



Required Forms for Transitional Housing Facilities

*To be considered for reimbursement processing: The following forms must be completed **and** submitted to New Castle County along with the client documents and draw for reimbursement. Incomplete documents will be returned and will not be processed.*

REQUIRED FORMS:

- Transitional Housing Client File Checklist Form
- New Castle County CDBG Client Reporting Form
- NCC Parcel Search Results showing address prior to homelessness was outside the City of Newark and Wilmington limits *(parcel numbers beginning with 18 or 26 are not eligible for NCC CDBG funds).*
- Agency Intake Application & Related Orientation Forms
- Homeless Certification Form (completed entirely and signed by client and staff)
- Income Related Source Documents, Photo ID & Vital Statistics Documentation*
- Termination & Appeal Policy & Procedure (proof client received a copy of them)

**As Available*



New Castle County Parcel Prefix

www.nccde.org/parcelview

New Castle County eligible jurisdictions will have Parcel Numbers beginning with any number listed below EXCEPT: 18 (City of Newark) & 26 (City of Wilmington). New Castle County CDBG - Transitional Housing funding may not be used to benefit people whose Parcel Numbers begin with that other number.

- 6 Brandywine Hundred
- 7 Christiana Hundred
- 8 Mill Creek Hundred
- 9 White Clay Creek Hundred
- 10 New Castle Hundred
- 11 Pencader Hundred
- 12 Red Lion Hundred
- 13 St. Georges Hundred
- 14 Appoquinimink Hundred
- 15 Blackbird Hundred
- 16 Arden
- 17 Bellefonte
- 18 City of Newark**
- 19 Elsmere
- 20 Newport
- 21 City of New Castle
- 22 Delaware City
- 23 Middletown
- 24 Odessa
- 25 Townsend
- 26 City of Wilmington**
- 27 Ardentown
- 28 Smyrna
- 29 Ardentown
- 30 Clayton



CLIENT REPORTING FORM
NEW CASTLE COUNTY BENEFICIARY INFORMATION
SELF-CERTIFICATION OF INCOME, RACE, AND ETHNICITY
For CDBG Programs Requiring Information on Income by Family Size

Applicants should provide proof of income in accordance with New Castle County's two acceptable forms of income first (Part 5 Annual Income or IRS Form 1040). Head of Household must complete this entire form.

NUMBER OF FAMILY/HOUSEHOLD MEMBERS _____ * ANNUAL FAMILY/HOUSEHOLD INCOME _____
**For each member over the age of 18 attach income documentation or a notarized letter certifying zero income.*

Name:	Over 18	Race:	Ethnicity:	Name:	Over 18	Race:	Ethnicity:

RACE AND ETHNICITY:

This information contained herein is CONFIDENTIAL and will be used only for the purpose as stated below. This information is requested by the Government SOLELY for the purpose of monitoring compliance with Federal anti-discrimination statutes. It is a HUD requirement we collect this information for statistical reporting purposes.

Please use the codes below to record Race & Ethnicity Data in box above for ENTIRE HOUSEHOLD...

Household Race:

- 11 - White
- 12 - Black or African American
- 13 - Asian
- 14 - American Indian or Alaska Native
- 15 - Native Hawaiian or Other Pacific Islander
- 16 - American Indian or Alaska Native & White
- 17 - Asian & White
- 18 - Black or African American & White
- 19 - American Indian or Alaska Native & Black or African American
- 20 - Other Multi Racial
- 21 - Hispanic Ethnicity
- 22 - Non-Hispanic Ethnicity

Address:

Agency: Remember to perform parcel search of address
<http://www3.nccdc.org/parcel/search/> & attach results

Female Head of Household: Yes No

Handicapped Status: Yes No

(Handicapped households are those headed by a person who is handicapped. Also included are handicapped persons who are members of non-handicapped households. "Handicapped person" means any person who (I) has a physical or mental impairment which substantially limits one or more major life activities, (II) has a record of such impairment, or (III) is regarded as having such an impairment.)

Under penalty of perjury, I certify that the information presented in this certification is true to the best of my knowledge. I further understand that providing false information on this page constitutes an act of fraud. False, misleading or incomplete information may result in termination of assistance.

 Signature of Applicant

 Printed Name of Applicant

 Date

For Agency Office Use Only (Please remember to complete this section):

____ 0% - <30% of median ____ 31% - <50% of median ____ 51% - <80% of median ____ Over 80% of median
 Date of Income Guidelines Used _____



New Castle County (NCC)

Transitional Housing Facility Homeless Certification Form

HUD's DEFINITION of HOMELESSNESS and CERTIFICATION

Transitional Housing Household Name: _____ Date: _____

This is to certify the above individual or household is currently homeless based on the category checked and required documentation.

CHRONICALLY HOMELESS CERTIFICATION

CHRONICALLY HOMELESS: Is Eligible for Rapid Re-housing Assistance.

Individual or family:

- Is homeless and resides in a place not meant for human habitation, a safe haven, or in an emergency shelter and has been homeless and residing in such a place for at least 12 months *or* on at least four separate occasions in the last three (3) years where the combined occasions must total at least 12 months; **and**
- (ii) Has a head of household with a diagnosable substance use disorder, serious mental illness, developmental disability (as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act of 2000 (42 U.S.C. 15002)), post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability.

NOTE:

- Transitional Housing *does not* qualify an individual/family for chronic status;
- Veterans receiving Supportive Services for Veteran Families (SSVF) or other grant per-diem programs offered by the Veterans Administration **do** maintain their Chronic Status;
- ESG Rapid Re-housing is not considered transitional housing;
- Institution stays of less than 90 days do not constitute a break and *can be* included in the time calculation as long as the individual/family were on the streets, in emergency shelter, or safe haven when they began;
- Stays in "housed" environments that are *less* than seven (7) consecutive nights *do not* constitute a break in homelessness.
- A BREAK in homelessness is defined as a stay in housing that lasts at least seven (7) consecutive nights; therefore a client *must have* at least four (4) separate occasions to qualify under this option.

To certify individual living in a place not meant for human habitation, a safe haven or an emergency shelter, the following documentation must be provided.

Option 1:

- An CMIS record or record from a comparable database. If not documented in CMIS for 12 months proceed to Option 2.

Option 2**:

- A written observation by an outreach worker of the conditions where the individual was living *or*
- A written referral by another housing or service provider where the individual was living.

****Note:** One encounter per month, documented breaks in CMIS (stayed with relative for night etc. counts as homeless) is acceptable documentation. Must be documented in client file.

Option 3: For use *only* in situations where no third-party certification is available; self-certification can be used only after attempts to collect documentation of Options 1 and 2 above.

- Self-certification by the individual seeking assistance, which must be accompanied by the intake worker's documentation of the living situation of the individual or family seeking assistance and the steps that were taken to obtain evidence in Steps 1 and 2.

To certify head of household disability, the following documentation must be provided:

- Verification of Disability

