**Charlotte Family Housing Intake Checklist**

What is attached to the referral?

* Completed Referral Form
* Copies of IDs for all adults (age 18 and older)
* Social security cards for **each** household member
* Birth certificates for **each** household member
* Proof of employment (most recent thirty days of pay stubs, new hire letter)
* Proof of any other income (last thirty days of pay stubs, child support documentation, SSI/TANF benefits)
* Proof of savings *(if applicable)*
* *Proof of homeless status (Shelter residency letter, eviction notice, Third party letter, Hotel receipt)*
* Proof of full-time student status *(if applicable)*

Eligibility Criteria for Program:

* Applicant must be a family unit (at least one adult age 18 or older with at least one dependent).
* Applicant must be considered homeless by HUD definition
* All adults age 18 and older must be employed, working 30 hours or more per week.
* Total household income must be less than 80% of AMI (verified by last 30 days of pay stubs).
* Applicant must be Mecklenburg County resident for at least 30 days.
* Applicant must be free from active substance use for at least three months.
* Applicant will be given a criminal background check at time of assessment. Applicants with convicted sex offenses, felonies within the last three years and/or with pending charges are not eligible. Older than 3 year felonies will be reviewed on a case-by-case basis and may result in ineligibility for the program due the nature or extensiveness of the history
* Applicant demonstrates motivation to make changes in his/her life and is open to partnering closely with a social worker to do so.

Intake Support Specialist

Phone Number: 980.288.0498 Fax Number: 704.973.0011 Email: [intake@charlottefamilyhousing.org](mailto:intake@charlottefamilyhousing.org)

**Referral Form**

**Source of Referral: (Circle One) DSS/Self/A Child’s Place/ Salvation Army/ Coordinated Assessment/ CMS schools/DV Shelter/ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Adult Applicant Information (Anyone over the age of 18 at time of referral):**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  **(Last Name, First Name)** | **Relationship to Head of Household** | **Gender** | **Race** | **Ethnicity**  **Hispanic/Non-Hispanic** | **D/O/B** | **Social Security Number** | **Veteran?**  **Y/N** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

**Children Information (Anyone in household under the age of 18 at time of referral):**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name**  **Last Name, First Name** | **Relation to Head of House hold** | **Gender** | **Race** | **Ethnicity Hispanic/**  **Non-Hispanic** | **D/O/B** | **Social Security Number** | **Schoolor Daycare Information** | **Grade** |
|  |  |  |  |  |  |  |  |  |
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**Applicant Contact Information:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Phone Number (s)** |  | | | **Email Address** | |  |
| **May We Leave A Message?** | **Yes/No** | | |  | | |
| **Emergency Contact Name** |  | **Relationship to you** | | |  | |
| **Email Address:** | | |  | |
| **Phone Number** |  |
| **May CFH contact this person in case of an emergency?** | **Yes/ No** | | **Have you ever been in CFH before?** | | **Yes/No** | |

**Applicant Homelessness Status (At time of referral):**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **What is the primary reason you are homeless? Examples: Eviction, loss of income, fleeing domestic violence, family breakup** | | |  | | | |
| **How long have you lived at your current location?** | | | |  | | |
| **How long can you stay at your current location?** | | | | |  | |
| **What is the total number of months you have been homeless?** | | | | |  | |
| **What are your barriers to finding housing on your own?** | | | | |  | |
| **In the past three years, how many times have you been housed and then homeless again?** | | | | | | |
| **List the address of the last place you lived in Mecklenburg Co (include current address)** | **Street Address:**  **City/County:**  **Zip Code** | | | | | |
| **Are you on the Charlotte Housing Authority waitlist?** | **Yes or No?** | **Have you ever had a Section-8 voucher? Yes or No?** | | | | **Have you ever been evicted from a housing authority? Yes or No? When?** |
| **Have you ever lived in a housing authority property or had a voucher?** | **Yes or No?** | **When, Where Did you Live There? Why Did you leave?** | | | | **Was the lease in your name?** |

