

**HOUSING PROBLEM SOLVING SUMMARY FORM / FINANCIAL ASSISTANCE CHECK REQUEST**

HMIS ID#: \_\_\_\_\_

Participant Name (HoH): \_\_\_\_\_



Participant Address (where they are moving to): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Case Manager/Agency: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

**Staff Summary of Assistance**

Please briefly explain the housing solution (and financial need, if applicable) and communication that has taken place with all parties to confirm the housing option.

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**RUSH: FINANCIAL ASSISTANCE REQUEST**

**COMPLETE NEXT SECTION ONLY WHEN A HOUSEHOLD NEEDS FINANCIAL ASSISTANCE TO EXIT TO HOUSING**

Date Needed: \_\_\_\_\_

Mail  Hold for pickup @ 1156 N. 4th Street by: \_\_\_\_\_

Total Amount Requested: \$ \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address of check recipient: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

# HOUSING PROBLEM SOLVING SUMMARY FORM / FINANCIAL ASSISTANCE CHECK REQUEST

TYPE OF ASSISTANCE	AMOUNT OF ASSISTANCE
<input type="checkbox"/> Child Care Assistance:	\$
<input type="checkbox"/> Education or Employment Supplies:	\$
<input type="checkbox"/> Legal Fees/IDs/Background Checks:	\$
<input type="checkbox"/> Moving Costs:	\$
<input type="checkbox"/> Pet Related Costs:	\$
<input type="checkbox"/> Rental Assistance:	\$
<input type="checkbox"/> Security Deposit:	\$
<input type="checkbox"/> Transportation Assistance:	\$
<input type="checkbox"/> Utility Assistance:	\$
<input type="checkbox"/> Other Financial Assistance (please specify) :	\$

*Note: All requests for "Other" types must be directly connected to a safe housing option outside of the homeless response system*

Signature of Staff Making Request: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of JDOC Manager: \_\_\_\_\_

Date: \_\_\_\_\_

**Documentation attached to this request:**

- Participant Acknowledgement (*required*)
- W-9 (*required*)
- Intent to Rent Letter
- Written confirmation from person receiving funds (*example might be an email from the aunt a household is going to move in with, stating she agrees to let the household move in*)
- Screenshot of Anticipated Expense (*please specify; example may be a screenshot of household's preferred bus ticket*)

\_\_\_\_\_

\_\_\_\_\_

Other (*specify*) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ABODE SIGNATURES ONLY**

Signature of Abode Supervisor Authorizing: \_\_\_\_\_ Date: \_\_\_\_\_

Abode Services Administration Approval: \_\_\_\_\_ Date: \_\_\_\_\_