing if you change your mind. 		
<p>CONTACT INFO</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;"> <p>Department of Commerce, HMIS Data Manager Housing Assistance Unit, P.O. Box 42525 Olympia, WA 98504-2525 360-725-4000 www.commerce.wa.gov/HMIS</p> </td> <td style="width: 40%; border: none;"> <p style="text-align: center;">Elijah Family Homes 660 George Washington Way, Ste G. Richland, WA 99352 rwashburn@elijahfamilyhomes.org www.elijahfamilyhomes.org</p> </td> </tr> </table>	<p>Department of Commerce, HMIS Data Manager Housing Assistance Unit, P.O. Box 42525 Olympia, WA 98504-2525 360-725-4000 www.commerce.wa.gov/HMIS</p>	<p style="text-align: center;">Elijah Family Homes 660 George Washington Way, Ste G. Richland, WA 99352 rwashburn@elijahfamilyhomes.org www.elijahfamilyhomes.org</p>
<p>Department of Commerce, HMIS Data Manager Housing Assistance Unit, P.O. Box 42525 Olympia, WA 98504-2525 360-725-4000 www.commerce.wa.gov/HMIS</p>	<p style="text-align: center;">Elijah Family Homes 660 George Washington Way, Ste G. Richland, WA 99352 rwashburn@elijahfamilyhomes.org www.elijahfamilyhomes.org</p>		

Client Grievance Policy

All clients must follow this grievance procedure in the event of unresolved issues including the use of Elijah Family Homes' attached official grievance form. All grievances must be submitted in writing within 14 days of aggrieved incident.

The grievance procedure uses the chain of command with the Board of Directors being the last resort for resolution. Any level in the chain of the command may be skipped if the grievance is with the individual holding the position on that level, or if reporting to that level is inappropriate for any reason. If client does not think that the appropriate resolution or settlement has been affected, the grievance will be reviewed at all levels up to and including the Board of Directors, as follows:

1. Program Administrator
2. Client Services Committee
3. Executive Director
4. Board President (or vice president, if the grievance is with the president), who will bring the matter either to a committee or directly to the Board of Directors
5. Board of Directors

The Program Administrator and Executive Director shall render their decisions regarding the grievance within seven days of receiving the grievance.

The Client Services Committee shall render its decision within 14 days of receiving the grievance.

The Board of Directors shall render its decision within 30 calendar days of receiving the grievance or within seven days after a regularly scheduled board meeting, whichever is later.

Decisions made in the grievance procedure by the Board of Directors are final.

Client Grievance Review Request

The following is a statement of my grievances, which I hereby request to be reviewed.

Name: _____

The reason for my grievance is as follows

On _____ (date) I discussed this grievance with the:

(Circle one)

- Program Administrator
- Client Services Committee
- Executive Director

The program administrator's/Client Services Committee's/Executive Director's response was as follows

I believe this response was incorrect, or I did not report at this level for the following reasons

I believe the appropriate resolution of my grievance would be

Witnesses who will confirm my statements are

Filer's Signature

Date

Requirements for Applicants

Individuals who have completed the application packet and turned it into the office are considered to be members of Elijah Family Homes (EFH). The following is required of those who want to stay on the applicant housing list and to participate in the family support programs:

- Applicants will attend the monthly EFH Community meetings that are currently being held on the third Tuesday of each month.
If you are unable to attend a meeting, please contact the EFH office (943-6610) ahead of time and make an appointment to discuss alternative options with Program Administrator.
- Applicants will attend at least one 12 Step or comparable recovery meeting **each week**. Documentation of attendance will be required from each applicant. You will need to provide documentation to EFH by the third Tuesday of each month at the Community meeting. If you do not attend this meeting, you will be required to provide this at your follow up appointment as noted above.
- Applicants will submit periodic random UA as requested. Tri Cities Mobile Drug and Alcohol Testing provides this service at 2780 Salk Avenue in Richland between 9am and 4pm Monday through Friday. Call 509-371-1000 to make sure they are available to take your sample when you plan to arrive. If you are unavailable during open hours, a specified alternative time in the evening is usually available through EFH. Please consult with the Program Administrator if you would like to use this alternative time.

Elijah Family Homes Policies & Procedures - Tenant Assistance

Elijah Family Homes (EFH), a faith-based organization, fosters hope, dignity, and self-sufficiency through stable housing and supportive services for families in recovery. We serve families with low income who do not qualify for public housing because of past criminal offenses, often as a result of drug and alcohol addiction. Elijah Family Homes provides services without regard to race, religion, gender, age, national origin, sexual orientation, or disability.

