



Children's HOME Initiative

Case Management Program Application

What is the Children's HOME Initiative (CHI) Program?

Children's Home Initiative is a 2-year case management program that provides supplemental supportive services to the prospective family, such as financial coaching, parent empowerment, and a pathway to housing. As such, success in our program is reliant on the applicant's drive and desire to maintain a positive relationship with their case manager while fulfilling the program's requirements. Families must go through an interview process to determine acceptance into the program. If you are deemed fit for the program, you'll be referred to the leasing process.

The ideal applicant would possess the following attributes:

- The head of household is 18 years or older
- Custody and possession of at least one child under the age of 18
- At least one adult who is at least employed part-time
 - Or the head of household is receiving SSI or SSDI

We assess each family's determination based on the following program requirements:

- Readiness and willingness to engage in weekly case management meetings
- Communicating with the Financial Stability Advisor to establish goals and coordinating a plan of action
- Seeking counsel with the Parent Empowerment Advisor to develop individualized parenting and child development goals, in addition to becoming an advocate for their children's education
- Actively maintaining or improving their employment opportunities
- Prioritizing family sustainability by paying rent, utilities, and other essential expenses
- Ability to afford move-in costs and maintain a balanced budget to afford basic living expenses

In order to be approved for a unit at a family property, the following criteria must be met:

- Income must be at least 2.5x the reduced rent
- Income must not exceed the 30% MFI based on household size
- No more than 3 broken leases or evictions, respectively
- No more than \$350 in rental debt for DAMAGES per property
- No felonies in the last 5 years, and no misdemeanors in the last 3 years
- There are no requirements for SSN or ITIN

What do I need to submit with my application?

Please see the checklist on page 3 to help you submit a complete application.

PLEASE SUBMIT APPLICATIONS BY EMAIL, FAX, OR MAIL

childrenshomeinitiative@foundcom.org

Fax: 512-447-9025

3000 S IH 35 Suite #150, Austin TX, 78704

Questions? Call 512-610-7392

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

COMPLETE APPLICATION CHECKLIST

APPLICATION

- Release of Information
- CHI application (pages 4-11 + this checklist)

NECESSARY INCOME DOCUMENTATION

W2 TYPE JOB

- 4 most recent paystubs
- Verification of Employment *(if new job)*
- Offer letter *(if new job)*

SELF-EMPLOYMENT/CASH/1099 INCOME

- Self-employment verification & Questionnaire
- Recent tax return with Schedule C or 1099 MISC
- Self-affidavit if no tax return filed
- Bookkeeping form

SSI/SSDI INCOME

- Most recent SSI/SSDI award letter

SELF-EMPLOYMENT SUPPORTIVE INCOME DOCUMENTATION

(IF EMPLOYER DOES NOT KEEP TRACK OF INCOME)

- Monthly ledgers
- Copies of checks
- Receipts
- Invoices

SUBMIT IF APPLICABLE

ADDITIONAL INCOME

- Child Support Income Sheet
- Child Support Court agreement IF within the last 12 Months
- Divorce decree IF divorced within the last 2 years
- Most recent TANF award letter

ADDITIONAL DOCUMENTATION

- Austin Energy receipt of recent payment if you have an outstanding balance
(Note – applicants will not be able to move in until debts are paid off)
- Texas Gas receipt of recent payment
(Note – applicants will not be able to move in until debts are paid off)
- Itemized statement if rental debt
- Criminal history report
(Note – please review page 2 with our criminal history guidelines)

ACKNOWLEDGEMENT

I understand that by submitting an application and supporting documents it is not guaranteed that I will meet the qualifying criteria for the program. I understand that if denied, I have 60 days from date of my application being reviewed to submit additional documentation to have my application reevaluated. I also understand that if additional information is required, I have 60 days from date of initial application review to submit the documentation. Lastly, I acknowledge and certify that I providing truthful information and falsification of any information or documentation will lead to a denial.

Initials: _____

Initials: _____



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: **October 2022**

Falsifying information and/or omitting information may result in your denial from the Children's HOME Initiative.

Applicant Information
Complete for every adult 18 years and older

Adult Applicant Full Name: _____ **College Student?** Yes No
First M.I. Last

Gender: Female Male Questioning Gender other than singular female or male Transgender Other

Additional Adult Applicant: _____ **College Student?** Yes No
First M.I. Last

Gender: Female Male Questioning Gender other than singular female or male Transgender Other

Address:	<i>Street Address</i>	<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>
Phone:	Email:	
	<i>ZIP Code</i>	

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

Ethnicity: Latino Hispanic Not Latino / Hispanic Do Not Know

Preferred Language of Communication: (please check off all that apply)

Biling. English Spanish 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 TX ID Passport Other _____

Do you have a car? Yes No

Do you have any pets? Yes No

If yes, what kind of breed? _____ How many pets? _____

Are they a certified emotional support or service animal? Yes No

Who will be a frequent visitor(s) once you are in the program?

