



Children's HOME Initiative

Case Management Program

Information Sheet

Children's HOME Initiative (CHI) is an 18-month case management program that connects families with housing, and services, at a variety of Foundation Communities properties. Through a family-driven process, CHI is designed to provide each family with opportunities that contribute to their overall success. Establishing and working toward specific goals that address housing, financial, and personal stability, each family will take steps toward a healthier lifestyle. The CHI case management program is a separate component from housing; therefore each family will be obligated to comply with both program and housing guidelines.

Program Expectations:

- Engage in weekly case management meetings with an on-site Case Manager
- Establish and work toward achieving housing, financial, and personal stability goals
- Complete at least one financial literacy course in either individual or group settings
- Maintain and/or improve employment opportunities and work toward increasing income
- Sustain household expenses, including rent and utilities

Property/Leasing Expectations:

- Pay rent by the 3rd of each month, late fees will apply
- No unauthorized occupants
- No drug use on property
- Abide by individual property guidelines

Case Management program qualifications:

- Head of Household must be 18 years of age or older
- Employed at least part-time and willing to work to increase income
- Must have primary custody of child(ren)
- Willing to work with a Case Manager throughout program participation

Property qualifications:

- Must have a social security number or a Tax ID Number (I-TIN)
- Maximum of 3 broken leases, skips and or evictions
- No felonies within the past 10 years
- Maximum of 2 felonies; regardless of timeframe
- No misdemeanors convictions or deferred adjudication involving crimes against person, property, or for drug related or prostitution related offenses within the last 7 years
- Applicants total Household Income cannot exceed 30% of MFI for the area. For example: a family of 4 must earn under 23,700.
- Applicants must earn 2.5 times the qualified rental amount.

We will need one or more of the following documentation to verify your income:

- 3 most recent paystubs from employer
- If self-employed, please provide last year's income tax return
- Child Support Income Verification Sheet**, if it applies
- SSI/SSDI benefits letter, if it applies
- Austin Energy and Texas Gas receipt showing they made one payment toward outstanding debt, if applies
- TANF, if it applies

3036 South First Street Austin, TX 78704
Telephone: 512-610-7392 Fax: 512-447-9025





For office use only:
Date Received: / /
Application revised: October 2016

I confirm that all of the information that I provide in this application is true. **Falsifying information and/or omitting information may result in your denial from the Children’s HOME Initiative.**

Signature _____ **Date** _____

In order to help speed up the review of your application, please submit your last three paystubs with your application and do not leave any questions blank.

I. Personal Information
Complete for every adult 18 years and older

First Head of Household Name: _____ College Student? Yes No
Second Head of Household Name: _____ College Student? Yes No
Address: _____ Unit: _____
City: _____ State: _____ Zip Code: _____
Please list best telephone number(s) to contact: _____
Email address : _____

Race: American Indian or Alaskan Native Asian
 Black or African-American White
 Native Hawaiian or Pacific Islander Do Not Know

Ethnicity: Hispanic Not Hispanic Do Not Know

Preferred language of communication:
 English Español Arabic Other (please specify) _____
If English or Spanish is not your primary language are you able to provide an interpreter? Yes No

What valid photo identification do you use?
 TX Driver’s License Consular ID card
 TX ID Other _____

Do you have a car? Yes No
Do you have any pets? Yes No
If yes, what kind? _____

I. Personal Information (continued)

Family Composition

Please include information for all persons who will be living in the household

Head(s) of Household

Head(s) of Household	First Name	Last Name	Date of Birth	Social Security Number / ITIN

Children In Household

Children in Household	Complete Name	Date of Birth	SSN / ITIN	Name of School/ Childcare	Grade	AISD Student ID#

What other persons who will be frequent visitors once in the program?

Name	Relationship

Do you have legal custody of your child(ren)? Yes No

Are your children currently living with you? Yes No

If not, who are they with?

Name	Relationship to Child	Contact Information	Reason

Are you currently involved with Child Protective Services? Yes No

If yes, please describe:

Have you ever been involved in an abusive relationship? Yes No

Are you currently pregnant? Yes No If yes, when is your due date? _____ / _____ / _____

II. Referral Information

Are you receiving services from any other social service organizations? Yes No

If yes, from what agency and with whom are you working?

Name	Agency	Phone	Relationship
		()	
		()	

Who referred you to this program?

Name	Relationship

Do you have any **family or friends** currently in the **CHI program or living at a Foundation Communities** property? Yes No

If yes, who?

