

## MTW RAPID REHOUSING VOUCHER PROGRAM HOMELESS PRE-APPLICATION

Based on presented information, the individual listed below meets the preliminary qualifications for HACG's MTW Activity, Innovations to Reduce Homelessness. **By signing below**, the referring agency is certifying that the listed individual **meets** the definition of **Homeless**, can **produce documentation** to support their identity, family composition, and income, and understands the **importance of keeping appointments**, updating contact information, and **remaining active in services**.

Originating Agency<sup>1</sup>: Home for Good

Case Management Agency<sup>2</sup>: Home for Good

Case Manager: Tammie redding Phone: 706 327 3255 x 1003

Referral's Name: Ben Standing

Current Address: Homeless

Contact Number: 706 555 6565 Alternate: 706 327 3255 x 1003

Year of Birth: 1958 18+<sup>3</sup>: Yes Gender: Male

Last 4 of SSN: 7470 Annual Income: \$0

Income Source(s): None

Household Status: ☒ Individual ☐ Single-Parent ☐ Family Composition: Adults 1 Minors 0

VI-SPDAT Assessment Pre-Screen Total 14 Veteran? Yes ☐ No ☒

By signing below, I attest that the information presented is true and accurate to the best of my research **AND** understand that fraudulent information, whenever detected, is grounds for the family's dismissal from the MTW RRV Program and grounds for referral denials from said agency.

Authorized Representative: Tammie Redding Referral Date: 11/16/20

Agency: Home for Good Contact #: 706 327 3255 x 1003

I, **Terry Gallups**, HfG representative, affirm that I have received and reviewed the referral app for completeness before sending the referral app to HACG for consideration. \_\_\_\_\_ (initials)  
E: [terryg@unitedwayofthecv.org](mailto:terryg@unitedwayofthecv.org) F: 706.571.2271  
HfG respectfully submits preliminary documentation to HACG supporting MTW RRV consideration.

<sup>1</sup> What agency referred individual, DFCS, MCSD, Open Door, Salvation Army, etc. ...?

<sup>2</sup> What agency is providing case management, American Works, Columbus Regional, New Horizons, etc. ...?

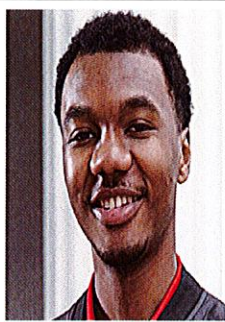
<sup>3</sup> Must be able to legally enter into a contract

# MTW RAPID REHOUSING VOUCHER (RRV) PROGRAM

## HOMELESS PRE-APPLICATION/REFERRAL CHECKLIST

Candidate's Name: Ben Standing

ELIGIBILITY	DOCUMENTS**																				
<p style="text-align: center;">Check all boxes that apply</p> <p>Does individual/family meet the definition of homeless? An individual who. . .</p> <p><input checked="" type="checkbox"/> Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, <b>OR</b></p> <p><input type="checkbox"/> In transitional housing, <b>OR</b></p> <p><input type="checkbox"/> Exiting an institutional care facility (SA or MH treatment facility, hospital, or similar) for &lt; 90 days</p> <p><input type="checkbox"/> A family with an adult HOH (or minor HOH) who meets all of the criteria in paragraph (1) of the Homeless definition</p>	<p style="text-align: center;">Check all boxes that apply</p> <p>Does individual/family have these documents?</p> <p><input checked="" type="checkbox"/> Picture ID for all adult household members;</p> <p><input checked="" type="checkbox"/> Social Security Card for all family members;</p> <p><input checked="" type="checkbox"/> Birth Certificate for all minor household members;</p> <p><input checked="" type="checkbox"/> Third-Party Proof of Homelessness (<i>agency docs preferred</i>);</p> <p><input checked="" type="checkbox"/> Proof of Income; source:  <div style="margin-left: 40px;"> <input type="checkbox"/> Check Stub  <input checked="" type="checkbox"/> Online verification  <input type="checkbox"/> Court Order / Written Statement </div> </p> <p><input checked="" type="checkbox"/> Meet Income guidelines (<i>effective: February 6, 2020</i>)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="text-align: center;">Family Size</th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> <th style="text-align: center;">4</th> </tr> <tr> <td style="text-align: center;">Maximum Income</td> <td style="text-align: center;">\$20,900</td> <td style="text-align: center;">\$23,850</td> <td style="text-align: center;">\$26,850</td> <td style="text-align: center;">\$29,800</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <th style="text-align: center;">Family Size</th> <th style="text-align: center;">5</th> <th style="text-align: center;">6</th> <th style="text-align: center;">7</th> <th style="text-align: center;">8</th> </tr> <tr> <td style="text-align: center;">Maximum Income</td> <td style="text-align: center;">\$32,200</td> <td style="text-align: center;">\$34,600</td> <td style="text-align: center;">\$37,000</td> <td style="text-align: center;">\$39,350</td> </tr> </table> <p style="margin-top: 10px;">**All documents are required before eligibility is determined</p>	Family Size	1	2	3	4	Maximum Income	\$20,900	\$23,850	\$26,850	\$29,800	Family Size	5	6	7	8	Maximum Income	\$32,200	\$34,600	\$37,000	\$39,350
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<b>REFERRAL</b>																					
<p>Originating Agency <u>Home for Good</u> (where referral started)</p> <p>Referring Agency <u>Home for Good</u></p> <p>Meets Homeless Definition? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N    Meets Documentation Requirements? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If both questions above are affirmed, then complete referral form and send completed referral form to Terry Gallups at Home for Good. Family will be placed on the MTW RRV Wait List and referred when the next voucher opens.</p> <p style="text-align: center;"><b>AFFIRMATION OF UNDERSTANDING (HOH Initials)</b></p> <p><u>BS</u> I understand that processing agency staff will attempt to contact me <b>up to 2 times</b> and if I <b>fail to respond</b> OR am a <b>NO SHOW</b> for an appointment, I will <b>lose my position</b> and be required to <b>re-start the process</b>. Meanwhile, staff will move onto the next family on the Wait List.</p> <p>Applicant Signature _____ Date <u>11/16/20</u></p>																					



