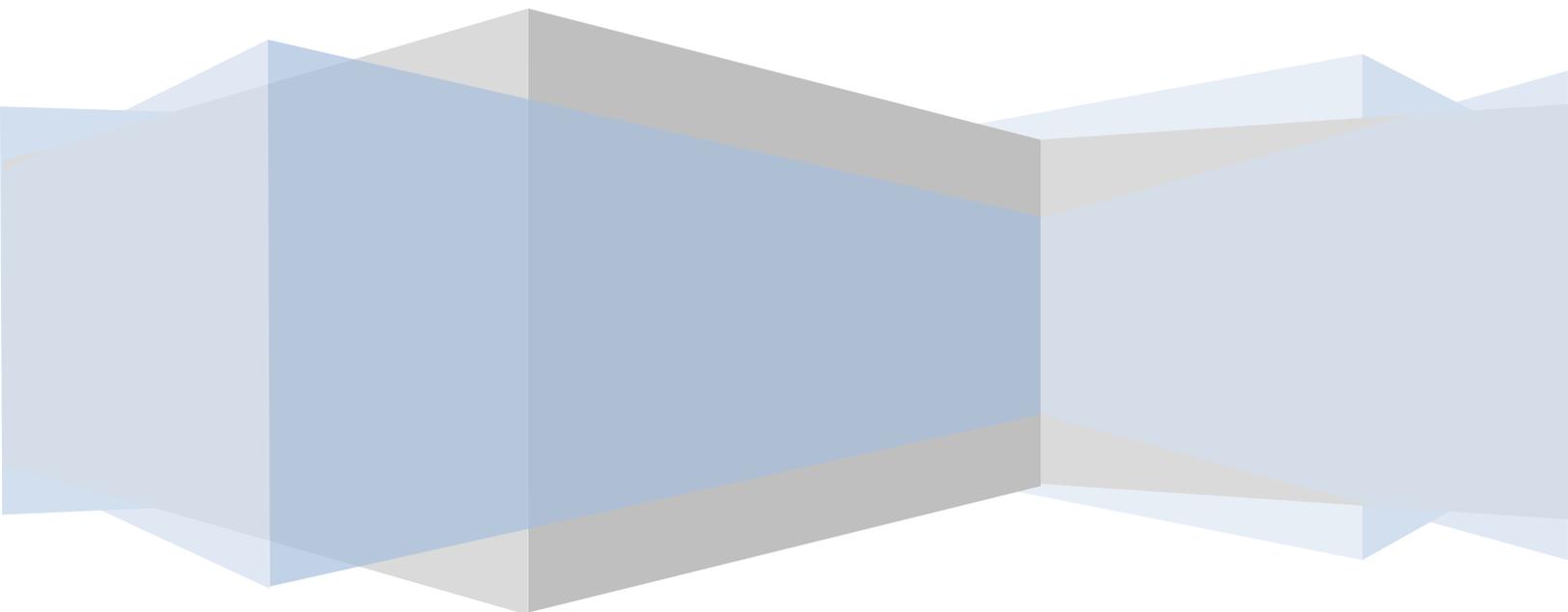


**State of Montana  
Addictive and Mental Disorders Division (AMDD)**

# **Shelter Plus Care Program Manual**

**Projects for Assistance in Transition From  
Homelessness Program (PATH)**

**2015**



## Introduction and History

***Every night more than 610,000 people experience homelessness, including almost 140,000 children. Of those who experience homelessness, approximately 257,300 (42%) have a severe mental illness or a chronic substance use disorder.*** (<http://www.samhsa.gov/homelessness-housing>)

The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 authorized a Federal grant program to deal with the needs of people who are homeless and have serious mental illnesses. The program -- known as Projects for Assistance in Transition from Homelessness (PATH) -- funds community-based outreach, mental health, substance abuse, case management and other support services, as well as a limited set of housing services.

In FY 2013, the PATH program distributed over \$58 million through formula grants to each State, the District of Columbia, Puerto Rico, and the U.S. Territories to provide services to people with serious mental illnesses -- including those with co-occurring substance use disorders -- who are homeless or at risk of becoming homeless. The formula is based on the urban population in the jurisdiction compared to the total U.S. urban population, with minimum grants of \$300,000 per year to each State. Latest available data indicate that in FY 2005, States engaged 499 local organizations in the provision of services. These organizations reported more than 82,000 enrollments for PATH supported services.

The PATH program is administered by the Center for Mental Health Services, a component of the Substance Abuse and Mental Health Services Administration (SAMHSA), one of eight Public Health Service agencies within the U.S. Department of Health and Human Services.

