

NORWICH/NEW LONDON CONTINUUM OF CARE
SCREENING AND REFERRAL FORM
FOR
PERMANENT SUPPORTIVE HOUSING PROGRAMS

FOR OFFICIAL USE ONLY

Application Date: _____

Time Received: _____

Received By: _____

**NORWICH/NEW LONDON CONTINUUM OF CARE
PERMANENT SUPPORTIVE HOUSING
APPLICATION CHECKLIST**

DATE: _____

APPLICANT NAME _____ REFERRED BY _____

CASE MANAGER _____

REQUIRED FORMS FOR APPLICATION SUBMISSION:

- APPLICATION FORM (4 Pages of Demographics)
Be sure to answer all questions, and include your telephone number.
- FEDERAL PRIVACY ACT NOTICE
- CONSENT FOR RELEASE OF INFORMATION
- INCOME VERIFICATION /OR INCOME INELIGIBILITY LETTER
- DOCUMENTED PROOF OF HOMELESSNESS
- DOCUMENTED PROOF OF DISABILITY
- PROVIDER LIST
- BRIEF SYNOPSIS
- ADDITIONAL QUESTIONS: COMMUNICATION NEEDS

INFORMATION FOR PRESENTATION TO COORDINATING COMMITTEE:

ELIGIBILITY:

- DISABILITY / DIAGNOSIS
- SERVICE PLAN
- MEDICATIONS

RISK FACTORS and ADDITIONAL INFORMATION:

- TENANCY INFORMATION
- ARREST RECORD
- ALL RELEVANT RISK-RELATED INFORMATION
- ENTITLEMENTS / INCOME STATUS

ALL REFERRAL APPLICATIONS MUST BE REVIEWED IN ADVANCE OF THE MEETING:

Please submit completed applications to:

SMHA
Attention: David Pascua
401 West Thames Street Building 301
Norwich, CT 06360
Tel # 860-859-4649
Fax # 860-859-4791

NORWICH/NEW LONDON CoC SCREENING AND REFERRAL FORM
PERMANENT SUPPORTIVE HOUSING PROGRAMS

1. Client Last Name: _____ First Name: _____ MI: _____
2. Address: _____
3. City: _____ State: _____ Zip: _____
4. Zip Code of Last Permanent Address: _____
5. Phone where client can be reached: (ex. xxx-xxx-xxxx) _____
6. Social Security Number: _____ 7. Date of Birth: _____ and Age _____
 (ex. NNN-NN-NNNN) (mm/dd/yyyy)
8. Gender: Male Female Transgender
9. Race: a. American Indian/Alaskan Native b. Asian c. Black/African American
 d. Native Hawaiian/Other Pacific Island e. White f. American Indian/Alaskan Native & White
 g. Asian & White h. Black/African American & White i. American Indian/Alaskan Native & Black
 African American j. Other multi-Racial
10. Ethnicity: a. Hispanic or Latino b. Non Hispanic or Non-Latino
11. Marital Status: a. Single b. Married/cohabiting c. Separated d. Divorced e. Widowed/Widower
12. Veteran Status. A veteran is anyone who has been on active military duty status.
 Is client a Veteran? Y = Yes N = No

FAMILY MEMBERS Enter family members that may live with the client

Name (Not Applicant)	Relationship to Client	Social Security Number	Gender	Date of Birth

13. Date of Referral _____ 14. Referring Person's Name: _____
mm/dd/yyyy
15. Referring Person's Agency: _____
16. Application Date: _____
mm/dd/yyyy
17. Is the client currently living in a health/mental health institution (e.g. hospital)? Y=Yes N=No
- IF Number 17 is YES:** 18. What was the last date the client lived in the community? _____
19. Length of homelessness this episode: (How long has this client been homeless?)
- a. Not homeless at present d. At least 6 months but less than 1 year
 b. Less than one month e. At least 1 year but less than 2 years
 c. At least 1 month but less than 6 months f. Two years but less than three
 g. Three years or more.

20. How was this referral with this client initiated? (Check one)

- a. Self Referral - Client initiated contact w/program
- b. Outreach by Shelter + Care Staff/Hot Team Staff
- c. Shelter staff or staff working in a homeless program
- d. Inpatient or outpatient health/mental health program
- e. Other hospital/medical staff
- f. Alcohol, drug program
- g. Other social service staff
- h. Police
- i. PHA waiting list
- j. Church Staff
- k. Other
- l. Unknown

21. Where did the first contact with this client take place? (Check one)

- a. Shelter or mission for the homeless
- b. Street, park, outdoors
- c. Soup Kitchen
- d. Drop in Center
- e. Mental Health Agency
- f. Health Clinic
- g. Hospital
- h. Other (Specify) _____

22. What was the date of your (or your agency's) first contact with client? _____
mm/dd/yy

23. Assistance type being applied for: _____ TRA _____ PRA _____ SRA _____ SRO
(scattered site) (project-based) (sponsor based) (single room occupancy)

24. Alcohol Rating (Indicate your assessment)

- a. Abstinence
- b. Use without impairment
- c. Abuse
- d. Dependence
- e. Severe dependence

25. Drug Rating (Read the attached clinical rating scale for drugs and indicate your assessment code)

- a. Abstinence
- b. Use without impairment
- c. Abuse
- d. Dependence
- e. Severe dependence