Name	Relationship

Applicant Information (continued)

Family Composition

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

Head(s) of Household (everyone 18 years of age or older)

First Name	Last Name	Date of Birth	Social Security Number / ITIN

Children In Household

First Name	Last Name	Date of Birth	SSN / ITIN	Name of School / Childcare	Grade	AISD Student ID #

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

Do you have legal custody Yes No Do have primary/full custody? Yes No

Are your children currently living with you? Yes No
If not, who are they currently with?

Child	Who they're with	Relationship to child	Contact Information	Reason child is with them

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

Applicant Information (Continued)

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

Are you currently fleeing domestic violence? Yes No

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 CHI Program?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Disability and Health

Does anyone in the household have a documented disability? Yes No

If yes, identify

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

Who and describe the diagnosis(es): _____

Are you/they currently receiving treatment for your disability? Yes No

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

If yes, please specify _____

Has anyone in the household 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 for your addiction? Yes No

Employment and Income

Please submit all proof of income with your application!

Are you currently employed? Yes No

Do you receive pay-stubs? Yes No

Do you get paid in cash or by other money transfer services?
(Venmo, CashApp, Zelle, Paypal) Yes No

Last 4 paystubs

Bookkeeping Form, supporting documents
and last year's income tax (self-employed only)

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

Are you willing to make efforts to build assets? Yes No

Current Place of Employment

Current Work Income

Adult Employed: _____

Hourly Salary

Name of Employer: _____

\$ _____ Hourly/Salary Rate

Hours Worked Per Week

Exact Start Date: _____

\$ _____ Monthly GROSS Income

Current Place of Employment

Current Work Income

Adult Employed: _____

Hourly Salary

Name of employer: _____

\$ _____ Hourly/Salary Rate

Hours Worked Per Week

Exact Start Date: _____

\$ _____ Monthly GROSS Income

Additional Income

Social Security Income: \$ _____

Disability Income: \$ _____

Recipient Name: _____

Recipient Name: _____

Can you provide the most recent award letter? Yes No

Can you provide the most recent award letter? Yes No

Other income: \$ _____

TANF: \$ _____

Type: _____

Recipient Name: _____

Child Support: \$ _____ court ordered child support informal child support

If informal, can the other parent write a letter? Yes No; because _____

Housing History

What is your current living situation? Please base it on where you stayed last night. Please check off only 1 box

Staying with friends or family

Currently on a lease

End of lease date: _____

Jail, prison, or juvenile detention facility

Currently subletting

Transitional Housing Program _____

Hotel or Motel

Homeless

Public place

Car

Other _____

(Please select where you slept last night)

Streets

Shelter

Are you at risk of losing your housing or is there an exit date? Yes No

By what date do you need to be out of current housing? _____

How long have you been living in this situation? _____ days / months / years

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	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	Is it still on your credit?
			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> non-payment of rent <input type="checkbox"/> other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> non-payment of rent <input type="checkbox"/> other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> non-payment of rent <input type="checkbox"/> other	<input type="checkbox"/> Yes <input type="checkbox"/> No

How many broken leases 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	Is it still on your credit?
			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> non-payment of rent <input type="checkbox"/> other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> non-payment of rent <input type="checkbox"/> other	<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$	<input type="checkbox"/> damage to apt <input type="checkbox"/> non-payment of rent <input type="checkbox"/> other	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

Does anyone in your household currently have an account with **Austin Energy** or **Texas Gas**? Yes No

If yes, please state who: _____ Austin Energy Texas Gas Both

Anyone else over 18yrs, please state: _____ Austin Energy Texas Gas

Does anyone in your household currently have any debt with **Austin Energy** or **Texas Gas**? Yes No

If yes, please state who: _____ Austin Energy Texas Gas Both

If yes, please state the amount owed: _____ Austin Energy _____ Texas Gas

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 below:

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

Additional Information

Please write out any additional information you feel is important for us to know.

Acknowledgement

I confirm all 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: _____

Properties

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 1st, 2nd and 3rd choice.

# _____ Choice	NORTHWEST PROPERTIES
	Lakeline Station / 13635 Rutledge Spur (78717)
	Cardinal Point / 11015 Four Points Dr. (78726)
	The Loretta / 13649 Rutledge Spur (78717)
# _____ Choice	NORTH PROPERTIES
	Crossroads / 8801 McCann Dr. (78757)
	Laurel Creek / 11704 N Lamar Blvd. (78753)
	Trails at Vintage Creek / 7224 Northeast Dr. (78723)
# _____ Choice	CENTRAL PROPERTIES
	M Station / 2906 E Martin Luther King Jr. Blvd. (78702)
	The Jordan at Mueller / 2724 Philomena St. (78723)
# _____ Choice	EAST PROPERTIES
	Daffodil / 6009 Daffodil Dr. (78744)
# _____ Choice	SOUTH PROPERTIES
	Sierra Ridge / 201 W St. Elmo Rd (78745)
	Sierra Vista / 4320 S Congress Ave. (78745)
# _____ Choice	SOUTH WEST PROPERTIES
	Homestead Oaks / 3226 W Slaughter Ln (78748)
	Live Oak Trails / 8500 W Hwy 71 (78735)