

BRETHREN HOUSING ASSOCIATION

219 Hummel Street, Harrisburg, PA 17104-3399

Phone: (717) 233-6016 □ Fax: (717) 233-5489 □ Email: bha@bha-pa.org □ Web: www.bha-pa.org

Transitions Program Eligibility Criteria

The Transitions Program is a transitional housing program for single women and their children experiencing homelessness. The program assists participants in obtaining and maintaining safe, affordable, permanent housing as quickly as possible. Participants work with BHA staff to develop a comprehensive goal plan to support them on their journey toward self-sufficiency.

Below are the eligibility requirements:

1. A woman with custody of minor child(ren) or who is working toward reunification with her children, as is confirmed by her child welfare worker.
2. Must be homeless or near homeless as defined by the HAP requirements below.
3. Must be low-income defined as at or below **200%** of the Federal Income Poverty Guidelines. (This does not apply to those who need HAP services due to a disaster or domestic violence.)
4. Women who are 18 years or older in age. However, a woman 17 years of age and younger who has children may be considered an emancipated minor.
5. The applicant must be able to function/live independently.
6. The applicant must be willing to:
 - a. adhere to the BHA drug and alcohol-free policy while living in the BHA Transitions Program. (Depending on the history of drug and alcohol addiction, the applicant may need to be actively involved in a treatment program before entry to the program.)
 - b. follow through with the participant responsibilities and the policies of BHA.
 - c. work consistently on their Individual Goal Plan.

HAP Definition of Homelessness

Individuals or families are homeless if they:

1. are residing in a group shelter; domestic violence shelter; hotel or motel paid for with public or charitable funds; a mental health, drug, or alcohol facility; jail; or hospital with no place to reside; or living in a home, but due to domestic violence, needs a safe place to reside,
2. have received verification that they are facing foster care placement of their children solely because of lack of adequate housing, or need housing to allow reunification with children who are in foster care placement;
3. are living in a "doubled-up" arrangement for six months or less on a temporary basis;
4. are living in a condemned building;
5. are living in housing in which the physical plant presents life and/or health threatening conditions; e.g., having dangerous structural defects or lacking plumbing, heat, or utilities; or are living on the streets, in cars, doorways; etc.
6. Individuals and families are **near homeless** if they are facing eviction (having received either written or verbal notification from the landlord that they will lose their housing unless some type of payment is received. Verbal notification must be followed up with written documentation).
7. HAP clients in need of services due to a **disaster or domestic violence** are eligible based solely on need.

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Transitions Program Application Process

1. Complete the Application- Applications can be obtained from Staff at the BHA office Monday through Friday from 10am to 4pm or on our website at www.bha-pa.org.
2. Application Review - Once the completed application is received, Program Staff will review and determine eligibility. You will be contacted by phone or in writing within one week and informed if you are eligible to continue in the application process. If you are eligible for the program, you will be scheduled for an interview at BHA within 2 weeks of your date of application.
3. Interview – BHA Staff will complete a more in depth homeless assessment into the actual problem and your strengths and needs related to solving the problem. You will need to bring in information or documents that will verify your homelessness and support program eligibility and priority determinations.
4. Interview Evaluation – The Program Team will discuss each person who completed an interview and then make the final determination of acceptance into the program on a bi-monthly basis.
5. Non-acceptance to the Program - If you are not accepted into the Transitions Program, you will be contacted by phone or by mail and referred to other community resources or homeless intervention programs. Applicants who were not accepted into the Transitions Program must wait one year before applying for the program again.
6. Acceptance to Program - If you are accepted into the Transitions Program, you will be contacted by phone and by mail and then placed on our waiting list for an available unit.
7. Waiting List – You will be put on our waiting list based on a first-come, first-serve basis, unless you are designated as one of the target populations by CACH (the Capital Area Coalition on Homelessness) in which you will be given priority status for an available unit that fits your family size. The target populations are as follows: Chronically Homeless, Unsheltered, Unaccompanied Children/Youth up to age 24, or Veteran. The waiting list will be updated at the end of every month.
8. Unit Availability - When a unit becomes available, BHA staff will contact the top person on the waiting list for that size unit to determine current housing status and interest in the program. If you are still homeless according to the HAP definition (see eligibility guidelines), you will be offered this available unit.
9. Removal from Waiting List – If we are unable to reach you due to incorrect contact information, you will be removed from the waiting list. If you are removed from the waiting list, you must reapply for the program to be put back on the waiting list. Applicants who are on the waiting list for more than one year will be re-evaluated for eligibility to the program, and removed from the list if they are unable to be contacted by program staff or are no longer considered homeless by the HAP definition of homelessness. If you are removed from the waiting list, you must reapply for the program to be put back on the waiting list.