26. Identified Disability (Is this client disabled as defined by the Shelter Plus Care criteria?) ___ Y = Yes ___ N = No

27. If yes, mark ALL those that apply.

- a. Mental illness..... _____ Y = Yes _____ N = No
- b. Alcohol abuse..... _____ Y = Yes _____ N = No
- c. Drug abuse..... _____ Y = Yes _____ N = No
- d. HIV/AIDS and related diseases..... _____ Y = Yes _____ N = No
- e. Developmental disability..... _____ Y = Yes _____ N = No
- f. Physical disability..... _____ Y = Yes _____ N = No
- g. Domestic violence..... _____ Y = Yes _____ N = No
- h. Other..... _____ Y = Yes _____ N = No

28. Participate (Is the client willing to participate in the service component of this program?) ___ Y = Yes ___ N = No

29. **Chronically homeless person. Definition:** An unaccompanied homeless individual with a disabling condition who has either been continuously homeless for one (1) year or more **OR** has had at least four (4) episodes of homelessness in the past three (3) years. To be considered chronically homeless a person must have been on the streets or in an emergency shelter, (not in transitional housing) during these episodes of homelessness.

a. Is this individual chronically homeless? _____ Y = Yes _____ N = No

b. Number of episodes of homelessness in the past three years _____

30. Estimate the total time homeless in the past three years:

- a. Not homeless
- b. Less than 1 month
- c. At least 1 month but less than 6 months
- d. At least 6 months but less than 1 year
- e. At least 1 year but less than 2 years
- f. 2 years but less than three
- g. 3 years or more

31. Conservator Does the client have a conservator? _____ Y = Yes _____ N = No

If yes, enter name and address of conservator:

32. Has the client been homeless 7 out of the last 14 days? _____ Y = Yes _____ N = No

33. Current living situation (Enter the one living situation where the client has been the majority of the time):

- | | |
|---|---|
| <input type="checkbox"/> a. Non-housing (street, park, care, bus station, etc.) | <input type="checkbox"/> f. Hospital * |
| <input type="checkbox"/> b. Emergency Shelter | <input type="checkbox"/> g. Jail/Prison* |
| <input type="checkbox"/> c. Transitional Housing for homeless | <input type="checkbox"/> g. Domestic Violence Situation |
| <input type="checkbox"/> d. Psychiatric Facility * | <input type="checkbox"/> i. Living w/Relatives, Friends |
| <input type="checkbox"/> e. Substance Abuse Tx Facility * | <input type="checkbox"/> j. Rental housing |
| | <input type="checkbox"/> k. Other (Specify) _____ |

* If a participant or family head(s) of household came from one of these facilities but was there less than 30 days and was living on the street or in emergency shelter before entering the treatment facility, they should be counted in either the street or shelter category, as appropriate.

34. Helpful Services: _____ Y = Yes _____ N = No

Please indicate ALL of the below services you think would be of particular help to this client now:

In **right** hand column please prioritize the THREE (1, 2, 3) MOST IMPORTANT services for this client now

Services for emotional or psychiatric problems.....	_____ Y = Yes	_____ N = No	#
Medical services.....	_____ Y = Yes	_____ N = No	#
Detoxification from substances.....	_____ Y = Yes	_____ N = No	#
Treatment for substance abuse.....	_____ Y = Yes	_____ N = No	#
Dental care.....	_____ Y = Yes	_____ N = No	#
Assistance with personal hygiene (shower, haircut).....	_____ Y = Yes	_____ N = No	#
Food.....	_____ Y = Yes	_____ N = No	#
Clothing.....	_____ Y = Yes	_____ N = No	#
Immediate shelter an emergency place to stay.....	_____ Y = Yes	_____ N = No	#
Halfway house or transitional living facility.....	_____ Y = Yes	_____ N = No	#
Long-term, permanent housing.....	_____ Y = Yes	_____ N = No	#
Getting public financial help or disability payments.....	_____ Y = Yes	_____ N = No	#
Help managing money.....	_____ Y = Yes	_____ N = No	#
Job training.....	_____ Y = Yes	_____ N = No	#
Help finding a job or getting employment.....	_____ Y = Yes	_____ N = No	#
Getting into a drop-in center or day program.....	_____ Y = Yes	_____ N = No	#
Help getting needed documents or identification.....	_____ Y = Yes	_____ N = No	#
Help with transportation.....	_____ Y = Yes	_____ N = No	#
Help with medications.....	_____ Y = Yes	_____ N = No	#
Other specify).....	_____ Y = Yes	_____ N = No	#

35. Does client have a source of income? (e.g. SSI, SSDI, GA etc.) _____ Y = Yes _____ N = No

IF #35 is YES, enter the amount of the household's monthly income BY SOURCE TYPE and indicate the person receiving the income. If the household has no income, check item J. If Other, please specify.

Person Receiving Income	Other's Name	Source of Income	Income Elig Date	Amount Received
___ Client	___ Other _____	a. Social Security Income (SSI)	_____	\$ _____
___ Client	___ Other _____	b. Social Security Disability Income (SSDI)	_____	\$ _____
___ Client	___ Other _____	c. Social Security	_____	\$ _____
___ Client	___ Other _____	d. General Assistance	_____	\$ _____
___ Client	___ Other _____	e. Temporary Aid to Needy Families (TANF)	_____	\$ _____
___ Client	___ Other _____	f. Child Support	_____	\$ _____
___ Client	___ Other _____	g. Veteran Benefits	_____	\$ _____
___ Client	___ Other _____	h. Employment Income	_____	\$ _____
___ Client	___ Other _____	i. Unemployment	_____	\$ _____
___ Client	___ Other _____	j. Medicare	_____	\$ _____
___ Client	___ Other _____	k. Medicaid	_____	\$ _____
___ Client	___ Other _____	l. Food Stamps	_____	\$ _____
___ Client	___ Other _____	m. Other (please specify)	_____	\$ _____
___ Client	___ Other _____	n. No financial resources	_____	\$ _____

EMERGENCY CONTACT INFORMATION: List person (family member, friend, sponsor, etc.) who you would like supportive housing programs in this universal process to contact in case of any emergencies or to clarify your whereabouts.

