

RAPID RE-HOUSING ELIGIBILITY DETERMINATION FORM
 ALL ITEMS ON THIS FORM MUST BE COMPLETED. NO ITEM CAN BE LEFT BLANK.

DATE FORM WAS FAXED: _____

CLIENT INFORMATION

NAME	
DATE OF BIRTH	
SSN	
CMIS ID #	
NAMES OF HOUSEHOLD MEMBERS	

INDICATE YES OR NO TO THE FOLLOWING QUESTIONS:

Have you confirmed with the client that they or any member of their household have not applied for Rapid Re-Housing assistance with any other provider?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client's income is less than 30% of Area Median Income (AMI)? see www.huduser.org/DATASETS/il.html or NCC current Income Guidelines	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have other housing options?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the client have financial resources or support networks to help them remain in or obtain housing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Type of Assistance Requested	Dollar Amount	Time Period
	\$	
	\$	
	\$	
	\$	
	\$	

Type of Assistance Requested can be the following: Rental Assistance, Security and Utility Deposit, Utility Payments, Moving Cost Assistance, Motel and Hotel Vouchers, Case Management, Outreach and Engagement, Housing Search and Placement, Legal Services, and Credit Repair.

By signing this form, you are indicating that all of the information provided above is correct.

Client Name _____ Signature _____ Date _____

By signing this form, you are indicating that you have documented all information and can produce this documentation in the event of an audit.

Case Manager _____ Signature _____ Date _____

Please fax the completed form to the Homeless Planning Council of Delaware (302) 654-0127.

Homeless Planning Council Staff Use Only: Indicate below whether this client is eligible for the services listed above. If the client is eligible for partial services, indicate that also.

- This client is **NOT** eligible for the services listed above.
- This client is eligible for the following services:

Type of Assistance Requested	Dollar Amount	Time Period
	\$	
	\$	
	\$	
	\$	