***PATH providers serve people with mental illnesses who are homeless.***

PATH-supported agencies across the nation reported they delivered services to more than 192,000 people in 2013. Demographic data reveal the following for the clients for whom information was obtained:

- ✓ **More** than half the clients served (60 percent) were male.
- ✓ **More** than half the clients (55 percent) were Caucasian. Over a third (37 percent) was African American; 11 percent were of Hispanic origin; the rest represented Asian, Native American and other racial groups.
- ✓ **Over** 40% of those served were between the ages of 31-50 Years.
- ✓ **PATH** clients have some of the most disabling mental disorders. Among clients for whom a diagnosis was reported, 50% were diagnosed with an Affective Disorder and 54% had a Co-Occurring Substance Use Disorder. (2012-2013 Path Program Data)

### **PATH projects involve a broad range of service providers**

The PATH program involves a wide network of State and local agencies that contribute comprehensive community-based services for people who are homeless and have serious mental illnesses. PATH providers have succeeded in putting experience and expertise to work to meet the needs of homeless people who have mental illnesses by engaging the services of community

mental health centers and other mental health providers, community-based social service agencies, health care providers, and substance abuse service providers.

**PATH providers offer a spectrum of critical services**

Local PATH-supported organizations provide a wide range of services to people who are homeless.

Among the services eligible for funding under PATH are:

- Outreach Services,
- Screening and Diagnostic services,
- Habilitation and Rehabilitation services,
- Community Mental Health services,
- Alcohol or Drug Treatment services (for people with mental illnesses and co-occurring substance use disorders),
- Case Management services,
- Supervisory services in residential settings and
- A set of housing services and services to help clients access housing resources.

In addition, virtually all States use PATH funds to provide outreach services to contact and engage people who have not sought services.

FY 2013 national data reveal the following:

- ✓ Over 192,000 persons were outreach by PATH Providers
- ✓ Over 99,880 persons were eligible and received services
- ✓ Case management services were provided to 70% of persons enrolled in PATH Programs.
- ✓ States also use PATH funds to train local provider staff on effective strategies to assist persons who are homeless and have mental illnesses.
- ✓ In many States, PATH funds are the only dollars available for outreach services within the mental health system.

**PATH program funds stimulate state and local contributions**

The FY 2013 Federal PATH allocation was \$58,446,000. These funds are worth more than their face value because they must be matched by State and local resources. For every \$3 in Federal funds, State or local agencies must put forward \$1 in cash or in-kind services. At a minimum, a \$26 million Federal allocation would result in a \$8.6 million match. However, in FY 2013, States matched over \$37.5 million in State and local funds against the \$58.4 million Federal allocation. In some States, PATH funds and the State and local match are the only commitment of resources targeted to homeless people with serious mental illnesses.

### **McKinney-Vento Homeless Assistance Act – History**

At the beginning of the Reagan Presidency, most programs to address problems associated with homelessness were created, funded and administered at the grass-roots level. In the view of the administration, states and local jurisdictions were best equipped to handle their own homeless problems, and not the federal government. A first federal task force on homelessness was created in 1983 to provide information to local governments and interested parties on how to obtain surplus federal property, under Title V.

In 1995, the Department of Housing and Urban Development (HUD) implemented the Continuum of Care (CoC) approach to streamline the existing competitive funding and grant-making process under the McKinney-Vento Homeless Assistance Act and to encourage communities to coordinate more fully the planning and provision of housing and services for homeless people. A CoC is a local or regional system designed to address the critical problem of homelessness through a coordinated community-based process of identifying needs and building a system to address those needs, from homeless prevention to emergency shelter to permanent housing.

### ***The Present and the Future*** **McKinney-Vento Act Reauthorized as the HEARTH ACT**

Though amended several times since its passage, the McKinney Act has stood the test of time, and provides the best first step to address the needs of a population that is, by and large, unknown and underrepresented.

A major reform of HUD's homeless programs took place with the passage of the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act. The HEARTH Act, first introduced in the House of Representatives in 2007, was incorporated by amendment into the Helping Families Save Their Homes Act, approved by Congress on May 19, 2009. The importance of the Act's homelessness provisions are: This legislation significantly increased aid to homeless Americans, appropriating \$2.2 billion dollars to help solve the crisis of homelessness, and addresses the enormous costs homelessness can impose on individuals, families, neighborhoods, and communities. In addition, the legislation consolidates homelessness programs to improve effectiveness and streamline administration, targets assistance to families with children — the fastest growing segment of the homeless population, and prioritizes a new program component, Rapid Rehousing.

The HEARTH Act consolidated the three separate McKinney-Vento homeless assistance programs, including the Supportive Housing Program, Shelter Plus Care (S+C) Program, and Section 8 Moderate Rehabilitation SRO Program into a single grant program known as the Continuum of Care (CoC) Program. The former S+C Program provides rental assistance in connection with matching supportive services. The S+C Program provides a variety of permanent housing choices, accompanied by a range of supportive services funded through other sources.

The S+C Program provides rental assistance for hard-to-serve homeless persons with disabilities in connection with supportive services funded from sources outside the program. S+C is a program designed to provide housing and supportive services on a long-term basis for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, and acquired immunodeficiency syndrome (AIDS) or related diseases) and their families who are living in places not intended for human habitation (e.g., streets) or in emergency shelters. The program allows for a variety of housing choices, and a range of supportive services funded by other sources, in response to the needs of the hard-to-reach homeless population with disabilities.