Emergency Contact: _____ Telephone # _____

Address: _____

I hereby certify that the above information is true and correct to the best of my knowledge.

Applicant Signature _____ Date _____

Referring Source Name & Agency _____ Date _____

Referring Source Signature _____ Telephone: _____

FOR OFFICIAL USE ONLY:(APPLIES ONLY FOR SHELTER PLUS CARE PROGRAM)

Disposition: _____ A. (Client Accepted) _____ B. (Client Not Accepted)

Date: _____ Time: _____ Initials: _____

If client did not enter the program, what was the reason:

- | | |
|--|----------------------------|
| ___ A. Refused to participate | ___ D. No vacancies |
| ___ B. Not homeless | ___ E. Not known |
| ___ C. Did not meet other eligibility requirements (specify) _____ | ___ F. Other Specify _____ |

If client entered program, what grant year will the assistance be funded from? _____ **CT26C**
 (Enter HUD year and grant award number)

NORWICH/NEW LONDON CONTINUUM OF CARE

Screening Committee Questionnaire

To be Completed by Accompanying Case Manager/Clinician

Date: _____ Person Making Referral _____

Telephone: _____ Fax _____

Clinician/Case Manager _____ Telephone _____

Client Information:

Client Name: _____ Telephone: _____

What communication methods will best meet this client's needs? Check all that apply:

- | | | |
|--|--------------------------|------------------------------------|
| <input type="checkbox"/> In Writing | <input type="checkbox"/> | English |
| <input type="checkbox"/> In writing, with assistance | <input type="checkbox"/> | Spanish |
| <input type="checkbox"/> Spoken | <input type="checkbox"/> | Other language _____ |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> | Other needs (Please specify) _____ |
| <input type="checkbox"/> Plain language | | |

- Type of certificate requested:
- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | TRA (scattered site) |
| <input type="checkbox"/> | SRA (sponsor based) |
| <input type="checkbox"/> | PRA (project based) |

Number of Bedrooms preferred: _____

Housing:
Have you had your own apartment or lived independently in the past 10 years? Yes or No

Current Housing:

- Past Housing:**
- | | | | |
|--|-----|----|----|
| Do/Did you pay your rent yourself? | Yes | or | No |
| Do/Did you pay for your utilities? | Yes | or | No |
| Do you currently have an outstanding balance with a utility company? | Yes | or | No |

Please state the reason for leaving the apartments.

Were you evicted? (Please Circle) Yes or No
If yes, please explain reason for eviction.

Did you live alone or with others? (Please Circle)

Alone or with others or Both

Please explain.

Do you plan to live alone or have others live with you? If others will be living with you please list their name, birth date and relationship to you.

Current Income:

Source(s):

Amount(s):

Work History:

Substance Abuse:

Do you have a substance abuse history?

Yes or No

Are you currently using?

Yes or No

If "no", how long since you last used?

Drug(s) of choice:

If applicable, treatment services being utilized:

Clinicians/Case Managers:

Where do you receive medical care? Name of treater(s).

List overall health condition and current medication(s).

Treatment plan: (Please Circle)

Yes or No

If yes, please attach a copy of treatment plan.

Criminal Background:

Do you have a criminal record/history? Yes or No

If yes, please list specific dates of/charges/convictions/jail time/probation time frame

Department of Children & Family (DCF) Involvement:

Do you have DCF involvement? Yes or No

If yes, please attach written confirmation noting the status of your case.

Supportive Housing Programs:

Please check all the permanent supportive housing programs you wish the applicant to be considered for.
Please refer to attached description of eligibility requirements and other details for each program list below.

Programs for Single Individuals

- Alliance for Living Supportive Housing
- Alliance for Living AIDS Housing
- Bethsaida Flora O'Neill Program
- Reliance House 500 Boswell
- Reliance House Enhancing Housing Opportunities
- Reliance House PILOTS Development
- Reliance House Next Steps Initiative
- NL Homeless Hospitality Center Housing for Health
- Norwich Shelter Plus Care Program
- Sound Community Services PILOTS Development
- Sound Community Services Next Steps Initiative
- New London Shelter Plus Care
- TVCCA Supported Housing Program
- TVCCA Next Steps Initiative

Programs for Families

- Alliance for Living Supportive Housing
- Alliance for Living AIDS Housing
- Bethsaida Flora O'Neill Program
- Shelter Plus Care Program
- The Connections Inc. Groton PILOTS Development
- Thames River Community Service Next Steps Initiative
- TVCCA Supported Housing Program
- Women's Center SECT PILOTS Development

Clinician/Case Manager filling out form _____

Telephone Number _____

CONSENT FOR RELEASE OF INFORMATION

I the undersigned hereby authorize _____
to release medical, psychiatric and drug/alcohol information and/or confidential HIV related information contained in the Norwich/New London Continuum of Care (CoC) Supportive Housing Referral form and application materials to the Norwich/New-London CoC Supportive Housing Screening Committee or its designated liaison staff, and for them to communicate same to the agency which may be designated to provide case management or other support services to me in the community (see listed participating agencies on opposite side). I understand that this information is required for my participation in Norwich/New London CoC Supportive Housing Programs, and is to be used for the purpose of determining eligibility, and planning and coordination of support services.