If an applicant to the BHA Transitional Housing Program believes that she was wrongfully denied to the program, she may appeal the decision. The process of appeal is explained in the **Grievance Process and Appeal Process** that follows:

>>>Grievance and Appeal Process

This grievance procedure sets forth the initial process available to participants in BHA's Transitional Housing program to resolve issues that arise from disciplinary actions. Should you receive notification of discipline for any reason, including discharge from the program, you have the right to appeal. The appeal process is as follows:

1. You may appeal to the Executive Director in writing within 24 hours of the discipline. Your appeal should be directed to:
Crystal Brown, Executive Director
Brethren Housing Association
219 Hummel Street
Harrisburg, PA 17104
2. Within two working days, the Executive Director and your Family Advocate will meet with you to discuss the issues regarding the discipline and the appeal. The Executive Director will inform you of her/his decision within two working days of the meeting.
3. Transitional Housing program participants who may not be satisfied after following the above steps may appeal to the county and state, if applicable, as described in the following Appeal Process.

>>>Appeal Process

This section sets forth the appeal process that is available for applicants to and participants in any BHA program that is governed by Homeless Assistance Program regulations. Each applicant to and participant in such a program will have the process below explained by the Family Advocate to whom they have been assigned, both at the time of application and, if applicable, at the time of entrance into the program.

As an applicant to or a participant in a program that is governed by Homeless Assistance Program regulations, you have a right to appeal either denial of admission to or termination from that program within the first 18 months of your stay in that program.

NOTE: You are not entitled to services during the time of any appeal.

Your first level of appeal is to the Dauphin County Mental Health and Intellectual Disabilities Administrator's Office. Your appeal should be directed to:

Dan Eisenhauer, Director
Dauphin County Mental Health and Intellectual Disabilities Administrator's Office
100 Chestnut Street, 1st Floor
Harrisburg, PA 17101
(717) 780-7050

At the same time you appeal to the county, you also have the right to appeal to:

Office of Hearings and Appeals
Department of Public Welfare
P.O. Box 2675
Harrisburg, PA 17105
Telephone: (717) 783-3950

This program does not discriminate against any person because of race, color, religious creed, ancestry, national origin, age, sex, disability, life style, or sexual orientation. Any person who believes that denial or termination of services is based on discrimination because of any of these reasons may appeal to:

Pennsylvania Human Relations Commission
Riverfront Office Center
1101-1125 S. Front Street, 5th Floor
Harrisburg, PA 17104-2515
(717) 787-9780

Once an appeal has been made, you will be informed by the office(s) to which you have appealed as to how they will proceed in reviewing the actions taken by BHA's Transitional Housing Program.

NOTE: You are not entitled to services during the time of appeal or review.

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Transitions Program Overview

Brethren Housing Association offers more than just housing. The Transitions program is a program designed to provide services, support, and referrals to meet your needs and help you obtain and maintain permanent housing. BHA utilizes a trauma-informed approach to their services and is a Christian-based organization. BHA staff respects the individual beliefs of participants and participants are not required to discuss faith issues or make a profession a faith.

Together with supportive staff and case management, you will be on your way to greater self-sufficiency and growth. With hard work and determination, you will develop skills for managing your money and work towards a more stable income for you and your family; you'll make new friends who can support healthy choices; and you'll work on goals to find and maintain permanent housing for you and your children. If you are willing to abide by the following policies and expectations, please sign and then fill out the application.

General Program Policies

- a. In this program you are a program participant. You are not a tenant and do not have the same rights afforded to a housing tenant.
- b. The unit you will be assigned is for you and your children only. No other family or friends/boyfriends can live with you. All guests must be approved by the Program Director prior to visiting. Once approved they may visit from 9AM to 9PM.
- c. BHA's Transitions Program is a drug and alcohol free program. Participants must not consume illegal drugs or alcohol while participating in the program and must be willing to maintain a drug and alcohol free home, and ongoing recovery services (if applicable).

