



Name of Primary Household Member: _____

Date of Birth: _____

PROJECT HOMEKEY ELIGIBILITY WORKSHEET: Families with Children or Unaccompanied Youth Under Age 25

The primary household member is:

- parenting at least one child
- a veteran
- a senior (over age 60)
- at risk of Covid-19, per CDC guidelines
- enrolled in the Whole Person Care program
- enrolled in Adventist Health Compass Program
- fleeing domestic violence
- a client of Adult Protective Services
- a client of Child Welfare Services
- other: _____

Household must meet the criteria of at least one category listed below. (Please check off appropriate category.)

<input type="checkbox"/> Category A (Homeless)	<p>Lacks a fixed, regular and adequate nighttime residence, which means:</p> <ul style="list-style-type: none"> <input type="checkbox"/> A primary nighttime residence that is not designed for or ordinarily used as a regular sleeping accommodation for humans, including a car, park, abandoned building, bus or train station, airport or camp ground; or <input type="checkbox"/> Living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and motels paid for by charitable organizations or by federal, state or local government programs for low income individuals); or <input type="checkbox"/> Exiting an institution where they resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation before entering that institution
<input type="checkbox"/> Category B (Homeless)	<p>Will imminently lose their primary nighttime residence, provided that:</p> <ul style="list-style-type: none"> <input type="checkbox"/> The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance and no subsequent residence has been identified and lacks the resources or support networks to obtain other permanent housing
<input type="checkbox"/> Category C (Homeless)	<p>Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence again the individual or a family member, including a child, that has either taken place with their primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence and has no other residence and lacks the resources or support networks to obtain other permanent housing</p>



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<input type="checkbox"/> Category D (At risk of homelessness)	<p>Has annual income below 30% of Area Median Income (one person \$1,225/month or two people \$1,436/month), as determined by HUD, and does not have sufficient resources or support network to prevent them from becoming homeless, and meets one of the following criteria:</p> <input type="checkbox"/> Has moved because of economic reasons two or more times during the 60 days preceding the application; or <input type="checkbox"/> Is living in the home of another because of economic hardship; or <input type="checkbox"/> Has been notified in writing that their right to occupy their current living situation will be terminated within 21 days of the date of application for assistance; or <input type="checkbox"/> Lives in a motel and the costs of the stay is not paid by charitable organizations or by federal, state or local government programs for low income individuals; or <input type="checkbox"/> Lives in a single-room occupancy unit in which there resides more than two persons, or lives in a larger housing unit in which there reside more than 1.5 people per room; or <input type="checkbox"/> Is exiting a publicly funded institution or system of care (such as health care facility, mental health facility, foster care or other youth facility, or correction program or institution)
<input type="checkbox"/> Category E (family and youth only)	<input type="checkbox"/> A child/youth who qualifies as homeless under section 725(2) of the McKinney-Vento Homeless Assistance Act , and the parents or guardians of that child if living with him/her
<input type="checkbox"/> Category F (family and youth only)	<input type="checkbox"/> Have not had a lease, ownership interest, or occupancy agreement in permanent housing any time during the 60 days preceding the application
<input type="checkbox"/> Category G (family and youth only)	<input type="checkbox"/> Have experienced persistent instability as measure by two moves or more during the 60 day period immediately preceding the date of applying for homeless assistance and can be expected to continue in such status for an extended period of time because of chronic disabilities; chronic physical or mental health conditions; substance addiction; histories of domestic violence or childhood abuse; the presence of a child or youth with a disability; or two or more barriers to employment, which include the lack of high school diploma or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity, and a history of unstable employment
<input type="checkbox"/> Category H (family and youth only)	<input type="checkbox"/> A child/youth that qualifies as homeless under section 387(3) of the Runaway and Homeless Youth Act, section 637(11) the Head Start Act, section 41403(6) of the Violence Against Women Act of 1994, section 330(h)(5)(A) of the Public Health Service Act, section 3(m) of the Food and Nutrition Act of 2008, or section 17(b)(15) of the Child Nutrition Act of 1996

I certify that the above named individual or household is currently homeless based on the check mark, other indicated information, and my signature indicating their current living situation.

Authorized Agency Representative Signature: _____ Date: _____