I understand that this permission can be revoked by me at any time upon written request (not retroactively), and that this consent will automatically expire in one year (where mandated by law) unless revoked earlier.

Subsequent to my approval for any supportive housing program, I authorize participating Norwich/New London CoC agencies to disclose information to the Shelter Plus Care, Next Steps Initiative, PILOTs Development and Supportive Housing Programs on my progress, and on services provided to me as part of their obligation to report to the CT Department of Mental Health and Addiction Services and the U.S. Department of Housing and Urban Development, and as part of the Permanent Supportive Housing Program's ongoing efforts at improving services.

Signature

Witness

Date

Date of Birth

Date

Name Printed

NOTICES

PSYCHIATRIC RECORDS AND COMMUNICATIONS

In the event that information released constitutes privileged psychiatrist/patient communications:

The confidentiality of this record is required under chapter 099 of the Connecticut General Statutes. This material shall not be transmitted to anyone without written authorization as provided in the aforementioned statutes.

DRUG AND ALCOHOL ABUSE RECORDS

In the event that information released is protected by the HHS Confidentiality of Alcohol and Drug Abuse Patient Records regulations:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by 42 CFR Part 2). A General authorization for the release of medical and other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

HIV RELATED INFORMATION

In the event that information released constitutes HIV related information protected under Connecticut law:

This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making further disclosure of it without the specific written consent of the person to who it pertains, or as otherwise permitted by said law. A General authorization for the release of medical or other information is NOT sufficient for this purpose.

**NORWICH/NEW LONDON CONTINUUM OF CARE
 PERMANENT SUPPORTIVE HOUSING PROGRAMS
 UNIVERSAL REFERRAL PROCESS
 PARTICIPATING AGENCIES**

<p style="text-align: center;">Alliance for Living 154 Broad Street New London, CT 06320</p>	<p style="text-align: center;">Bethsaida Community, Inc. 103 Cliff Street Norwich, CT 06360</p>	<p style="text-align: center;">Covenant Shelter 42 Jay Street New London, CT 06320</p>
<p style="text-align: center;">Mother's Retreat 542 Long Hill Road Groton, CT 06340</p>	<p style="text-align: center;">Mystic Area Shelter & Hospitality 119 High Street Mystic, CT 06355</p>	<p style="text-align: center;">New London Homeless Hospitality Center, Inc. 19 Jay Street New London, CT 06320</p>
<p style="text-align: center;">Norwich Human Services 80 Broadway Norwich, CT 06360</p>	<p style="text-align: center;">Reliance House, Inc. 40 Broadway Norwich, CT 06360</p>	<p style="text-align: center;">Sound Community Services, Inc. PO Box 2170 New London, CT 06320</p>
<p style="text-align: center;">Southeastern Mental Health Authority 401 W. Thames St. Bldg. 301 Norwich, CT 06360</p>	<p style="text-align: center;">Thames River Community Service, Inc. 1 Thames River Place Norwich, CT 06360</p>	<p style="text-align: center;">Thames Valley Council for Community Action, Inc. 401 West Thames Street Unit 201 Norwich, CT 06360</p>
<p style="text-align: center;">The Connection Inc. 48 Lafayette Street Norwich, CT 06360</p>	<p style="text-align: center;">Women's Center of Southeastern Connecticut 16 Jay Street New London, CT 06320</p>	<p style="text-align: center;">Alcohol & Drug Recovery Center 500 Blue Hills Avenue Hartford, CT 06114</p>

UNIVERSAL APPLICANT GRIEVANCE POLICY

Policy: The Universal Screening Committee is dedicated to preserving the human rights of its applicants

Procedure: If you believe that your rights have been violated or if you disagree with the decision made by the Universal Screening Committee, please speak to the person who referred you on the universal application. She/he should be able to help you and will provide you with a copy of this Grievance Policy, which states the procedure for complaint resolutions. If your contact person cannot help or you are not satisfied with the outcome, you can meet with the universal screening committee. This meeting can be arranged within two weeks. You will be notified of the decision both orally and in writing within two weeks of the meeting date. The committee will also be able to advise you of your rights to appeal the decision and provide you with information to access advocacy services upon request. You also have the right to file a grievance with the agency denying your acceptance.

Applicant Signature

Date

Witness Signature

Date

LIST OF ADVOCATES

CONSUMER RIGHTS OFFICER

Robert Davidson, Executive Director, Eastern Regional Mental Health Board
886-0030

DMHAS Customer Rights and Grievance Specialist

Phone: (860) 418-6933

HUMAN RIGHTS AND OPPORTUNITIES COMMISSION

Phone: 1-800-477-573

<http://www.state.ct.us/chro>

THE OFFICE OF PROTECTION AND ADVOCACY

Phone: 1-800-842-7303

<http://www.ct.gov/opapd/site>

CONNECTICUT LEGAL RIGHTS PROJECT

Phone: 1-877-402-2299 toll free

NAMI

Phone: 859-4658

Housing for Health Utilization Verification

(Please Complete and Attach this form Only if Applying for Housing for Health)

Participant Name: _____

Date of Birth: _____

Number of Emergency room visits in last 12 months @ L&M: _____

Number of hospital admissions in the last 3 years @ L&M: _____

Does this person have a primary care physician? Yes No

Name: _____

Phone Number: _____

Does this person have underlying medical conditions? If so, please explain briefly.

Recommended for participation in Housing for Health if otherwise eligible?

