



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 \$500 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

TO BE CONSIDERED FOR THIS PROGRAM YOU MUST SUBMIT THE FOLLOWING:

- Release of Information (pg.4)
- CHI application (pg.5-11)
- Proof of income*

APPLICATIONS SUBMITTED WITHOUT PROOF OF INCOME WILL NOT BE PROCESSED OR REVIEWED. READ BELOW TO SEE WHAT PROOF OF INCOME IS REQUIRED.

**You must have income to qualify for this program*

REQUIRED PROOF OF INCOME DOCUMENTATION

•W2 EMPLOYMENT (taxes deducted from check)

IF PAID WEEKLY	8 most recent paychecks
IF PAID BI-WEEKLY (2X month)	4 most recent paychecks
IF PAID MONTHLY	4 most recent paychecks

If you are newly hired you must wait until you have collected the appropriate number of checks to apply.

•SELF-EMPLOYMENT/"Gig work" (Uber, Lyft, Favor, Door Dash, Instacart, etc.)

- Monthly or weekly earnings statements from mobile app (for duration of hire up to 12 months)
- Monthly bookkeeping form deducting business expenses and totaling all net income

We require a minimum of 4 months self-employment to consider you for the program. If you are newly hired on as a contractor for any gig job you must wait to apply until you have at least 4 months of earnings.

•SELF-EMPLOYMENT/CASH/1099 EMPLOYMENT

- Copies of checks from employer (if they issue pay checks)
- Monthly ledger
- Customer Receipts
- Customer Invoices

If you are self-employed and have not documented ALL your earnings from this job, your income cannot be calculated and you will not qualify for the program.

•SSI/SSDI INCOME

- Most recent SSI/SSDI award letter(s)

SUBMIT IF APPLICABLE

ADDITIONAL INCOME

- Child Support Summary of Payments from OAG website
- Child Support Court agreement IF within the last 12 Months
- Divorce decree if applicable
- Most recent TANF award letter (listed on SNAP benefit letter)

- 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)



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: Feb 2024

Falsifying information and/or omitting information may result in program denial.

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 ZIP Code</i>

Phone: _____ **Email:** _____

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 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 How many pets? _____

If yes, what kind of breed? _____

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 you 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:

Are you married? Yes No

Have you been divorced or separated? Yes No Do you have your divorce decree? Yes No

Do you have court ordered child support? Yes No Amount? \$ _____

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"/> Other |

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

Proof of income MUST be submitted with application in order to be considered for the program.

Are you currently employed? Yes No

W2 jobs (taxes deducted) Do you receive paystubs? <input type="checkbox"/> Yes <input type="checkbox"/> No →	1099 jobs (self-employed/independent contractor) UBER, LYFT, DOORDASH, INSTACART, GRUBHUB, ETC
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Adult Employed:			
Name of Employer:			
Exact Start Date:			
\$ _____ Hourly Rate / Salary			
_____ Hours Worked per Week			
Pay Frequency:			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly (2x Month)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly
\$ _____ Total Monthly Income			

How long have you been employed? _____	
Do you get paid in cash? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you documented ALL earnings from this job with any monthly ledgers or receipts/invoices?	<input type="checkbox"/> Yes <input type="checkbox"/> No
STOP	If you do not have documentation of your self-employment/cash jobs we are unable to proceed with your application as we cannot calculate your income.
Continue with this application only if you are able to provide sufficient documentation of ALL self-employment earnings.	

Additional Employment:			
Adult Employed:			
Name of Employer:			
Exact Start Date:			
\$ _____ Hourly Rate / Salary			
_____ Hours Worked per Week			
Pay Frequency:			
<input type="checkbox"/> Weekly	<input type="checkbox"/> Bi-Weekly (2x Month)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Semi-Monthly
\$ _____ Total Monthly Income			

UBER, LYFT, DOORDASH, INSTACART, GRUBHUB, ETC	
Are you able to access your monthly or weekly earnings statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Monthly or weekly statements will need to submitted along with application.	
Would your employer be willing to fill out a Verification of Employment form stating your overall earnings and other employment details?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employers Email: _____	

Social Security Income: \$ _____
Recipient Name: _____
Recipient Name: _____
Can you provide the most recent award letter(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Disability Income: \$ _____
Recipient Name: _____
Recipient Name: _____
Can you provide the most recent award letter(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

Child Support: \$ _____	
<input type="checkbox"/> court ordered child support Can you provide payment summary? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> informal child support Can other parent provide letter? <input type="checkbox"/> Yes <input type="checkbox"/> No

TANF: \$ _____
Recipient Name: _____
Can you provide recent SNAP benefit letter showing TANF award amount? <input type="checkbox"/> Yes <input type="checkbox"/> No

Housing History

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

- | | |
|--|--|
| <input type="checkbox"/> Staying with friends or family | <input type="checkbox"/> Currently on a lease End of lease date: _____ |
| <input type="checkbox"/> Jail, prison, or juvenile detention facility | <input type="checkbox"/> Currently subletting |
| <input type="checkbox"/> Transitional Housing Program _____ | <input type="checkbox"/> Hotel or Motel |
| <input type="checkbox"/> Homeless (please select where you slept last night) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Public place <input type="checkbox"/> Car <input type="checkbox"/> Streets <input type="checkbox"/> Shelter | |

Are you at risk of losing your housing or is there an exit date? Yes No **Exit Date:** _____

How long have you been living in this situation? _____

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: *Damages, violations, non-payment of rent*

Date of Eviction	Place of Eviction	Reason for Eviction	Debt Owed	Reason for Debt	Is it still on your credit?
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<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 broken leases *Damages, violations, non-payment, fleeing DV, left without notice*

Date of Eviction	Place of Eviction	Reason for Eviction	Debt Owed	Reason for Debt	Is it still on your credit?
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
			\$		<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

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 Amount owed: \$ _____

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)
	Parker Lane 2105 Parker Lane. (78741) <i>Opening Summer 2024!</i>
# _____ Choice	SOUTH WEST PROPERTIES
	Homestead Oaks 3226 W Slaughter Ln (78748)
	Live Oak Trails 8500 W Hwy 71 (78735)