Participant Responsibilities

Upon acceptance into BHA's Transitions Program, you would be responsible for:

- a. You are responsible for meeting with your Family Advocate on a regular basis to develop an Individual Goal Plan which will focus on setting goals related to eliminating housing barriers, increasing your income and securing and maintaining permanent housing.
- b. You are responsible for making ongoing progress on your Individual Goal Plan.
- c. You are responsible for participating in a program leading to financial stability such as employment, short-term educational or job training programs and internships or volunteering opportunities to develop job skills.
- d. You are responsible for actively participating in the program services that are provided at BHA that will help you develop the necessary skills and knowledge to obtain and maintain permanent housing.
- e. You are responsible for working through the BHA Phase System to remain focused on the target of permanent housing.
- f. You are responsible for paying a monthly program fee from the income you receive.
- g. You are required to put the electric for your assigned unit in your name and are responsible for paying your own electric bill.
- h. You are responsible for keeping your assigned apartment clean and in good repair while living in the program.

- i. You are responsible for following BHA's program policies.
- j. You are responsible for maintaining open and honest communication with your Family Advocate so they can assist you to the best of their ability.
- k. You are responsible for helping ensure the safety and wellness of the BHA residential community.
- l. You are responsible for treating BHA staff, volunteers, and other participants with respect.

Program Expectations of Participants:

Our comprehensive program services are designed to provide you with the skills and resources necessary to obtain and maintain permanent housing. You will have up to 12 months in our Transitions Program to acquire permanent housing and complete their Individual Goal Plan. It is the hope that you will take advantage of the services and support that we offer at BHA so that you can reach your permanent housing goals.

Types of Program Services Provided to Participants:

- Advocacy with other agencies and governmental systems
- Weekly Life Skill Classes
- Support Group which focuses on understanding the effects of Trauma
- Housing Advocacy and Referrals
- PREP: The Prepared Renters Education Program
- Independent Living Skills through on-site Occupational Therapist interns and volunteers
- Vocational Assistance: Assistance in determining short-term employment goals and referrals to community resources to help participants gain economic stability
- Financial Education Program: We provide basic financial education through a series called Faith & Finance, which is a 12-week program.
- Referrals to Samara Parenting Support Classes
- Counseling Referrals: Individual and group therapy referrals for crisis support, stress management, and coping skills to enhance individual growth. Pressley Ridge also offers counseling services to our participants on-site.
- Safety planning and Self-Care Plans
- Follow-up Case Management Services: Our Next Steps program provides case management support to assist families with the transition to living on their own. Our goal is to maintain long-term relationships with graduates to ensure stability, provide counsel as needed, and keep our graduates connected to the BHA family.

I have read the Policies and Expectations to be a Participant in Brethren Housing Association's Transitions Program and agree to abide by these Policies and Expectations if I am accepted into the program.

 Applicant Name

 Signature

 Date

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Participant Disclosure

I understand and agree that if I am accepted into the program:

1. the relationship between Brethren Housing Association (BHA) and me is NOT one of landlord and tenant;
2. the BHA Participant Agreement that I have signed or will sign is not a lease and I will not have any of the rights of a tenant under the Pennsylvania Landlord and Tenant Act or any similar law, including, without limitation, the right to notice to quit and eviction proceedings under such laws;
3. any fee I pay pursuant to the BHA Participant Agreement or other agreement with BHA is a program fee and not rent;
4. the BHA Participant Agreement provides that either BHA or I may terminate my participation in the BHA Transitions program upon a 24-hour notice for any reason whatsoever, and I agree that I will immediately vacate BHA's properties upon request; and
5. BHA, in its discretion, may restrict visitors to any BHA living unit or apartment to which I am assigned.

Applicant Name

Signature

Date

Name: _____

Application:

BHA Transitions Program



For BHA Staff Use Only

Date Application Completed: _____

McKinney Vento: Yes No

Date of Interview: _____

Result: Accepted - Date: _____

Not Accepted - Date: _____

If Accepted – Funding: HAP Other

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Transitions Program Application

>>>BASIC INFORMATION

1. Name: _____ Age: _____ Date of Birth: _____

2. Social Security Number: _____ - _____ - _____

3. Current Address: _____

4. How did you hear about BHA: _____

5. Telephone where you can be reached: _____

6. Marital Status: Single (never married) Married Separated
 Divorced Widow Cohabiting

7. Were you ever on active duty in the Armed Forces in the United States:
 Yes No Don't Know Refused

8. Race: American Indian or Alaskan Native Asian
 Black/African American Native Hawaiian/Pacific
 White Islander
 Don't Know Refused

9. Ethnicity: Non-Hispanic/Non-Latino Don't Know
 Hispanic/Latino Refused

>>>CHILDREN (List children in your custody)

Name: _____ Age: _____ Gender: _____ Date of Birth: _____
_____ Age: _____ Gender: _____ Date of Birth: _____
_____ Age: _____ Gender: _____ Date of Birth: _____
_____ Age: _____ Gender: _____ Date of Birth: _____
_____ Age: _____ Gender: _____ Date of Birth: _____