Yes No

Hospital Representative: Gladys Morales

Signature _____

Date _____

NORWICH/NEW LONDON CONTINUUM OF CARE
PERMANENT SUPPORTIVE HOUSING PROGRAM

HOMELESS VERIFICATION FORM

Applicant Name:	
Date Form Completed:	
Referral Agency:	
Contact Name:	Contact Phone Number:

HOMELESS ELIGIBILITY

- On the Street
- Emergency Shelter
- Transitional housing or supportive housing for the homeless originally coming from the streets or emergency shelter
- Sub-standard housing not fit for human co-habitation, in car, abandoned building, building w/o utilities, etc.
- Institution: psychiatric hospitalization, substance abuse treatment or jail w/o identified housing upon discharge or resources.
- Eviction within one week from private dwelling and other housing has not been identified.
- Fleeing a domestic violence situation and lacks the resources to obtain housing.

CHRONIC HOMELESSNESS

- Yes 4 or more episodes over the past 3 years
1 year or more homeless this episode
- No

VERIFICATION LETTERS

Attached verification letter of homeless status on agency letterhead signed by agency representative.

Yes No

Attached verification letter or eviction status signed by agency representative, landlord or family member living in dwelling.

Yes No

NORWICH/NEW CONTINUUM OF CARE PERMANENT SUPPORTIVE HOUSING PROGRAM

Disability Verification Form

Applicant Name:	
Date Form Completed:	
Referral Agency:	
Contact Name:	Contact Phone No.:

Type of Disability

Serious Mental Illness
Chronic Substance Abuse
Co-Occurring / Dual Diagnosis
AIDS and Related Diseases
Other (Please Specify): _____

The Following information must be completed and signed by a licensed mental health professional, (e.g. Psychiatrist, Psychologist, Nurse, Social Worker, etc.) or a M.D.

Please attach a statement or an assessment attesting to the current condition (consistent with the Type of Disability checked above) of the applicant to this program. (See attached program descriptions/definitions) Please be as specific as possible documenting the limiting factors of the condition (i.e. functional deficits):

Disability Status

Yes (Currently Receiving SSI/SSDI)
No

Signature/License No.

Date

**NORWICH/NEW LONDON CONTINUUM OF CARE
PERMANENT SUPPORTIVE HOUSING
PROGRAM DESCRIPTIONS**

AGENCY NAME PROGRAM NAME	Unit Type Single or Family	CAPACITY # UNITS	LOCATION(S)	SUBSIDY TYPE	SUBSIDY PROVIDER	SERVICE PROVIDER	HOUSING PROVIDER	ELIGIBILITY REQUIREMENTS			
								SEVERE/CHRONIC DISABILITY	HOMELESS or At Risk	CHRONIC HOMELESS	OTHER SPECIFY
ALLIANCE FOR LIVING											
Supportive Housing Program	Single Family	13 2	NL County	Tenant Base	HUD	AFL	Private Market	HIV/AIDS Positive	Yes	(8) Priority (4) N/A	Must be a member of Alliance for Living Must have some source of income Cannot be Registered Sex Offender
AIDS Housing	Single Family	17	NL County	Tenant Base	DSS	AFL	Private Market	HIV/AIDS Positive	At Risk	N/A	Must be a member of Alliance for Living Head of household or family member must have HIV/AIDS Diagnosis. Must be paying more than 40% of household income towards rent. Cannot be Registered Sex Offender
BETHSAIDA COMMUNITY, INC.											
Flora O'Neil	Single	4	Norwich	Project Base	HUD	Bethsaida	Bethsaida	N/A	Both	N/A	At risk for being homeless is accepted. Must be disabled, at least 18 years of age, and documented resident of USA. If drug or alcohol addiction, must have clean time of (1) Month. Must have some source of income. Cannot accept applicants with charges of child molestation or assault. Please Note: Priority will be given to residents of Katie Blair Program if and when vacancies at Flora O'Neil Occur.
Flora O'Neil	Family	2	Norwich	Project Base	HUD	Bethsaida	Bethsaida	N/A	Both	N/A	At risk for being homeless is accepted. Must be disabled, at least 18 years of age, and documented resident of USA. If drug or alcohol addiction, must have clean time of (1) Month. Must have some source of income. Cannot accept applicants with charges of child molestation or assault. Please Note: Priority will be given to residents of Katie Blair Program if and when vacancies at Flora O'Neil Occur.

NL HOMELESS HOSPITALITY CENTER											
Housing for Health	Single	Total 3 (1) 1BR + (2) Efficiencies	NL County	Tenant Base	HUD	NLHHC	Private Market	Severe/Chronic Mental Health/Substance Abuse and Must have Underlying Medical Problems at L&M	Must be Homeless at Time of Application	Must be Chronically Homeless	Applicant must be chronically homeless and have underlying health problems. (L&M) Utilization Verification Form must be completed by Gladys Morales at L&M and attached to application.