Appropriate services include:

- Outreach
- Health care
- Mental health treatment
- Alcohol and other substance abuse services
- Childcare services
- Case management
- Counseling
- Education and/or job training
- Other services essential for achieving and maintaining independent living, such as courses on household budgeting

In a separate provision, the Act allows the use of Continuum of Care funds for building new transitional or permanent housing; acquiring, leasing, or rehabilitating a structure to provide transitional or permanent housing (other than emergency shelter); and to provide supportive services similar to those allowed under the ESG.

## **SHELTER PLUS CARE (S+C) APPLICATION PROCESS**

The Addictive and Mental Disorders Division (AMDD) and the Department of Commerce, Housing Division have partnered to make the S+C application process more efficient and less fragmented for those cases receiving a combination of PATH and S+C services.

Shelter Plus Care ENTRY Application and other required forms are located at:

<http://housing.mt.gov/Renters/People/Paying/ShelterPlus/ShelterPlusDocs>

### **MDOC Housing Division S+C Application Guidelines:**

All S+C participants must be chronically homeless and must have a serious debilitating mental illness or be living with HIV.

Individual and Family S+C Voucher Program opportunities exist:

- Individual – The S+C Grant for individual participants is designated for adults who do not have accompanying family members (spouse or children). The individual plans to be living alone.
- Family – The S+C Grant for family participants is designed for an eligible Head of Household with other family members and plans to be living together. The Head of Household must meet all of the eligibility requirements for S+C and be willing to receive required supportive services. All other family members must meet requirements of homeless only; requirement for disabling condition is not required to be met.

Definition: A chronically homeless person is an unaccompanied individual with a disabling condition (serious mental illness and/or HIV/AIDS) who has either been continuously homeless for a year or more OR has had a least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter. (See Application Also)

### **Requirements and Restrictions**

Sexual Offenders: The Department of Commerce, Housing Division Cannot Assist Anyone Who is on the Violent or Sexual Offender List. (Reference 24 CFR 982.553) (Reference 24 CFR 982.553)

Violent Offenders: The Department of Commerce has the authority to determine eligibility for those deemed Violent Offenders. Contact the S+C Program Manager for questions concerning a specific person whom you believe may qualify prior to submitting application. It is important to remember ethical standards when considering placement of a Violent Offender for the landlord and also other tenants. Extra supports may be necessary to accommodate all involved.

Recent alcohol and drug charges can be grounds for denial and termination of S+C voucher and benefits. (Reference 24 CFR 982.553)

Section 8 Housing Application: The S+C Program is designed to provide intensive support services for eligible clients. As the client recovers, intensive supports can be reduced and more independent housing options offered, such as the Section 8 Housing Choice Voucher Program. A participant must remain in Good Standing on the S+C Program for 18 consecutive months to be eligible for the Section 8 Voucher Program.

Note: At time of application for S+C Housing also apply to the Section 8 Voucher Program Waitlist.

**Match Report Requirements for Service Delivery:** It is the responsibility of the PATH Program to track service delivery for individuals that are receiving services from PATH and also for individual that have been closed from the PATH Program to Community Mental Health Center Services. This includes completion of Quarterly Supportive Services Form (Match Report); End of Participation Form; and assistance with annual Inspections. Data elements such as Name, Date Enrolled, Date Housed, Date Secured Voucher, and any changes in Housing Status.

### ***PATH MDOC S+C ENTRY APPLICATION FORM - Appendix 1***

**PATH Department of Commerce Shelter + Care Application**

When completing a Shelter + Care Housing Assistance application reference the following chart for eligibility requirements:

<b>Individual and Household Qualifiers</b>	Eligible for <b><u>Individual</u></b> (Single) Housing.	Eligible for <b><u>Family</u></b> Housing.
Chronically Homeless: Continually homeless (streets or shelter) for a year or more or has had at least four episodes of homelessness (streets or shelter) in the past 3 years AND has a disabling condition.	Yes	Yes
Living in places not meant for human habitations, cars, parks, sidewalks, abandoned buildings, on the street	Yes (as long as s/he meets full definition of chronically homeless)	Yes (must also be disabled)
Living in an emergency shelter including shelters for victims of domestic violence	Yes (as long as s/he meets full definition of chronically homeless)	Yes (must also be disabled)
Living in transitional or supportive housing for homeless persons who are documented as originally coming from the streets or shelter	No	Yes (must also be disabled)
In any of the places mentioned above but is spending less than 30 days in a hospital or other institution and documented as coming from the streets or a shelter to enter permanent housing.	No	Yes (must also be disabled)
Is being evicted within a week from a private dwelling and no subsequent residence has been identified <b>and</b> the person(s) lack resources and support networks needed to obtain housing.	No	No
Is being discharged within a week from an institution where s/he has been a resident for more than 30 days and no residence has been identified <b>and</b> the person(s) lack resources and support networks needed to obtain housing.	No	No
Is fleeing a domestic violence situation and the person(s) lack resources and support networks needed to obtain housing.	No	No
Individual/Unaccompanied Adult	Yes	Yes
Family/Accompanied Adult	No	Yes

**PATH Department of Commerce Shelter + Care Entry Application Definitions and Instructions**

Project Entry Date: (Equal to Application Date)

Personal Information: (Name through Gender)

Provide as complete information as is available at time of outreach. This information can be updated as more information becomes available.

