



Children's HOME Initiative

Case Management Program

Information Sheet

Children's HOME Initiative (CHI) is a 24-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 to contribute to their overall success. Each family will take steps toward a healthier lifestyle while establishing and working toward specific goals to address housing, financial, and personal stability. 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 component 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:

- No social security number or Tax ID Number (I-TIN) required
- Maximum of 3 broken leases, skips and or evictions; no damages owed over 350
- No felony convictions within the past 10 years
- Maximum of 2 felony convictions; regardless of timeframe
- No misdemeanors convictions 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.
- Applicant's must earn 2.5 times the qualified rental amount.

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

- 4 most recent paystubs from employer
- If self-employed, please speak to In-take staff for minimum requirements
- Child Support Income Verification Sheet**, if it applies
- SSI/SSDI benefits letter, if it applies
- TANF, if it applies
- Austin Energy and Texas Gas receipt showing they made one payment toward outstanding debt, if applies
- Itemized statement from previous rental debt, if applies
- Divorce decree, if it applies

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For office use only:

Date Received: ____ / ____ / ____

Application revised: December 2019

I confirm all of the information 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 assessment of your application, please submit your **last four 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 have to present?
 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 of breed? _____

I. Personal Information (continued)

Family Composition

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

Head(s) of Household

Adults in 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#

Who will be a frequent visitor(s) once you are 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 divorced or separated? Yes No Are you married? Yes No

Do you have a court order child support? Yes No Was it ordered in the last 6 months? Yes No

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

Only Current Work Income Please list total GROSS INCOME before taxes and deductions

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: \$ _____ Recipient Name: _____	Disability Income: \$ _____ Recipient Name: _____
Other Income: \$ _____ Type: _____	TANF: \$ _____ 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

Are you a current home owner?

Yes No

Have you sold or purchased a home in the last 2 years?

Yes No

II. Housing History

What is your current living situation?

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

Renting – on your own

Renting – with roommate

Public or private place not meant for human habitation

Transitional Housing Program for homeless persons

Hotel or Motel

Overcrowded with family or friends

Renting – with subsidy

Own residence

How many days have you been living in this situation?

_____ days / months / years

Are you in a current lease? Yes No

If yes, what date does it expire or by when do you need to move out?

____/____/____

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-please write zero if no debt, if debt owed, please include amount and/or if current for either accounts below, please write current. If you never had either account under your name, please write N/A.

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 which reflects any prior felony convictions offenses in the last 10 years. Applicant(s) must not have a criminal history that reflects misdemeanor convictions 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.

Does 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"/> Deferred 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"/> Deferred 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"/> Deferred 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"/> Deferred Adjudication <input type="checkbox"/> Time Served <input type="checkbox"/> Probation <input type="checkbox"/> Other: _____

Include a separate 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, please describe what goals you would like to accomplish in the following areas below?

Improving employment and increasing income
For example: I want to look for a job in the medical field.

Improving overall health and well-being of my children
For example: My children and I plan to walk during our free time.

Obtaining long-term, permanent housing
For example: I want to reside in a community long term until I'm able to pay off debt.

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

# ____ Choice	NORTH WEST PROPERTIES
	Lakeline Station / 13635 Rutledge Spur (78717) - (Northwest Austin) Cardinal Point / 11015 Four Points Drive (78730) – (Northwest Austin)

# ____ Choice	NORTH PROPERTIES
	Crossroads Apartments / 8801 McCann (78757) – (Northwest Austin) Trails at Vintage Creek / 7224 Northeast Drive (78723) – (Northeast Austin)

# ____ Choice	CENTRAL PROPERTIES
	M-Station Apartments / 2906 E. Martin Luther King Jr. Blvd (78702) – (East-Central Austin) The Jordan at Mueller / 2724 Philomena St. (78723) – (East-Central Austin)

# ____ 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)

# ____ Choice	SOUTH WEST PROPERTIES
	Homestead Apartments / 3226 W. Slaughter Ln. (78748) – (Southwest Austin) Live Oak Apartments / 8500 W. HWY 71 (78735) – (Southwest Austin)