RELIANCE HOUSE INC.											
500 Boswell Ave	Single	4	Norwich	Project Base	HUD	RH PILOTS	Mutual Housing	Severe mental health or drug/alcohol addiction	Both	Priority	Applicants must be disabled, chronically homeless, and frequent users of the Norwich Hospitality Center (winter shelter)
Enhancing Housing Opportunities	Single	5	Norwich	Tenant Base	RAP	RH PILOTS	Private Market	Severe mental health or drug/alcohol addiction	Both	Priority	At Risk for Being Homeless is Accepted
PILOTS Development	Single	4	Norwich	Project Base	RAP	RH PILOTS	CIL	Severe mental health or drug/alcohol addiction	Both	Priority	Applicants must meet Corporation for Independent Living (CIL) eligibility requirements i.e. Felony charge(s) must be 5 years or older. At risk for being homeless is accepted
Next Steps Initiative	Single	19	Norwich	Tenant Base	RAP	RH PILOTS	Private Market	Severe mental health or drug/alcohol addiction	Both	Priority	At Risk for Being Homeless is Accepted

SOUND COMMUNITY SERVICES											
PILOTS Development	Single	13	Groton New London	Project Base	RAP	SCSI PILOTS	CIL	Severe mental health or drug/alcohol addiction	Both	Priority	Applicants must meet Corporation for Independent Living (CIL) eligibility requirements i.e. Felony charge(s) must be 5 years or older. At risk for being homeless accepted
Next Steps Initiative	Single	10	New London	Project Base	RAP	SCSI PILOTS	NL Housing Authority 202 Colman Highrise	Severe mental health or drug/alcohol addiction	Both	Priority	Applicants must independently complete and submit an application for the NL Housing Authority. Applicants must meet NLHHA criteria and be accepted onto the NLHHC wait list as well as Next Step wait list.

AGENCY NAME PROGRAM NAME	Unit Type Single or Family	CAPACITY # UNITS	LOCATION(S)	SUBSIDY TYPE	SUBSIDY PROVIDER	SERVICE PROVIDER	HOUSING PROVIDER	ELIGIBILITY REQUIREMENTS		
								SEVERE/CHRONIC DISABILITY	HOMELESS	CHRONIC HOMELESS

SOUTHEASTERN MENTAL HEALTH AUTHORITY											
New London Shelter Plus Care	Single	14	New London	Tenant Base	HUD	SCSI PILOTS	Private Market	Severe mental health or drug/alcohol addiction. HIV/AIDS Positive	Homeless	Priority	
Norwich Shelter Plus Care	Single	14	Norwich	Tenant Base	HUD	RH PILOTS	Private Market	Severe mental health or drug/alcohol addiction. HIV/AIDS Positive	Homeless	Priority	
Shelter Plus Care Program	Family	12	NL County	Tenant Base	HUD	TCI PILOTS	Private Market	Severe mental health or drug/alcohol addiction. HIV/AIDS Positive	Homeless	No	

THAMES VALLEY COUNCIL FOR COMMUNITY ACTION (TVCCA)											
Next Steps Initiative	Single	9	NL County	Tenant Base	RAP	TVCCA	Private Market	Severe mental health or drug/alcohol addiction	Both	Priority	
Supportive Housing Program	Single	25	NL County	Tenant Base	HUD	Reliance House, Sound Community Services or SMHA	Private Market	Severe mental health or drug/alcohol addiction	Homeless	N/A	
Supportive Housing Program	Family	25	NL County	Tenant Base	HUD	Reliance House, Sound Community Services or SMHA	Private Market	Severe mental health or drug/alcohol addiction	Homeless	N/A	

THE CONNECTION INC.											
Groton PILOTS Development	Family	6	Groton	Project Base	RAP	TCI PILOTS	The Connections Realty Fund Inc.	Severe mental health or drug/alcohol addiction	Both	No	

AGENCY NAME PROGRAM NAME	Unit Type Single or Family	CAPACITY # UNITS	LOCATION(S)	SUBSIDY TYPE	SUBSIDY PROVIDER	SERVICE PROVIDER	HOUSING PROVIDER	ELIGIBILITY REQUIREMENTS		
								SEVERE/CHRONIC DISABILITY	HOMELESS	CHRONIC HOMELESS

THAMES RIVER COMMUNITY SERVICE, INC.											
Next Steps Initiative	Family	9	NL County	Tenant Base	RAP	TRCS	Private Market	Severe mental health or drug/alcohol addiction	Both	No	Applicant must have dependent child under 14yrs. of age

WOMEN'S CENTER SECT PILOTS Development											
	Family	7	Norwich New London Uncasville	Project Base	RAP	Women's Center of SECT PILOTS	CIL	Severe mental health or drug/alcohol addiction	Both	No	Applicants must meet Corporation for Independent Living (CIL) eligibility requirements i.e. Felony charge(s) must be 5 years or older.

**Norwich/New London Continuum of Care
Permanent Supportive Housing Programs
Universal Referral Process
Agency Program Descriptions**

Alliance for Living

Supportive Housing Program - Members of Alliance for Living who are homeless and have some source of income can apply for this housing opportunity. Located in New London County there are a total of 6 Homeless Units. This includes 4 single units and 2 family units, which are subsidized through HUD. Individuals who are homeless (with documentation) at the time of application as well as entrance into the housing program may apply. Each unit is rented through a private landlord and comes with case management services. Must be HIV+ or have a family member who is HIV+. Person must have a source of income and cannot be a registered sex offender. AFL pays full rent; however, rent + utilities must be at or below Fair Market Rates for New London County. Resident pays AFL 30% of their adjusted net income as their portion of the rent. AFL pays for security deposit, as well as first month's rent; can request payment from CARC for resident's first month's rent to AFL.

AFL also has 8 Chronically Homeless Units which are designated for people who are chronically homeless – with documentation.

Homelessness is defined as living in an environment not meant for human habitation.

Disability is defined as being HIV/AIDS positive

AIDS Housing:

Members of Alliance for Living, who are paying more than 40% of their household income towards their rent will be considered "at risk" for being homeless. Located throughout the New London are a total of 17 units (scattered site). These units can be any combination of singles or family units as long as the amount total of units does not exceed seventeen. Each unit is rented through a private landlord and comes with case management services. Must be HIV+ or have a family member who is HIV+. Person cannot be a registered sex offender.