Social Security Number and Social Security Data Quality: *Rational:* Used to support income data.

Relationship to Head (Applicant): Head of Household is equal to applicant.

Race: *Rationale:* Race is used to count the number of homeless persons who identify themselves within five different racial categories. *Definitions and Instructions:* In separate data fields, collect the self-identified race of each client served. Allow clients to identify multiple racial categories. Staff observations should not be used to collect information on race.

Definitions of each of the race categories are as follows:

1. American Indian or Alaska Native is a person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.
2. Asian is a person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
3. Black or African American is a person having origins in any of the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American."
4. Native Hawaiian or Other Pacific Islander is a person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
5. White is a person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Ethnicity: *Rationale:* Ethnicity is used to count the number of homeless persons who identify themselves as Hispanic or Latino. *Definitions and Instructions:* Collect the self-identified Hispanic or Latino ethnicity of each client served. Staff observations should not be used to determine ethnicity. The definition of Hispanic or Latino ethnicity is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture of origin, regardless of race.

Gender: Self Explanatory

Housing Status and Length of Time on Street: Mark the status of the Applicant at the time of Outreach/First Contact.

*Rationale:* To identify the type of residence and length of stay at that residence just prior to (i.e., the night before) program admission. *Definitions and Instructions:* Record the type of living arrangement of the client the night before their entry into the PATH program. This is a critical portion of the Application to determine eligibility for the S+C Program.

*Residence Prior to Project Entry:* Mark the status of the Applicant Prior to Outreach/First Contact.

*Veteran Status and Disabling Condition:* Complete information for the Applicant at the time of Outreach/First Contact.

*Residence Prior to Project Entry:* Complete information for the Applicant at the time of Outreach/First Contact.

*Length of Stay In Previous Place:* Complete information for the Residence Prior to Project Entry.

*Income and Sources:* Complete information for the Applicant at time of Shelter Plus Care Application.

*Non-Cash Benefits:* Complete information for the Applicant at time of Shelter Plus Care Application.

*Health Insurance:* Complete information for the Applicant at the time of Shelter Plus Care Application.

### Health Conditions

*Physical Disability: Rationale:* To count the number of physically disabled persons served, determine eligibility for disability benefits, and assess the need for services. *Definition and Instructions:* In separate fields, determine (a) if the client has a physical disability, and (b) if the client is currently receiving services or treatment for this disability or received services or treatment prior to exiting the program. For the purposes of this Notice, a physical disability means a physical impairment which is (a) expected to be of long, continued and indefinite duration, (b) substantially impedes an individual's ability to live independently, and (c) of such a nature that such ability could be improved by more suitable housing conditions.

*Developmental Disability: Rationale:* To count the number of developmentally disabled persons served, determine eligibility for disability benefits, and assess their need for services. *Definition and Instructions:* In separate fields, determine (a) if the client has a developmental disability, and (b) if the client is currently receiving services or treatment for this disability or received services or treatment prior to exiting the program. For the purposes of this Notice, a developmental disability means a severe, chronic disability that is attributed to a mental or physical impairment (or combination of physical and mental impairments) that occurs before 22 years of age and limits the capacity for independent living and economic self-sufficiency.

*Chronic Health Condition:* *Rationale:* To count the numbers of persons served with severe health conditions and assess their needs for healthcare and other medical services; this information is needed to complete APRs for HUD-funded homeless assistance programs (excluding HPRP). *Definition and Instructions:* In separate fields, determine (a) if the client has a chronic health condition, and (b) if the client is currently receiving services or treatment for this condition or received services or treatment prior to exiting the program. For the purposes of this Notice, a chronic health condition means a diagnosed condition that is more than three months in duration and is either not curable or has residual effects that limit daily living and require adaptation in function or special assistance. Examples of chronic health conditions include, but are not limited to, heart disease (including coronary heart disease, angina, heart attack and any other kind of heart condition or disease); severe asthma; diabetes; arthritis-related conditions (including arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia); adult onset cognitive impairments (including traumatic brain injury, post-traumatic distress syndrome, dementia, and other cognitive related conditions); severe headache/migraine; cancer; chronic bronchitis; liver condition; stroke; or emphysema.

*HIV/AIDS:* *Rationale:* To count the number persons served who have been diagnosed with AIDS or have tested positive for HIV and assess their need for services. *Definition and Instructions:* In separate fields, determine if the client (a) has been diagnosed with AIDS or has tested positive for HIV, and (b) if the client is currently receiving services or treatment for this diagnosis or received services or treatment prior to exiting the program.

*Mental Health:* *Rationale:* To count the number of persons with mental health problems served and to assess the need for treatment. *Definition and Instructions:* In separate data fields, determine: (a) if the client has a mental health problem, (b) if the problem is expected to be of long-continued and indefinite duration *and* substantially impedes a client's ability to live independently, and (c) if the client is currently receiving services or treatment for the condition or received services or treatment prior to exiting the program. A mental health problem may include serious depression, serious anxiety, hallucinations, violent behavior or thoughts of suicide.