Name	Property	Relationship

III. Disability and Health

Do you have a documented disability? Yes No

If yes, identify

- Chronic Health Condition
 Developmental Disability
 HIV / AIDS
 Alcohol Abuse
 Drug Abuse
 Both Alcohol and Drug Abuse
 Mental Health Diagnosis
 Physical Disability

Describe diagnosis(es) _____

Are you currently receiving treatment for your disability? Yes No

Do you require a reasonable accommodation for your disability? Yes No

If yes, please specify _____

Have you ever been treated for an alcohol or drug addiction? Yes No

Drug(s) of Choice _____

If yes, identify

Times in Treatment	Date of Last Treatment	Location of Last Treatment	Length of Treatment	Last Use Date

Do you receive any support services for your addiction? Yes No

IV. Employment and Income
Submit all income documents with application

Are you currently employed? Yes No

If yes, what proof of income can you provide with your application?

Last three check stubs Last year's income tax (self-employed only)

Please submit all proof of income with your application!

Are you willing to make efforts to improve your income and employment opportunities? Yes No

Please list total GROSS INCOME before taxes and deductions

Only Current Work Income

Current Work Income	Amount	
Place of Employment: _____	<input type="checkbox"/> Hourly Wage <input type="checkbox"/> Salary	
Employed Head of Household: _____	\$ _____	Hourly Rate
		Hours Worked Per Week
Start Date: (exact start month and day) ___/___/___	\$ _____	Monthly GROSS income

Current Work Income	Amount	
Place of Employment: _____	<input type="checkbox"/> Hourly Wage <input type="checkbox"/> Salary	
Employed Head of Household: _____	\$ _____	Hourly Rate
		Hours Worked Per Week
Start Date: (exact start month and day) ___/___/___	\$ _____	Monthly GROSS income

Additional Income	
Social Security Income: \$ _____	Disability Income: \$ _____
Recipient Name: _____	Recipient Name: _____
Other Income: \$ _____	TANF: \$ _____
Type: _____	Recipient Name: _____
Child Support: \$ _____	<input type="checkbox"/> formal child support <input type="checkbox"/> informal child support

V. Financial Stability

Are you receiving any non-cash benefits? (SNAP, WIC, Medicaid, CCS, etc) Yes No

Are you currently investing in a Retirement Fund? (IRA, 401k, etc.) Yes No

Have you been saving in the past six months? Yes No

I. Financial Stability (continued)

What is your estimated **CURRENT** debt amount? (credit cards, student loans, car loan, payday/title loans)

Please check one:

\$0

\$500 - \$1,000

\$1,001 - \$5,000

\$5,001 - \$10,000

\$10,001 - above

Have you receive financial assistance for rent and/or utilities in the last 12 months? Yes No

Do you use a budget and/or cash flow plan on a regular basis? Yes No

Do you track your daily expenses? Yes No

Do you feel confident in making financial decisions? Yes No

Have you completed a financial literacy course in the last 12 months? Yes No

Do you have a system to organize your finances on a regular basis? Yes No

Do you have a current plan to reach your financial goals? Yes No

Do you have a bank account? (checking or savings) Yes No

Do you know what's on your credit report? Yes No

II. Housing History

Are you currently homeless? Yes No (if no, please skip to the next question)

If yes, identify

Lacks fixed, regular, or adequate nighttime residence

Temporary / Emergency Shelter

Jail, prison or juvenile detention facility

At-Risk of losing housing within the next 14 days

Public or private place not meant for human habitation

Transitional Housing Program for homeless persons

Hotel or Motel

If NOT homeless, what is your currently living situation?

Renting – on your own

Staying with family or friends

Renting – with subsidy

Own residence

How many days have you been living in this situation? _____ days

Are you in a current lease? Yes No

If yes, what date does it expire? _____ / _____ / _____

I. Housing History (continued)

Have you ever rented from a **Foundation Communities** property? Yes No

If yes, when and at which property did you reside?

Move in Date	Move out Date	Which Property

Have you participated in the Children's HOME Initiative before? Yes No

How many evictions are on your rental record? 0 1 2 3 4+

Describe circumstances of all evictions

Date of Eviction	Place of Eviction	Reason for Eviction	Debt Owed	Reason for Debt
___/___/___			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> nonpayment of rent <input type="checkbox"/> other
___/___/___			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> nonpayment of rent <input type="checkbox"/> other
___/___/___			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> nonpayment of rent <input type="checkbox"/> other

How many broken leases are on your rental record? 0 1 2 3 4+

Describe circumstances of all broken leases

Date of Broken Lease	Place of Broken Lease	Reason for Broken Lease	Debt Owed	Reason for Debt
___/___/___			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> nonpayment of rent <input type="checkbox"/> other
___/___/___			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> nonpayment of rent <input type="checkbox"/> other
___/___/___			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> nonpayment of rent <input type="checkbox"/> other