Bethsaida Community, Inc.

Flora O'Neil (Singles)

Located in Norwich for single women who are homeless there are a total of 4 units at Bethsaida. These units are subsidized through HUD. Women must be disabled and be at least 18 years of age. Women, who are at risk of being homeless, are also accepted. If there is alcohol or substance abuse the person must have one month of clean time. Applicants must have some source of income. This program cannot accept applicants with charges of child molestation or assault. Applicants must be a U.S. citizen or permanent resident.

Please Note:

Priority will be given to residents of Katie Blair Program, who are on the universal waiting list when and if a vacancy at Flora O'Neil occurs

Bethsaida Community, Inc.

Flora O'Neil (Families)

Located in Norwich for families who are homeless there are a total of 2 units at Bethsaida. These units are subsidized through HUD. Women with children must be disabled and be at least 18 years of age. Women, who are at risk of being homeless, are also accepted. If there is alcohol or substance abuse the person must have one month of clean time. Applicants must have some source of income. This program cannot accept applicants with charges of child molestation or assault. Applicants must be a U.S. citizen or permanent resident.

Homelessness includes living in the street, shelter, transitional housing program that specifically serves the homeless, sub-standard housing, being D/C from institution with no place to go, being evicted within 1 week, and fleeing a domestic violent situation.

Disability includes mental illness, alcohol/drug abuse, HIV/AIDS, developmental, physical and any other severe and/or chronic disability that would impede a person's ability to live independently without supportive housing.

Please Note:

Priority will be given to residents of Katie Blair Program, who are on the universal waiting list when and if a vacancy at Flora O'Neil occurs

New London Homeless Hospitality Center

Housing for Health

Housing for Health is a new collaborative between the New London Homeless Hospitality Center and Lawrence & Memorial Hospital. This HUD funded supportive housing effort seeks to utilize three apartments to test the impact of stable housing on health status. The program will target chronically homeless individuals, who meet existing SHP criteria and have medical problems that result in frequent use of the emergency room and in-patient hospital stays. While individuals selected may have co-occurring substance abuse and/or mental health issues, the primary focus will be on targeting chronically homeless individuals with underlying physical health issues that have lead to frequent hospital use at L&M.

Housing for Health will provide traditional case management support to individuals housed but will include an explicit medical component managed in conjunction with L&M Hospital and the participant's health care team. Program effectiveness will be measured using traditional SHP measures plus a careful study of post housing hospital use to assess the impact of stable housing on health status and hospital use.

Selections for the program will be made through the universal screening committee based on an individual's fit with existing SHP criteria and input from L&M Hospital related to hospital use over the past year.

Reliance House Inc.

Reliance House 500 Boswell

Consisting of (4) 1BR units on Boswell Avenue in Norwich, CT. Applicants must be chronically homeless and frequent users of the Norwich Hospitality Center (winter shelter). Applicants must also be 18 years of age or older and able to verify chronic homelessness and severe or chronic disability at the time of application. The property is owned and managed by Mutual Housing Association of South Central CT. Support services is provided by Reliance PILOTS.

Reliance House Enhancing Housing Opportunities

Consisting of (5) scattered site rental subsidies. Program is for single adults who are currently homeless or at risk of homelessness. These units are all owned by private landlords throughout the Norwich area. Applicants must be 18 years or older. Applicants must also have a severe mental health diagnosis or drug/alcohol addiction. The tenant pays 30% of their adjusted net income as their portion of the rent.

Homelessness includes living in place not meant for human habitation, shelter, transitional housing that specifically serves homeless population, hospital or institution for less than 30 days or is being D/C with no place to go, or can be at "risk for being homeless."

Disability is defines as severe and prolonged mental illness, chronic dependence of alcohol and/or drugs,

PILOTS Development

Reliance House has a 4 (single) unit apartment that was built in 2006 on *Avery Street*. It is funded through the DSS Rental Assistance Program. Applicants must be 18 years or older and able to verify homelessness or at risk for homelessness at the time of application. Applicants must also have a severe mental health diagnosis or drug/alcohol addiction. The tenant pays 30% of their adjusted net income as their portion of the rent. The property is managed by Corporation for Independent Living. Tenants are screened by CIL for acceptance to Avery Street.

Next Steps

Reliance House Inc. has 19 scattered site units funded through the DSS Rental Assistance Program for single adults who are currently homeless or at risk of homelessness. These units are all owned by private landlords throughout the Norwich area. Applicants must be 18 years or older. Applicants must also have a severe mental health diagnosis or drug/alcohol addiction. The tenant pays 30% of their adjusted net income as their portion of the rent.

Homelessness includes living in place not meant for human habitation, shelter, transitional housing that specifically serves homeless population, hospital or institution for less than 30 days or is being D/C with no place to go, or can be at "risk for being homeless."

Disability is defines as severe and prolonged mental illness, chronic dependence of alcohol and/or drugs,

Southeastern Mental Health Authority (SMHA)

Norwich Shelter Plus Care / PILOTS

SMHA has 14 scattered site units funded through HUD for single adults who are currently homeless. Participants receive PILOTS support through Reliance House Inc. These units are all owned by private landlords throughout the Norwich area. Applicants must be 18 years or older and able to verify homelessness at the time of application. Applicants must also have a severe/chronic mental health diagnosis or drug/alcohol addiction. The tenant pays 30% of their adjusted net income as their portion of the rent. Shelter Plus Care gives priority to applicants who are chronically homeless.