*Substance Abuse:* *Rationale:* To count the number of persons served with substance abuse problems and to assess the need for treatment. *Definition and Instructions:* In separate data fields, determine (a) if the client has an alcohol or drug abuse problem or both, (b) if the problem is expected to be of long continued and indefinite duration *and* substantially impedes a client's ability to live independently, and (c) if the client is currently receiving services or treatment for the condition or received services or treatment prior to exiting the program.

*Domestic Violence:* *Rationale:* Ascertaining whether a person is a victim of domestic violence is necessary to provide the person with the appropriate services to prevent further abuse and to treat the physical and psychological injuries from prior abuse. Also, ascertaining that a person may be experiencing domestic violence may be important for the safety of program staff and other clients. At the aggregate level, knowing the size of the homeless population that has experienced domestic violence is critical for determining the resources needed to address the problem in this population. *Definition and Instructions:* In separate fields, determine (a) if the person has ever

been a victim of domestic violence, and (b), if so, how long ago did the person have the most recent experience.

**Required Documentation for a Shelter Plus Care Application**

**Verification of Homelessness**

This documentation can be a letter from a shelter, church, police department, therapist or agency who knows they have no residence. We cannot accept letters from friends or family members (an Agency, such as the mental health center, can use that information to write the verification). **PATH case managers may document proof of homelessness** if there is no other supporting document/verification.

**VERIFICATION OF HOMELESSNESS – Appendix 2**

**Verification of Disability**

This form must be completed by a physician, or a licensed mental health professional, and it must indicate they have a serious mental illness and/or HIV/AIDS.

**VERIFICATION OF DISABILITY FORM – Appendix 3**

For PATH cases not eligible for S+C Program services reference PATH Program Guidelines Document. It will be very important to review eligibility guidelines for both programs and ensure that eligibility requirements are met for each program independently.

A **Signed Voucher**, by the Applicant, must be included in the Application Packet. Line 5, Line 6, and the Date Signed Box must be completed. A copy of the Signed Voucher, with begin and end dates, will be returned with a cover letter providing voucher approval information.

**VOUCHER – Appendix 4**

## **Release(s) For Information and Income Reporting**

Releases must be included in application packet and updated annually.

### ***RELEASE FORM HUD 9886 – Appendix 5***

### ***AUTHORIZATION FOR THE RELEASE OF INFORMATION – Appendix 6***

## **Income and Family Reporting Forms**

MDOC Income Family Certification (IFC) Form: The IFC Form has two parts:

- A. Part A is required and must be completed by all applicants. This form provides a summary of all family members and should list all income, earned and unearned. Documentation of all income will be needed to accurately determine eligibility. MDOC will assist with obtaining verification from the Office of Public Assistance (OPA) and/or employers. Applicant must provide a copy of their most recent award letter from Social Security when receiving Supplemental Security Insurance (SSI) or other benefits.
- B. Part B needs to be completed only when the application has no earned income to report. This form provides information on informal support(s) and assists with identifying other sources of support (example: food stamps, odd jobs, etc.)

**Note – Families ONLY:** If there is more than one adult in the household and both have zero income, they can both sign PART B. If one adult has income and the other has zero income, the adult with zero income must sign the Certification of Zero Income Form.

Participant/Tenant Family Obligations are explained in more detail below titled:  
Participant/Tenant Family Obligations - 24 CFR 982.551

### ***INCOME & FAMILY CERTIFICATION PART A – Appendix 7***

### ***INCOME & FAMILY CERTIFICATION PART B: CERTIFICATION OF ZERO INCOME Appendix 8***

### ***CERTIFICATION OF ZERO INCOME – Appendix 9***

## **Applicant Screening Questionnaire**

This form provides information on past public housing assistance received, eviction from public housing history, and criminal activity for the applicant and all other household members. It must be completed for all members of the household.

Social Security numbers and dates of birth must be provided for the applicant and all household members. If the applicant knows his/her social security number we can begin the application process without a copy of the card. If an applicant is uncertain of their social security number, the local Social Security Office can do a search. If the applicant does not have a copy of the card a new/duplicate/lost card can be applied for at the Social Security office. When applying for a new card, request the Social Security form that confirms the applicant applied for a new card; this information will allow the application process to proceed. As soon as the new card arrives, please forward a copy to MDOC.

**Note:** A SSA document with the applicant's name and SSA number will also satisfy this requirement.

### **APPLICANT SCREENING QUESTIONNAIRE – Appendix 10**

#### **Declaration of Citizenship**

Declaration of Citizenship - Section 214 Status Form: This is a required form for all household members to determine status as a citizen or a national of the United States, or a noncitizen with eligible immigration status. Applicant must sign for self and all minor children. Other adults 18 years of age and older must sign for self.

### ***DECLARATION OF SECTION 214 STATUS (Citizenship) – Appendix 11***

**Debts Owed and Terminations Form.** Information is maintained in a national repository of debts owed to public housing agencies or Section 8 landlords of former participants who voluntarily or involuntarily terminate participation in a HUD program. This form must be signed by each household member 18 years of age and older.