Driver License

Georgia

No. 4659412 Class: DM

D.O.B. 07-20-58 EXP. 07-24-2022

Ben Standing

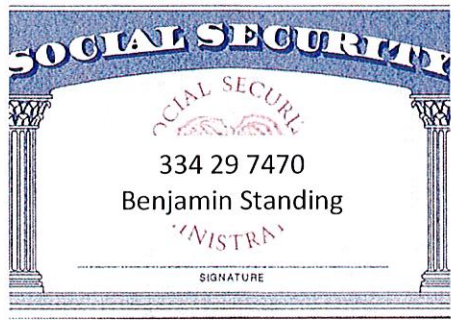
123 Limestone Way

Bedrock, GA 38740

Iss: 07-24-2016

Sex: F HT 6-2 EYES BLK

WT 350 HAIR BLK





State of New Jersey

# Certificate of Live Birth

Department of Health

Title  
number  
387

**79-6446**

Child's name (type or print)

**Benjamin**

Middle Name

**Eugene**

Last Name

**Standing**

Sex

**Male**

The Birth

**Single**

If twins or Triplets, was the child  
born

first middle last

Birth date:

Month

**July**

Day

Year

**20**

Time

**1958 10:30AM**

Place of birth City, Town, regional area

**Ocean City**

County

**Russell**

Name of hospital

**Ocean City Community Hospital**

Address of Hospital

**1313 13th Bayside St, NJ 07208**

Weight

**8lbs 11.5 oz**

Length

**21 1/4 in**

Delivery Dr's Name

**Dr. Dan Mintz**

Full name of Father

**Robert Standing**

Father's address

**1234 Ocean Ave, Ocean City, NJ**

Race of Father

**Black**

Age of Father

**34**

Father's Occupation

**Welder**

Full name of Mother

**Linda Standing**

Mother's address

**1234 Ocean Ave, Ocean City, NJ**

Race of Mother

**Black**

Age of Mother

**33**

Mother's Occupation

**Waitress**

## Certificate of Attending Physician or Midwife

I herby certify that I attended the birth of this child alive at 10:30 AM on the date above entered.



Signature: \_\_\_\_\_

*Dr. Dan Mintz*

Physician or Midwife

Address: \_\_\_\_\_

*Ocean City, NJ*

Filed: \_\_\_\_\_

*July 25, 1958*



1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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	Month #1	Month #2	Month #3	Month #4	Month #5	Month #6	Month #7	Month #8	Month #9	Month #10	Month #11	Month #12	
Mo/Yr	Nov-20	Oct	Sept	Aug	July	June	May	April	March	February	January	Dec-19	
Location	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	Streets <b>Shelter</b> Safe-Haven	
Circle all that apply	Inst (<90 days)	Inst (<90 days)	Inst (<90 days)	Inst (<90 days)	Inst (<90 days)	Inst (<90 days)	Inst (<90 days)	Inst (<90 days)	Inst (<90 days)	Inst (<90 days)	Inst (<90 days)	Inst (<90 days)	
Doc type	HMIS Obsv by Outreach	HMIS Obsv by Outreach	HMIS Obsv by Outreach	HMIS Obsv by Outreach	HMIS Obsv by Outreach	HMIS Obsv by Outreach	HMIS Obsv by Outreach	HMIS Obsv by Outreach	HMIS Obsv by Outreach	HMIS Obsv by Outreach	HMIS Obsv by Outreach	HMIS Obsv by Outreach	
Circle one	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	Comp. Database Discharge Paperwork	
(Except Self-Cert.)	Referral Self-Cert	Referral Self-Cert	Referral Self-Cert	Referral Self-Cert	Referral Self-Cert	Referral Self-Cert	Referral Self-Cert	Referral Self-Cert	Referral Self-Cert	Referral Self-Cert	Referral Self-Cert	Referral Self-Cert	
Select both)	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	Staff Doc of Situation Doc of Steps to obtain evidence	
Doc att	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
Break 1: Mo/Yr	Break 1:												
Break 2: & Descr	Break 2:												
or N/A	Break 3:												
Notes													
Self-cert Check	Does the documentation include more than 3 Months of Self-certifications?* Yes <b>No</b>												
Key	* Please be advised that if you answered YES, that for at least 75% of the households assisted by a recipient in a project during and operating year, no more than 3 months can be self-certified. Please check with your project administrator to ensure your project has not exceeded its self-certification cap.												
Client Name Ben Standing	Mo = Month, Yr = Year, Inst = Institution, Doc = Documentation, Obsv = Observation, Comp = Comparable, Cert = Certification, Descr = Description												
Chronic Homelessness Documentation Checklist - Page 2 of 4 (Not including Attachments)													
Date Nov 16, 2020	Completed By: Tammie Redding												