New London Shelter Plus Care/PILOTS

Sound Community Services, Inc. has 14 scattered-site single units funded by HUD for single adults who are currently homeless. Applicants must be 18 years or older and able to verify homelessness at the time of application. Applicants must also have a severe/chronic mental health diagnosis or drug/alcohol addiction. The tenant pays 30% of their adjusted net income as their portion of the rent. Shelter Plus Care gives priority to applicants who are chronically homeless.

Southeastern Mental Health Authority (SMHA)

Shelter Plus Care For Families

This program provides 12 families with housing certificates issued through the Housing Office at SMHA. Participants receive PILOTS support by The Connection Inc. for an indefinite period of time in order to help families gain stability and independence. Eligibility requirements include: Family must be a resident of New London County, must be 18 years or older, must have a documented disability and proof of homelessness.

Sound Community Services, Inc..

PILOTS Development

Sound Community Services has 13 single units in various locations in New London and Groton. These units are located at *Denison Avenue, Connecticut Avenue, Fuller Street, Georgiana Street* and *Midway Oval*. All units are funded through the DSS Rental Assistance Program and all properties are owned and managed by the Corporation for Independent Living (CIL). These units are designated for adults, 18 years and older with a mental health and/or substance abuse diagnosis. Eligible persons must also have a documented history of homelessness or be at risk of homelessness. The tenant pays 30% of his or her income as their portion of the rent. The applicant is also screened by CIL for acceptance to these properties.

Next Steps Initiative

Sound Community Services, Inc has 10 units that are available through and subsidized by the New London Housing Authority at the Colman High-rise. These units are designated for adults 18 years and older with a mental health and/or substance abuse diagnosis. Eligible persons must have a documented history of homelessness, chronic homelessness, or be at risk of homelessness. Units at the Colman high-rise have a current base rent of \$380/month. Applicants must be receiving social security in order to be eligible for tenancy at the high-rise. Applicants must also independently apply for and be accepted onto the New London Housing Authority wait list in addition to the SCSI Next Step wait list.

Thames Valley Council for Community Action (TVCCA)

Supportive Housing Program

TVCCA supports 25 single and 25 family units scattered throughout New London County. All units are funded through HUD. This program serves homeless, disabled families and individuals in which the head of household is disabled. Disabilities may include mental illness, HIV/AIDS, or any other documented disability. A TPQY is considered acceptable proof of documentation for disability for this program only. Homeless persons throughout New London County are eligible for services.

Next Steps Initiative

TVCCA has 9 scattered site units funded through the DSS Rental Assistance Program for single adults who are currently homeless. These units are all owned by private landlords throughout the New London area. Applicants must be 18 years or older. Applicants must also have a severe mental health diagnosis or drug/alcohol addiction. The tenant pays 30% of their adjusted net income as their portion of the rent.

The Connection Inc.

The Groton Pilots Development Program

This program offers project-based RAP (Rental Assistance Program) certificates funded through DSS and currently has 6 units in Groton with 3 bedrooms each. The units were constructed in 2008. Eligibility requirements: Family must be currently located in the Southeastern Region, must have some income to prove that they can cover at least 30% of rent and utilities, Head of Household must be at least 18 yrs of age, and have proof of disability and documented history of homelessness.

Thames River Community Service, Inc.

Next Steps Initiative

Thames River Supportive Housing Program has 9 family units funded through the DSS Rental Assistance Program. Units are scattered throughout Norwich/New London County. Families must be at or below 25% of the area median income upon entry to the program. This program is for families who are homeless with dependent children where at least one child is aged 14 or younger and head of household has a documented mental health diagnosis. The resident pays 30% of gross income minus utilities.

Women's Center SECT

PILOTS Development

The Women's Center of Southeastern Connecticut has 7 Family units scattered throughout New London County. Properties are located on *Rogers Ave.* and *Peck St.* in Norwich; *Williams St.* in New London; and a single family home on *Linda Ave* in Uncasville. They are funded through the DSS Rental Assistance Program. Applicants must be able to verify homelessness at the time of application. Applicants must also have a severe mental health diagnosis or drug/alcohol addiction. The tenant pays 30% of their adjusted net income as their portion of the rent. The properties are managed by Corporation for Independent Living. Tenants are also screened by CIL for acceptance.

DEFINITIONS OF HOMELESSNESS

At Risk of Homelessness: A person or family is considered "at risk of homelessness" if they meet one of the following:

1. is coming out of a treatment program, institution, transitional living program, half-way house, or jail with no place to go, or
2. Is living in a situation where the person/family is at great risk of losing their housing, or
3. Is living in an inappropriate housing situation. Examples are families doubled up with other families, persons living in units without heat or running water, and persons living in overcrowded or illegal or unsafe dwelling units.

Homeless: a person or family is considered “homeless” when he/she resides in the one of the places described below:

1. in places not meant for human habitation, such as cars, parks, sidewalks, and abandoned buildings; or
2. In an emergency shelter; or
3. In transitional housing for homeless persons who originally came from the streets or emergency shelter; or
4. In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution; or
5. Is being evicted within a week from a private dwelling unit and no subsequent residence has been secured and the person lacks the resources and support networks needed to obtain housing; or
6. Is being discharged within a week from an institution in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been secured and he/she lacks the resources and support networks needed to obtain housing.

Chronically Homeless: A person who is “chronically homeless” is an unaccompanied homeless individual with a disabling condition who has either been continuously homeless for 1 year or more OR has had at least 4 episodes of homelessness in the past 3 years. In order to be considered chronically homeless, a person must have been sleeping in a place not meant for human habitation (e.g., living on the streets) and/or in an emergency homeless shelter.