### ***DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS, FORM HUD-52675 – Appendix 12***

**Supplement to Application.** This form must be signed by the applicant. It grants MDOC permission to contact PATH Case Managers to help resolve any issues that may arise during tenancy or to assist in providing any special care or services required. Check all reasons for contact that apply.

### ***SUPPLEMENT TO APPLICATION, FORM HUD 92006 - Appendix 13***

**Shelter Plus Care Application Check List:** All forms on the Check List must be completed/signed prior to submitting the S+C Application packet to Department of Commerce. This ensures the Application can be processed in an efficient and timely manner. Include the Check List in the Application Packet.

***S+C APPLICATION CHECK LIST – Appendix - 14***

Mail or Fax all Application materials to:

S+C Contract Manager  
FAX: 406-841-2810  
MDOC Housing Division  
PO Box 200545  
Helena, MT 59620-0545  
(406) 841-2830

### **Final Steps of the Application Process**

Applicants who meet definition and other requirements of the S+C Program and have completed all parts of the Application (Appendices 1 –14) will be notified of Application Status (approval or denial) within 10 to 15 working days.

Incomplete applications cannot be processed until all required paperwork is received. If all paperwork is not provided within 60 days, the application will be determined “Invalid” and the applicant will be required to start the application process again.

Turnaround time from Application to issuance of a Voucher can be very short if required paperwork is provided and vouchers are available. Eligible applicants will be issued a Voucher guaranteed for 60 days. The 60 day period provides time to locate a place of residence. It is especially important for PATH Programs to schedule available time and be prepared to assist the client during this process.

If vouchers are not available, i.e. all available vouchers have been provided to individuals eligible for the program, the applicant will be placed on a wait list until available vouchers/funds are available.

If you have not received notification approval or denial of a Voucher within 10 to 15 working days, call the Department of Commerce S+C Program Manager. **Phone: (406) 841-2830.** The Department of Commerce may approve an extension based on circumstances of the case (see RTA process below).

### **Shelter Plus Care (S+C) Lease Up Process**

#### **Request for Tenancy Approval**

Once the Application has been approved, the completed voucher, cover letter and landlord paperwork will be forwarded to the PATH case manager. Landlord paperwork includes a Request for Tenancy Approval Form (RTA) and other information to approve a ‘proposed landlord.’ The new participant must find a suitable unit and submit the RTA, for that unit, prior to the Voucher Expiration date (Line 3 on the Voucher). When a proposed unit is located, the owner/property manager/landlord must complete the RTA. The RTA needs to be signed on the back by the owner/property manager/landlord and applicant. The RTA must be faxed or mailed to MDOC for approval by the contract manager. The RTA must be signed and received prior to the voucher expiring.

If an RTA is not completed and submitted to MDOC within the first 60 days of Voucher issuance, a written request for an additional Voucher extension must be submitted to MDOC Housing Division by the Participant and Case Manager. Voucher Extensions will not be granted for more than 120 days. **PATH case managers may initiate the RTA process.**

**Note:** It is important to keep track of all efforts to locate affordable housing; MDOC may request documentation. Applicants that allow their voucher to expire will need to reapply.

**Note:** It is necessary to have a copy of the Voucher when searching for suitable housing; the voucher will confirm the applicant's eligibility for housing assistance.

**Note:** A new RTA will need to be completed and approved for each new unit.

### ***REQUEST FOR TENANCY (RTA) FORM - Appendix 15***

**FAX RTA to:** S+C Contract Manager  
FAX: 406-841-2810  
MDOC Housing Division  
PO Box 200545  
Helena, MT 59620-0545  
(406) 841-2830

**All confidential information needs to be sent via the State File Transfer Service:**

<https://app.mt.gov/epass/Authn/selectIDP.html> or send by FAX.

#### **Request for Tenancy Next Steps**

The Department of Commerce will determine if the unit meets qualifications once an RTA is received. An inspection of the unit will be scheduled usually within 15 days of receiving the RTA for the unit. The inspector will contact the participant/tenant and the PATH case manager. An inspection will **not** be completed unless the tenant or the PATH case manager is available during the inspection. The inspector will contact MDOC with inspection results, and an email will be sent to the PATH Program with approval of the unit if it meets inspection. If the unit fails the inspection the landlord will have 30 days to make any repairs noted in the inspection. Depending on the inspection results, an additional inspection may have to be completed.

**A participant MAY NOT move in prior to the unit being approved by Montana Department of Commerce, Housing Division.**

After the unit passes inspection, and an effective date of the lease has been established, the applicant may move into the unit. The applicant is now a Participant of the Shelter Plus Care Program and will be required to sign a **one-year lease**. Payments to the landlord will begin by MDOC when a lease is signed by the landlord and participant/tenant. It is the responsibility of the landlord to notify the participant/tenant that the lease is ready for signature.

## **Model Lease**

Montana Department of Commerce can provide a Model Lease if the landlord does not have an agency lease.

### ***MODEL LEASE - Appendix 16***

PATH case managers are requested to assist participants through the housing search, to attend all inspections with the participant, and assist in lease up process to help expedite all processes.