Does anyone in your household owe money to a previous property for any reason? Yes No

Date of Debt	Place of Debt	Debt Owed	Reason for Debt
___/___/___		\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> nonpayment of rent <input type="checkbox"/> other
___/___/___		\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> nonpayment of rent <input type="checkbox"/> other

Utility Debt

Utility Provider	Name on Account	Amount Owed	Account Status
Austin Energy		\$	<input type="checkbox"/> Active Account (<u>no</u> debt) <input type="checkbox"/> Closed Account (<u>no</u> debt) <input type="checkbox"/> Active Account with debt <input type="checkbox"/> Closed Account with debt
Texas Gas Service		\$	<input type="checkbox"/> Active Account (<u>no</u> debt) <input type="checkbox"/> Closed Account (<u>no</u> debt) <input type="checkbox"/> Active Account with debt <input type="checkbox"/> Closed Account with debt

II. Legal Information

A criminal history will be completed on each applicant or occupant age 18 years or older. Applicant(s) must not have a criminal history that reflects any prior felony convictions or deferred adjudication for felony offenses in the last 10 years. Applicant(s) must not have a criminal history that reflects misdemeanors involving violent crimes against persons, property, or drug related or prostitution related offenses in the last 7 years. Applicant(s) with a criminal history over the time allowed will be evaluated on a case by case basis.

Do anyone who will be living in the household have a criminal record? Yes No

If yes, please describe.

Name	Date	Charge	Type	Outcome
	___/___/___		<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Dismissed <input type="checkbox"/> Derferred Adjudication <input type="checkbox"/> Time Served <input type="checkbox"/> Probation <input type="checkbox"/> Other: _____
	___/___/___		<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Dismissed <input type="checkbox"/> Derferred Adjudication <input type="checkbox"/> Time Served <input type="checkbox"/> Probation <input type="checkbox"/> Other: _____
	___/___/___		<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Dismissed <input type="checkbox"/> Derferred Adjudication <input type="checkbox"/> Time Served <input type="checkbox"/> Probation <input type="checkbox"/> Other: _____
	___/___/___		<input type="checkbox"/> Misdemeanor <input type="checkbox"/> Felony	<input type="checkbox"/> Dismissed <input type="checkbox"/> Derferred Adjudication <input type="checkbox"/> Time Served <input type="checkbox"/> Probation <input type="checkbox"/> Other: _____

Include a sepearte page to list any additional charges

Do you have any current/pending legal issues (e.g. divorce, child custody, child support, probation, etc.)? Yes No

If yes, please describe:

III. Goals

The Children's HOME Initiative (CHI) is designed to give families the opportunity to improve their lives through structured case management and supportive services. Establishing and working toward specific goals is an integral part of the program.

While in the program, what goals would you like to accomplish in the following areas?

Improving employment and increasing income

Improving overall health and well-being of my children

Obtaining long-term, permanent housing

IV. Placement

The CHI program is available at 10 properties in Austin. Please list the order of your **preferred areas** according to your needs.

We cannot guarantee placement at any specific property or any specific apartment unit.

Please indicate which location is your 1st, 2nd and 3rd choice

<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice <input type="checkbox"/> 3 rd Choice	NORTH WEST PROPERTIES Lakeline Station / 13635 Rutledge Spur (78717) - (Northwest Austin) Cardinal Point / 11015 Four Points Drive (78730) – Opening Summer 2017
<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice <input type="checkbox"/> 3 rd Choice	NORTH PROPERTIES Crossroads Apartments / 8801 McCann (78757) – (Northwest Austin) Trails at Vintage Creek / 7224 Northeast Drive (78723) – (Northeast Austin)
<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice <input type="checkbox"/> 3 rd Choice	CENTRAL PROPERTIES M-Station Apartments / 2906 E. Martin Luther King Jr. Blvd (78702) – (East-Central Austin)
<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice <input type="checkbox"/> 3 rd Choice	SOUTH PROPERTIES Daffodil Apartments / 6009 Daffodil Drive (78744) – (Southeast Austin) Sierra Ridge Apartments / 201 W. St. Elmo (78745) – (South-Central Austin) Sierra Vista Apartments / 4320 South Congress (78745) – (South-Central Austin)
<input type="checkbox"/> 1 st Choice <input type="checkbox"/> 2 nd Choice <input type="checkbox"/> 3 rd Choice	SOUTH WEST PROPERTIES Homestead Apartments / 3226 W. Slaughter Ln. (78748) – (Southwest Austin) Live Oak Apartments / 8500 W. HWY 71 (78735) – (Southwest Austin)