Do you have any other children not in your care? _____ No _____ Yes

If yes, please explain: _____

>>>REFERENCES

Provide one Professional Reference:

Personal Reference (Employer, Co-Worker, Pastor, Case Manager, family member, etc.):

Name	Phone #	Relationship
_____	_____	_____

Provide one housing reference:

Housing Reference (Current/Former Landlord, Shelter/Housing Case Manager, etc.):

Name	Phone #	Relationship
_____	_____	_____

>>>HOUSING HISTORY

Please **describe your current housing situation** including where/with whom you are staying, how long you have lived there, and the reason you have to leave.

List every place you have lived in the past year starting with the most recent one and going back for **12 months**.

1. Current Address: _____
Length of stay: _____
2. Previous Address: _____
Dates of Occupancy: _____
Reason for leaving: _____
3. Previous Address: _____
Dates of Occupancy: _____
Reason for leaving: _____

(If you need more space, please write addresses on the back of this sheet.)

How many times have you been homeless in the last 3 years?

List each time you have stayed in an Emergency Shelter, Safe Haven or place not meant for residing (such as a car) in the past 3 years and how long you were in each location:

> Location: _____

Length of stay: _____

> Location: _____

Length of stay: _____

> Location: _____

Length of stay: _____

>Location: _____

Length of stay: _____

>>>MEDICAL HISTORY

1. Are you currently pregnant? ____NO ____YES If yes, when are you due? _____
2. Does your family have any disabilities or physical limitations in regards to accessing your apartment?
____No ____Yes _____ If yes please explain, _____

3. Are you in the process of or planning on applying for SSI or SSDI? ____ NO ____ YES
If yes, please explain for whom and reason applying: _____

>>>PRESENT INCOME INFORMATION:

1. List all income being received.
 - Cash Assistance: \$ per month: _____
 - SSI/SSDI \$ per month: _____
If yes, for whom _____
 - Employment \$ per month: _____
 - Pension/Retirement \$ per month: _____
 - Unemployment \$ per month: _____
 - Alimony/Child Support/Gift Income \$ per month: _____
 - Other _____ \$ per month: _____
2. Total monthly income received \$ _____
3. Do you receive any of the following benefits?
 - Supplemental Nutrition Assistance Program (SNAP) How much per month? _____
 - Special Supplemental Nutrition Program (WIC)
 - TANF Child Care Services
 - TANF Transportation Services
 - Other TANF-funded Services
 - Section 8, public housing, or other ongoing rental assistance
 - Temporary rental assistance

4. Do you have health insurance?
 Yes No Don't know Refused

2. Have you ever had an addiction to prescription drugs? ____NO ____YES

If yes, please explain: _____

3. When was the last time you abused alcohol and/or used any illegal drugs? _____

4. Are you currently receiving any treatment or support for a drug or alcohol problem? ____ NO ____YES

If Yes, Where/With Whom: _____

>>>DOMESTIC VIOLENCE

1. Have you ever been a victim of domestic violence? ____ No ____ Yes

If Yes, when? _____

2. Is domestic violence a contributing factor to you being homeless at this time? ____No ____Yes

3. Are you in any danger at this time due to threats or actions from another person? ____ No____ Yes

4. Do you or have you ever had a PFA on someone that is a danger to you or your family?

____No ____ Yes If yes, when and what was their relationship to you? _____

>>>CRIMINAL HISTORY

1. Have you ever been **charged** with a crime? ____ No ____ Yes If yes, list charges, dates and if convicted:

2. Are you currently on probation or parole? ____No ____ Yes

If yes, what is the name and phone number of your probation/parole officer? _____

3. Do you owe any fines and costs? ____ No ____ Yes If yes, how much? _____

4. Has your criminal history been a barrier for your housing? If yes, please explain:

GOALS

What do you feel contributed to your current homeless situation?

Why do you want to live in a transitional housing program?

What are your goals for the next year?

What do you want to accomplish while in the BHA Transitions program?

By signing below, I am indicating my desire to be considered for participation in the transitional housing program of Brethren Housing Association. I understand that submitting this application does not in any way guarantee that I will be accepted into the program. I also understand that more than one applicant may be interviewed by BHA for each opening in the program.

My signature also testifies to the fact that the information provided by me in this application is true and accurate and that I have not withheld or distorted any information that is requested in the application. I also authorize the Brethren Housing Association to verify any references and information given by me on this application.

Signature: _____

Date: _____