MDOC makes payments to landlords on the first of each month following the receipt of all completed and approved paperwork. If a new lease is not completed by the first payment run of the month a second payment run is made on the 15<sup>th</sup> of the month.

### **Calculating Affordable Housing:**

For PATH case managers to be able to facilitate an effective and efficient housing search for participants it is helpful to understand how MDOC determines Fair Market Rent for each applicant.

Fair Market Rents and other variables noted below vary by county and voucher size:

1. *Fair Market Rent*. The maximum amount of money that can be used for each applicant is based on the county where they will live and the number of bedrooms approved on the voucher. This amount is the Fair Market Rent. A table showing all Fair Market Rents in Montana can be found at:

**[http://www.huduser.org/portal/datasets/fmr/fmrs/FY2015\\_code/2015state\\_summary.odn](http://www.huduser.org/portal/datasets/fmr/fmrs/FY2015_code/2015state_summary.odn)**

2. *Utilities*. After locating the Fair Market Rent for the applicant, it must be determined if the unit available for rent includes utilities or if the applicant will be responsible for any or all utilities. Using the following Utility Allowance Schedules, a utility allowance will be assigned for the proposed rental unit:

**<http://housing.mt.gov/Section8UtilityAllowances>**

Note: If utilities are not included as part of the rent, the applicant must transfer the utilities into their own name on or before the effective date of the lease. The tenant is responsible for any utility deposits required. (Reference 24 CFR - Section 982.551)

3. *Gross Rent*. Gross Rent is figured by adding the Contract Rent (advertised amount of rent by landlord) and the Utility Allowance. Gross Rent must be equal to or less than the Fair Market Rent.

## **Rent Plus the Amount of Utility Allowance Assigned to a Unit Can Never Exceed the Fair Market Rent**

### **Security Deposit**

A security deposit (not more than the first full month's rent) will be provided if the applicant is not able to pay the deposit. This is only available one (1) time to an applicant. The PATH case manager may note on the Entry Application Form (last page under Notice:) that the applicant is requesting assistance with a security deposit before or after a unit is approved.

### **Section 8 Application**

The HUD Section 8 Low Income Rental Assistance Housing Programs provides rental assistance to very low income families throughout Montana. The Section 8 Program allows very low income individual/families to pay a set amount towards rent and utilities, based on their gross adjusted income. Demand for the Section Program exceeds the available supply of funds and there is an extensive waiting list. PATH individuals and families can eventually move from the S+C Program to the Section 8 Program; therefore, a Section 8 Application should be completed at the same time PATH case managers are assisting with the Shelter Plus Care application process.

Apply for Section 8 on-line at: <http://housing.mt.gov/S8HCV>

### **Change Reporting Requirements**

Participants are required to report all changes to their household composition, income, support services or housing needs within 30 days of the date of the change. Failure to report these changes may result in a repayment agreement and/or termination from the program.

When a change occurs, the participant will need to provide documentation of the change. All changes will need to be reported on the MDOC IFC Part A form. Depending on what the changes are, other forms may be needed. Forms that may be needed to report changes to a household family members and/or income are listed below:

1. ***INCOME & FAMILY CERTIFICATION PART A – Appendix 7***
2. ***CHANGE IN FAMILY COMPOSITION – Appendix 17***
3. ***AGREEMENT FOR MUTUAL RESCISSION OF LEASE – Appendix 18***
4. ***30 DAY NOTICE OF INTENT TO TERMINATE LEASE – Appendix 19***

## **Participant/Tenant Family Obligations 24 CFR 982.551 - Appendix 20**

The family obligations of the voucher are listed as follow:

- The family must supply any information that the PHA or HUD determines to be necessary, including submission of required evidence of citizenship or eligible immigration status.
- The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition.
- The family must disclose and verify social security numbers and sign and submit consent forms for obtaining information.
- Any information supplied by the family must be true and complete.
- The family is responsible for any Housing Quality Standards (HQS) breach by the family caused by failure to pay tenant-provided utilities or appliances, or damages to the dwelling unit or premises beyond normal wear and tear caused by any member of the household or guest.

## **Terminating Housing Assistance – 24 CFR 982.552-553 – Appendix 20**

S+C Housing Program assistance may be terminated if failure to fulfill any of the following:

1. If any family member fails to report changes in income, assets or expenses in writing, using the MDOC Income and Family Certification (IFC) reporting form. Must be reported within 30 days of event.
2. If any family member engages in criminal activity.
3. If any family member abuses alcohol or drugs not prescribed by a licensed physician.
4. If the family fails to pay amounts owed to the Housing Authority (HA).
5. If any family member engages in or threatens abusive or violent behavior toward HA employees.
6. If any family member was found to not be truthful during eligibility and screening.
7. If any family member commits fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program.
8. See 24 CFR 982.552 for all other reasons for termination.

## **Quarterly Supportive Care Tracking Form**

Each Agency is required to submit a Quarterly Supportive Care Tracking Form for each client assisted under the Shelter Plus Care Program. This information is used to provide supportive services ‘match’ requirements under the Shelter Plus Care Program.