Nov 11, 2020

Tammie Redding  
United Way of the Chattahoochee Valley, Inc.  
1100 1<sup>st</sup> Ave  
Columbus, GA 31901

Dear Tammie,

Ben Standing , DOB 7/20/58, has been experiencing documented episodes of homelessness off and on since 2015, with his latest one beginning in July of 2017. During this time, he has slept at The Salvation Army Shelter for Men and Valley Rescue Mission, but many of his nights were spent in places not meant for human habitation. He is currently residing at Grace House Shelter.

Mr. Standing is undeniably chronically homeless and is in desperate need of your agency's help with housing and supportive services. Any help that you can provide will be greatly appreciated and extremely beneficial to Mr. Standing.

Please feel free to contact me if you have any questions or concerns.

Respectfully,

Sue Smith  
PATH/ New Horizon Behavioral Health  
2100 Comer Ave  
Columbus, GA 31904

Standing, Ben

7/20/1952

Enrollment Description	Active Household Members	Household Type	Project Start Date	Housing Move-In Date	Project Exit Date	Days Enrolled	Exit Destination	Last Assessed
Active								
Emergency Shelter								
Grace House	1	Household without Children	04/24/2020			207		4/24/2020
Street Outreach								
PATH	1	Household without Children	04/12/2020			219		

Date	Service	Units	\$ Total	Organization
Today (1 Services)				
11/17/2020	Meal	1.00	\$0.00	Home for Good
Yesterday (1 Services)				
11/16/2020	Meal	1.00	\$0.00	Home for Good
October 2020 (1 Services)				
10/13/2020	Meals	1.00	\$0.00	Home for Good
September 2020 (1 Services)				
09/15/2020	Meals	1.00	\$0.00	Home for Good
August 2020 (1 Services)				
08/18/2020	12 Step Meeting	1.00	\$0.00	Home for Good
July 2020 (1 Services)				
07/14/2020	Meals	1.00	\$0.00	Home for Good
June 2020 (1 Services)				
06/02/2020	Meals	1.00	\$0.00	Home for Good
May 2020 (1 Services)				
05/02/2020	Meal	1.00	\$0.00	Home for Good
April 2020 (2 Services)				
04/29/2020	211 Call made	1.00	\$0.00	Home for Good
04/26/2020	Meal	1.00	\$0.00	Home for Good



WG15

\*\*\*WAGE INQUIRY BY SOC-SEC-NUM\*\*\*

11/01/20

13:36:43

SOC-SEC-NUM 334 29 7470

BYB-DATE 11 01 20

SURNAME(S)

EMPLOYER NAME	EMP NUM	QTR/YR	WAGES	PAGE	SUNAME
WAL-MART DISTRIBUTION CNT	023456-08	1 2018	1200.00		STA

---QTR/YR TOTAL--- ---QTR/YR TOTAL--- ---QTR/YR TOTAL--- ---QTR/YR TOTAL---

1 2019	0.00	2 2019	0.00	3 2019	0.00	4 2019	0.00
TOTAL BASE	0.00	WBA	0	NUM OF WKS	0	MAX AMT	0

NUMBER OF BASE PERIOD QUARTERS WITH WAGES IS LESS THAN MINIMUM REQUIRED

PF: 1-HELP 3-PREVMENU 4-MN00 7-BKWD 8-FRWD 11-NA 13-PREVTRAN

NA: 14-MD77 16-CI50

BOTTOM OF DATA

< ☆ Q VI-SPDAT/F-VI-SPDAT History



All Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT/Family/F-VI-SPDAT) Assessments for the selected client are displayed below.

OrgCode Consulting Inc. and Community Solutions are the authors of the VI-SPDAT and F-VI-SPDAT. ClientTrack Inc. is licensed to include these tools within ClientTrack. The terms of this license require that users must be trained on the use and implementation of the tool by OrgCode Consulting, Inc. or an approved and certified trainer of Licensor. It is not permissible to alter the wording or scoring of the VI-SPDAT or F-VI-SPDAT forms without permission and written consent from Community Solutions and/or Org Consulting, Inc.

+ Add New VI-SPDAT Assessment + Add New Family-VI-SPDAT Assessment

1 result found.

Type ▲	Vulnerability Index Assessment Date ▲	Score General ▲	Score Family ▲	Score History ▲	Score Risks ▲	Score Socialization ▲	Score Wellness ▲	Score Total ▲
Single Adults	11/16/2020 3:22PM	1		2	4	1	6	14