



# Children's HOME Initiative

## Case Management Program Application

### 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 within the first 6 months
- Complete meetings with Parent Empowerment Advisor within the first 3 months
- 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 3<sup>rd</sup> 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
- Must meet Criminal Criteria (See Page 2)
- 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

SUBMIT ONLY IF THESE APPLY TO YOU AND YOUR HOUSEHOLD:

- ☐ **Child Support Income Verification Sheet (child custody documentation if within the last year)**
- ☐ SSI/SSDI benefits letter
- ☐ TANF award letter
- ☐ Austin Energy and Texas Gas receipt showing they made one payment toward outstanding debt
- ☐ Itemized statement from previous rental debt
- ☐ Divorce decree

**PLEASE SEND APPLICATIONS BY EMAIL, FAX, OR MAIL**

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Telephone: 512-610-7392 Fax: 512-447-9025  
childrenshomeinitiative@foundcom.org



## Foundation Communities Criminal Criteria

TYPE OF CONVICTION	DESCRIPTION OF CONVICTION	Level of Conviction		
		Minimum number of years since date of conviction		
		FELONY	MISDEMEANOR	
Crimes Against Persons	Description		Class A	Class B
	Assault and Battery Offenses	5	3	Not Considered
	Domestic Violence Offenses	5	3	Not Considered
	Use of a Firearm Against a Person	5	3	Not Considered
	Armed Robbery Offenses	5	3	Not Considered
	Robbery Offenses (no weapon involved)	5	3	Not Considered
	Intentional Homicide	Lifetime	Lifetime	Lifetime
	Criminal Negligent Homicide	5	3	Not Considered
	Manslaughter	Lifetime	Lifetime	Lifetime
	Kidnapping & Abduction	Lifetime	Lifetime	Lifetime
	Forcible Sex Offenses	Lifetime	Lifetime	Lifetime
	Non-Forcible Sex Offenses	Lifetime	Lifetime	Lifetime
	Stalking	5	3	Not Considered
Crimes Against Property	Description			
	Arson Related Offense	Lifetime	Lifetime	Lifetime
	Burglary/Breaking & Entering	5	3	Not Considered
	Theft, Stolen Property, Fraud Related Offense	5	3	Not Considered
	Deadly Conduct, Terroristic Threat w/firearm	5	3	Not Considered
	Deadly Conduct, Terroristic Threat without firearm	3	3	Not Considered
	Destruction/Damage/Vandalism of Property	5	3	Not Considered
	Criminal Trespass of Habitat (Misdemeanor only)	N/A	1	Not Considered
Crimes Against Society	Description			
	Drug Possession	5	3	Not Considered
	Drug Manufacture, Distribution, Possession with Intent to Distribute	5	3	Not Considered
	DUI and/or DWI Related Offenses	5	3	Not Considered
	Meth Manufacturing	Lifetime	Lifetime	Lifetime
	Prostitution Related Offenses (Felony only)	3	N/A	Not Considered
Multiple Offenses	Description			
	3 or more Felony Convictions application will be denied.	5	Not Considered	Not Considered



# Children's HOME Initiative

## Release of Information

By signing this, you are allowing Foundation Communities staff to communicate with individuals and social service providers listed on this application, on your behalf for the sole purpose of assessing eligibility for the Children's HOME Initiative program. Foundation Communities prohibits disclosing application status information to family or friends outside of the household listed on the application.

Information that may be relevant to your case includes, but is not limited to, family's employment, medical, educational, psychological, substance abuse, and criminal history.

If you require an interpreter, Foundation Communities contracts interpretation services with United Language Group. All conversations are private and confidential. We do not allow interpretation from non-professionals such as family and friends.

The Children's HOME Initiative adheres to a strict Policy on Confidentiality. The identity of any participant using our services and any information concerning that participant's case is kept strictly confidential with the following exceptions:

1. Except in cases where we are bound by law to report information concerning child abuse, elderly abuse, homicide, homicidal, or suicidal threats;
2. Unless there is an Authorization to Release Information form signed by the client on file.

\_\_\_\_\_  
Signature of Participant #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant #2

\_\_\_\_\_  
Date



For office use only:

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

Application revised: July 2021

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 (everyone over 18 yrs of age)

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

Do you have primary/full custody?

☐ 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	Email
		( )		
		( )		

Who referred you to this program?

Name	Relationship	Email

Do you have any **family or friends** currently **living at a Foundation Communities** property? ☐ Yes ☐ No

If yes, who?

Name	Property	Relationship	Are they in the <b>CHI program</b>
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## III. Disability and Health

Do you have a documented disability? ☐ Yes ☐ No

If yes, identify

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Developmental Disability | <input type="checkbox"/> HIV / AIDS                  |
| <input type="checkbox"/> Alcohol Abuse            | <input type="checkbox"/> Drug Abuse               | <input type="checkbox"/> Both Alcohol and Drug Abuse |
| <input type="checkbox"/> Mental Health Diagnosis  | <input type="checkbox"/> 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 four paystubs

☐ Bookkeeping form, supporting documents, and 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: \$ _____	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

## V. Financial Stability (continued)

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

Please check one:

☐ \$0 - \$499

☐ \$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

## VI. 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 long 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?

\_\_\_\_\_



## VI. 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

## VII. 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 offenses in the last 5 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 3 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"/> Dismissed <input type="checkbox"/> Deferred Adjudication
			<input type="checkbox"/> Felony	<input type="checkbox"/> Time Served <input type="checkbox"/> Probation
				<input type="checkbox"/> Other: _____
			<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication
			<input type="checkbox"/> Felony	<input type="checkbox"/> Time Served <input type="checkbox"/> Probation
				<input type="checkbox"/> Other: _____
			<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication
			<input type="checkbox"/> Felony	<input type="checkbox"/> Time Served <input type="checkbox"/> Probation
				<input type="checkbox"/> Other: _____
			<input type="checkbox"/> Misdemeanor	<input type="checkbox"/> Dismissed <input type="checkbox"/> Deferred Adjudication
			<input type="checkbox"/> Felony	<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:

## VIII. 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.**

## IX. Placement

The CHI program is available at 12 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 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice

# _____ Choice	<b>NORTHWEST PROPERTIES</b> Lakeline Station / 13635 Rutledge Spur (78717) Cardinal Point / 11015 Four Points Drive (78726)
# _____ Choice	<b>NORTH PROPERTIES</b> Crossroads Apartments / 8801 McCann Dr (78757) Trails at Vintage Creek / 7224 Northeast Dr (78723) Laurel Creek / 11704 N Lamar Blvd (78753) – <b>OPENING LATE 2021</b>
# _____ Choice	<b>CENTRAL PROPERTIES</b> M Station Apartments / 2906 E Martin Luther King Jr Blvd (78702) The Jordan at Mueller / 2724 Philomena Street (78723)
# _____ Choice	<b>SOUTH PROPERTIES</b> Daffodil Apartments / 6009 Daffodil Dr (78744) Sierra Ridge Apartments / 201 W St Elmo Rd (78745) Sierra Vista Apartments / 4320 S Congress Ave (78745)
# _____ Choice	<b>SOUTHWEST PROPERTIES</b> Homestead Apartments / 3226 W Slaughter Ln (78748) Live Oak Apartments / 8500 W Hwy 71 (78735)