Qualifications:

EFH is an alcohol, marijuana, and drug-free program. All tenants, while receiving supportive housing, remain abstinent from all substances except those prescribed by their physician. Marijuana or marijuana-like substances are not allowed, even when used for medicinal purposes. Those tenants who have a history of substance abuse are required to have been clean and sober for a minimum of one year and be actively participating in a treatment and/or a recovery program.

Other qualifications for admittance to Elijah Family Homes are as follows.

The applicant:

- Must be age 18 or older and have dependent children under the age of 18 expected to be legally living with them during their tenancy.
- Must not qualify for public housing.
- Must have income, adjusted for family size, below the HUD Home Program limits for Kennewick-Richland-Pasco, WA for the current or previous year at 50% of the median income of this area. May not have assets greater than the SSI requirements without approval from the Board of Directors for special situations.
- Must complete a criminal background check. Level 2 or 3 sex offenders do not qualify.
- Must be involved in social services with the intent of making positive changes in their lives.
- If domestic violence is in their history, must have participated in domestic violence treatment and have at least one year free of any complaints against the applicant.
- Must complete periodic, random, urine analysis or hair sample to test for drugs.

Application Process:

- Complete every step on the application checklist. Only complete applications will be considered.
- Submit a hair follicle sample upon approval by the Executive Director.
- Attend community meetings monthly while waiting for an opening with Elijah Family Homes.
- Agree to submit periodic random urine analysis or hair follicle tests as requested. I understand that a failure to comply will be considered to be a positive test result.
- Attend and document weekly recovery meetings as applicable while waiting for an opening with Elijah Family Homes.
- Participate in an interview with members of the Tenant Selection Committee.

Policies & Procedures - Tenant Assistance (cont.)

Tenant rent share:

Upon entering the program, the tenant's share of the rent will be a minimum of \$100 + utilities. Their actual share of the rent is calculated so that rent and utilities do not exceed 30% of the participant's adjusted household income.

The tenant is required to provide documentation regarding their household income at the time of their acceptance into the program and at least annually. If there are any substantial changes in income (increase of \$200 or more, or decrease of \$100 or more), they will provide documentation within 45 days of those changes. Rent may be adjusted based on the new information. At least once a year, the rent calculation is evaluated for all tenants.

Requirements for ongoing housing assistance:

- Tenants maintain healthy drug and alcohol-free lifestyles, demonstrated through periodic random urine analysis or hair samples. Any narcotic or psychotropic medication changes are immediately reported to EFH staff.
- Unless otherwise stated in these policies, EFH follows HUD policy.
- Tenants pay rent consistently on or before rent payment due date and follow through with any other agreements made with landlord.
- Tenants participate in community services that are helpful in maintaining a healthy lifestyle such as counseling, parenting classes or anger management groups.
- Tenants document annually their long and short term goals towards self-sufficiency.
- Tenants maintain their homes such that they are clean and safe for the children residing in the homes, demonstrated by random site visits and home inspections.
- Adult family members who are not disabled obtain employment or are on a track to obtain employment.
- All alterations in income and other changes of circumstance, as well as copies of current annual tax returns, are reported to appropriate staff or officers of EFH.
- Tenants notify appropriate staff or officers of EFH of any criminal activity, fines, tickets, arrests, convictions, etc. since their approval to become a tenant.
- Tenants notify appropriate staff or officers of EFH regarding changes in family makeup.
 - a. In order to add additional people to households or to house overnight guests for more than two nights, tenants **must** obtain prior approval.
 - b. All guests in the household must comply with EFH policy regarding alcohol and drug usage.
 - c. No level 2 or 3 sex offenders are allowed in the home.
 - d. Any additional adults staying in an EFH-supported home for more than seven days (consecutive or not) within any 60 day period, must complete an application packet and meet the qualifications for acceptance.
 - e. Children in EFH properties must sign rental agreements upon turning 18.
 - f. The number of residents in a home may not exceed the number allowable by city ordinances.

Policies & Procedures - Tenant Assistance (cont.)

- Tenants regularly document how they are taking steps to handle their financial responsibilities using available resources.
- Tenants attend regular EFH meetings, along with providing emotional support to other participants of EFH.
- Tenants treat all EFH members with respect, courtesy and dignity.
- Tenants with a history of drug or alcohol abuse attend and document at least one 12-Step or comparable “recovery” meeting per week.

Housing assistance may be provided for up to three years to participants who actively pursue their goals. At the end of three years, a participant who is not ready to establish suitable housing without ongoing support may petition the Board of Directors for a time-limited extension.

Non Compliance:

Families not complying with program responsibilities will be notified of noncompliance and may be immediately terminated from the program. If a family responds favorably, meets with the compliance committee, and the Client Services Committee approves, the participant may be permitted to continue with the program.

If terminated from this program for any reason, tenant cannot be reinstated or re-apply for a minimum of twelve calendar months following the date of termination. Potential for re-instatement is not guaranteed or implied.