Department of Commerce S+C Contract Manager will forward a quarterly list to the PATH Program State Lead. The quarterly list will be distributed to the PATH Supervisors/Case Managers via the State of Montana File Transfer Service <https://app.mt.gov/epass/Authn/selectIDP.html> by the PATH State Lead.

Providers will setup an account for on-going access to a current list and also to forward the Quarterly Supportive Care Tracking Form file (excel) to the PATH Program State Lead. The file will be forwarded to the S+C Program by the State Lead.

All clients receiving S+C Supportive Services for a quarter should be included in ONE Document/File – the file may include several “Sheets/Pages”; one for each client.



**Welcome to the State of Montana File Transfer Service**  
*ePass Montana*

**[Login to this service using ePass](#)**

**[Create an ePass account](#)**

## ***QUARTERLY SUPPORTIVE CARE TRACKING FORM – Appendix 21***

### **Annual Reporting Requirements**

Participants are required to update releases, income, and family composition information annually. One hundred and twenty (120) days prior to the participant’s annual due date, MDOC will mail a letter to the participant’s PATH Case Manager. The letter provides a due date for the 20<sup>th</sup> day in the month prior to the participant’s assistance ending. In order to continue housing assistance, the participant must complete the following forms:

1. Appendix 5 – Release Form HUD 9886
2. Appendix 6 – Release Form MDOC
3. Appendix 7 – MDOC IFC Part A
4. Appendix 8 – MDOC IFC Part B, if applicable
5. Provide copy of most recent income.

These forms may be completed during a regular appointment with the PATH Case Manager anytime during the 120 day period. Completed forms are sent to MDOC by mail, fax, or through File Transfer.

At the same time that the letter is mailed, MDOC will order a re-inspection of the housing unit. The unit must again pass an inspection. If deficiencies are found during the inspection, it will be determined if they are the responsibility of the participant/tenant or the landlord. If they are caused by the participant/tenant, the tenant will have 30 days to repair or correct the deficiencies. If the deficiencies are the landlord’s responsibility, the landlord will have 30 days to repair or correct the deficiencies. If the landlord fails to correct the deficiencies, the landlord’s payments may be abated without any responsibility on behalf of the participant.

During any abatement period the participant will continue to be responsible for their share of the rent. The owner must not seek payment from the family for abated amounts and may not use the abatement as cause for eviction.

**The End of Participation Form** must be completed when:

- Participant has decided to move from the S+C Program, i.e., acquired a Section 8 Voucher, is buying own home, has moved from community, etc.
- Participant has decided not to accept S+C required supportive services
- Participant has made a personal decision to discontinue services
- Participant has been terminated based on decision from MDOC.

MDOC Housing Program will forward a monthly list of participating clients. An End of Participation Form must be completed for clients that are no longer receiving S+C Supportive Services. The End of Participation Form must be dated for the last day of the reporting month.

***PATH MDOC S+C END OF PARTICIPATION FORM - Appendix 22***

## Acronyms

- HAP – Housing Assistance Payment
- UR – Utility Reimbursement Payment
- RTA – Request for Tenancy Approval
- UA Schedule – Utility Allowance
- FMR – Fair Market Rent
- EOP – End of Participation
- MDOC – Montana Department of Commerce
- HA – Housing Authority
- S+C – Shelter Plus Care

## APPENDICES

- Appendix 1** PATH MDOC S+C ENTRY APPLICATION FORM FY2015
- Appendix 2** VERIFICATION OF HOMELESSNESS
- Appendix 3** VERIFICATION OF DISABILITY FORM
- Appendix 4** VOUCHER
- Appendix 5** RELEASE FORM HUD 9886
- Appendix 6** AUTHORIZATION FOR THE RELEASE OF INFORMATION
- Appendix 7** INCOME & FAMILY CERTIFICATION PART A
- Appendix 8** INCOME & FAMILY CERTIFICATION PART B: CERTIFICATION OF ZERO INCOME
- Appendix 9** CERTIFICATION OF ZERO INCOME
- Appendix 10** APPLICANT SCREENING QUESTIONNAIRE
- Appendix 11** DECLARATION OF SECTION 214 STATUS
- Appendix 12** DEBTS OWED TO PUBLIC HOUSING AGENCIES AND TERMINATIONS, FORM HUD-52675
- Appendix 13** SUPPLEMENT TO APPLICATION, FORM HUD 92006
- Appendix 14** S+C APPLICATION CHECK LIST
- Appendix 15** REQUEST FOR TENANCY (RTA) FORM
- Appendix 16** MODEL LEASE
- Appendix 17** CHANGE IN FAMILY COMPOSITION
- Appendix 18** AGREEMENT FOR MUTUAL RESCISSION OF LEASE
- Appendix 19** 30 DAY NOTICE OF INTENT TO TERMINATE LEASE
- Appendix 20** 24 CFR 982.551-553
- Appendix 21** QUARTERLY SUPPORTIVE CARE TRACKING FORM
- Appendix 22** PATH MDOC S+C END OF PARTICIPATION FORM