**Adult Employment Information (Anyone in the household over the age 18 and working)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Adult(s) in Household Name (s)** | **Employer Name** | **Position** | **Start Date** | **Current Work Schedule** | **Rate of Pay** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Please list your employment history for the past five (5) years for each adult in the household:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Legal Information: (We will run a criminal background upon the housing interview phase)**

|  |  |  |
| --- | --- | --- |
| **Do you or anyone in your household have any current, pending and/or past arrests or charges?** | | |
| **Who and what were the charges?** |  | **Dates** |
| **Explain why you were charged?** | | |

**Goals and Motivation for Change**

**What are your goals for your family?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What do you hope to accomplish with Charlotte Family Housing?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Financial (Please complete the boxes below)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Monthly Income** | **Start Date** | **Debts** | **Amount Owed:** |
| **Job:** |  | **Eviction:** |  |
| **SSI/Disability:** |  | **Duke:** |  |
| **Child Support:** |  | **PNG:** |  |
| **Alimony:** |  | **Water Co:** |  |
| **Unemployment:** |  | **Credit Cards:** |  |
| **TANF:** |  | **Student Loans** |  |
| **Other:** |  | **Title/Payday:** |  |

**Benefits:**

|  |  |  |
| --- | --- | --- |
| **Benefits** | **Start Date** | **Who Receives It?** |
| **WIC** |  |  |
| **Food Stamps** |  |  |
| **CCRI** |  |  |
| **Medicaid/Medicare** |  |  |
| **Private or other insurance** |  |  |
| **Other:** |  |  |

**Monthly Budget (Applicants must show a workable budget including rent/utilities)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Monthly Income** | **Gross** | **Net** | **Monthly Expenses** | **Pay Now** | **Projected** |
| **Paycheck 1:** |  |  | **Rent/Mortgage/Hotel** |  |  |
| **Paycheck 2:** |  |  | **Electric** |  |  |
| **Paycheck 3:** |  |  | **Gas (Piedmont)** |  |  |
| **Paycheck 4:** |  |  | **Water Co.** |  |  |
| **Paycheck 1:** |  |  | **Food Stamps\_\_\_\_\_\_\_** |  |  |
| **Paycheck 2:** |  |  | **Child Care Expenses** |  |  |
| **Paycheck 3:** |  |  | **Child Support PAID** |  |  |
| **Paycheck 4:** |  |  | **Car Payment** |  |  |
| **Alimony** |  | | **Car Insurance** |  |  |
| **TANF (Work first)** |  | | **Transportation (Gasoline/Bus Fare)** |  |  |
| **Unemployment** |  | | **Medical** |  |  |
| **SSI/SSDI** |  | | **Clothing** |  |  |
| **Child Support** |  | | **Furniture** |  |  |
| **Savings** |  | | **Storage** |  |  |
| **Other Income** |  | | **Credit Cards/Loans** |  |  |
| **Total Income** |  | | **Cable TV** |  |  |
|  |  | | **Laundry** |  |  |
|  |  | | **Hair/Nails/Barbershop** |  |  |
|  |  | | **Miscellaneous (Personal hygiene, diapers, tobacco, cleaning supplies)** |  |  |
|  |  | | **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  |  | | **Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |
|  |  | | **Total Expenses** |  |  |

***A workable budget is described as expenses are less than income received including 30 % gross income for rent/utilities***

**Client Consent**

I have had sufficient time to consider the above information and have asked any necessary questions.

I understand the supportive services that will be offered to me and my family

I understand my rights, the limits to confidentiality and the nature of risks and benefits of my partnership with Charlotte Family Housing.

I understand that my participation in Charlotte Family Housing is voluntary and that I may end my participation in the program at any time.

I also understand that if I am not holding up my end of the partnership, Charlotte Family Housing may end my participation in the program.

I understand and agree to be contacted by a CFH staff member for at least 2 years after I leave for the purposes of outcome measurement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (Adult 1) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name (Adult 2) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Social Worker: I have reviewed the above information with the client. To the best of my knowledge the client understands this information and is able to provide informed consent to program services.

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Printed Name (Social Worker) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

***Initial that I have received a copy of this informed consent form for my records***