



April 26, 2018

Subject: Concho Valley Homeless Planning Coalition Project ID Policy

The purpose of this document is to define the policy of Project ID run by the Concho Valley Homeless Planning Coalition. **Participants in this program must meet the definition of Homeless, adopted by CVHPC (see attached form).** Only funds specifically designated by the board can be used for this program.

- The max amount of funds for any individual requesting document assistance is set at \$50.00, and individuals can only be allocated funds once a year.
  - Checks will only be made out to an agency, not individuals
- All individuals seeking funds must have the following when seeking assistance:
  - A referral form from a coalition member organization, certifying the client meets the definition of homeless
  - All forms required for the document must be complete and mail ready
  - An appointment must be set with Galilee CDC to pick up check
- For families:
  - Referring agency must verify number of family members
  - Only one family member is required to pick up the check

Any questions, complaints or comments concerning this policy will be directed to the President of the Concho Valley Homeless Planning Coalition. Changes to the policy can be approved by the board.

Robert Salas

CVHPC Board President

Stephanie Hamby

Galilee CDC

### **CVHPC Adopted Definition of Homeless Persons:**

Category 1: An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- a. An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; or
- b. An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or
- c. An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution;

Category 4: Any individual or family who:

- a. Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; and
- b. Has no other residence; and
- c. Lacks the resources or support networks, e.g., family, friends, and faith-based or other social networks, to obtain other permanent housing

Also includes—

(i) children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to the lack of alternative adequate accommodations; are living in emergency or transitional shelters; or are abandoned in hospitals.

# COMMUNITY REFERRAL FORM

Client Name: _____	Date of Referral _____
Address: _____	
Home Phone#: _____	Cell Phone#: _____

## REFERRAL SERVICES REQUESTED

- Healthcare
- Home Repairs
- Housing
- Food
- Prescription Assistance
- Other \_\_\_\_\_

- Behavioral Health
- Clothing
- Diabetic Education
- Diet/Nutrition
- Legal Assistance
- Utility Assistance

## Reason for Referral

\_\_\_\_\_  
**Agency Representative Signature**

Referred By: \_\_\_\_\_

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

Agency Phone #: \_\_\_\_\_

Referral To: \_\_\_\_\_

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

Agency Phone #: \_\_\_\_\_

Please call Galilee Community Development at 325-655-6700 to set up an appointment when ALL your forms are ready and filled out.

## CLIENT PROFILE FORM

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Household Size: \_\_\_\_\_ Head of Household: M F

Age of H of H \_\_\_\_\_

Age of other family members: \_\_\_\_\_

Race: \_\_\_\_\_ White  
\_\_\_\_\_ Black/African American  
\_\_\_\_\_ Black/African American & White  
\_\_\_\_\_ Asian  
\_\_\_\_\_ Asian & White  
\_\_\_\_\_ American Indian/Alaskan Native  
\_\_\_\_\_ American Indian/Alaskan Native & White  
\_\_\_\_\_ Native American/Other Pacific Islander  
\_\_\_\_\_ American Indian/Alaskan Native & Black/African American  
\_\_\_\_\_ Other Multi-Racial

Ethnicity: \_\_\_\_\_ Hispanic \_\_\_\_\_ Non-Hispanic

Length of time client has worked with referring organization: \_\_\_\_\_

Current living arrangements: \_\_\_\_\_