



Housing Services Specialist Program Orientation

The Housing Service Specialist role is to:

- ✓ Complete entry, annual and exit HUD required paperwork and enter into Osnum database.
- ✓ Review with you the HCDVCC:
 - Nondiscrimination Statement
 - CoC RRH Disclosures
 - Release of Liability
 - Grievance Procedures
 - Termination Policy
 - Client Rights and Responsibilities
 - Explanation of Services
- ✓ Search and placement
- ✓ Negotiate with landlord (deposit, rent, lawn care, renters insurance, etc.)
- ✓ Inspect your unit to meet HUD standards-make notes on inspection form if the stove and hot water heater is gas or electric.
- ✓ Make sure the rent is reasonable compared to 3 other units in the area- supporting documentation is needed for each unit, including the proposed unit.
- ✓ Submit payment requests for rent and utilities.
- ✓ Complete inspections and income examination, as part of annual recertifications.
- ✓ All contacts go through the TSP. HSS can be contacted by TSP to assist with housing related issues.

Housing is not guaranteed because we have to find landlords to accept third party payments for each tenant in accordance with their rental history and background and must go by HUD regulations and notices.

Explanation of Services

Service Type- This field includes information on the type of service the client received.

Family Violence Option-This service should be reported when providing a client with a Family Violence Option (Good Cause) form or a Family Violence Exemption and can be done in person or over the phone. Please refer to the Emergency Orientation policy guidance for more information on how to report clients who only receive this service.

Educational Arrangement for Children- This service should be reported when providing services that result in a resident or nonresident child being in compliance with the compulsory attendance requirements found in the Education Code. Examples include providing clothing or supplies for school, conferring with schoolteachers or administrators.

Child Services- This service should be reported when providing services to a child resident or the parent resident one-on-one, if the child is not developmentally able to be involved with services, that includes activities such as; structured arts and crafts activities and/or non-counseling, information activities provided by a trained staff person or a volunteer. This service also may include child care for nonresidential clients when the child's parent is receiving a family violence service or when child care services are provided for current family violence clients by the center's licensed or permitted DFPS child care facility. If the center contracts with a non-HHSC approved subcontractor, then the service can only be counted as a one-time referral. If transportation to the service is provided, each round trip can count as a transportation service.

Child Recreation or Social Group- This service should be reported when providing a child client with group social activities such as; daycare programming, after-school programming, arts and crafts, special outings or other non-counseling information group activities.

Transportation- This service should be reported when providing a client with transportation and/or transportation assistance such as; arranging transportation to and from emergency medical facilities for shelter residents and nonresidents and/or from a safe place to the shelter for persons being considered for acceptance as residents of the shelter and who are located within the shelter's service area. This also includes non-emergency transportation for the adult/child resident, nonresident or program participant to a single destination or to a series of destinations in a single trip. Transportation can include staff providing or arranging clients' transportation to court, place of employment and other appointments. Transportation service also includes the provisioning of bus passes or taxi fares. Rideshare companies like Uber and Lyft may also be utilized for a transportation service. However, please make sure your agency is aware of the safety and background check policies the company has since some do not have as strict requirements as taxi companies.

Medical Care- This service should be reported when providing a client with assistance in responding to any urgent medical situations for the adult/child residents, nonresidents or program participants accessing shelter center services. This also can include basic first aid, arranging for non-emergency professional medical services for adult/child residents, nonresidents, or program participants, or obtaining prescription or nonprescription medication for the victim's self-administration.

Medical Accompaniment- This service should be reported when accompanying a domestic violence victim to, or meeting a victim at a hospital, clinic, or medical office.

Intervention Services- This service should be reported when providing a client (including children) intervention services such as; safety planning, understanding and support, advocacy, case management, and dating violence services, to victims of family violence. These services can be done in person or over the phone with an established client who has had an intake or has received continued services within the previous 12 months. Peer counseling, professional counseling and other therapeutic methods will no longer be included within intervention services. These services will now be reported as a counseling/therapy service.

Information and Referral-Community Services- This service should be reported when providing a client with information and referrals about existing community resources, including but not limited to the following: medical care, legal assistance, department of protective and regulatory services, resource assistance, public assistance, counseling and treatment service, children's services and any other appropriate family violence services.

Information and Referral-Employment- This service should be reported when providing a client with information and referrals about employment training and employment opportunities, either directly or through formal arrangements with other agencies.

Legal Assistance- This services should be reported when providing a client with legal assistance including; identifying individual legal needs, legal rights and options, and providing support and accompaniment (including court accompaniments) in their pursuit of those options.

Support Groups- This service should be reported when providing a client with support groups related to family violence led by trained staff, survivors, or volunteers covering educational material or issues brought up by the group. Support groups may be gender, population and/or age specific. Support groups may be open-ended or closed, time specific or on-going. Weekly support groups must be provided, but attendance cannot be mandated. The shelter center's adult support groups may include recreational and/or social activities. Accepted funding sources for this service include: HHSC Shelter, HHSC Non-Residential, HHSC Satellite and HHSC SNRP

Orientation- This service should be reported one-time per client when providing introductions to the organization by a trained staff. This service should be provided in person or through face-to-face technology; however, it can be provided over the phone in certain circumstances as a last-resort option. Please see the Revised Telephone Policy Guidance for more information.

Counseling/Therapy- This service should be reported when providing a client (including children) with the use of therapeutic methods of treatment and/or one-on-one support delivered by a trained staff or a volunteer. This includes professional counseling, peer therapy, group therapy and any other form of therapeutic treatment. One-on-one adult counseling can be counted if in person or over the telephone with an established client who has had an intake or has received continued services within the previous 12 months.

Nondiscrimination Statement

When determining client eligibility, HCDVCC will comply with the Human Resources Code, Title II, 51.002; Title VI of the Civil Rights Act of 1964; Section 504 of the Rehabilitation Act of 1973; the Americans with Disabilities Act of 1990; the Age Discrimination Act, Title 40; Commission regulations regarding civil rights; The Texas Health and Safety Code, 85.113; and the Family Violence Prevention and Services Act (42 U.S.C. Chapter 110).

These acts collectively provide in part that no persons in the United States shall be excluded from participating in or be denied any aid, care, service or other benefits provided by federal and or state funding. They may not otherwise be subjected to discrimination on the grounds of race, color, national origin, gender identity, gender expression, sexual orientation, age, disability, political beliefs, or religion.

1. The Human Resources Code, Title II, 51.002 (9) states that a survivor of family violence means:

- A. an adult member of a family or household who is subjected to an act of family violence; or
- B. a member of the household of the adult described in Paragraph (A), other than the member of the household who commits the act of family violence, including an act of emotional abuse.

2. The Texas Administrative Code defines, for the purpose of eligibility, a survivor of family violence as:

- A. an adult member of a family or household who is subjected to an act of family violence;
- B. a member of the household of the adult described in subparagraph (A) of this paragraph, other than the member of the household who commits the act of family violence, including an act of emotional abuse;
- C. survivors not directly served by a Commission family violence service provider;
- D. a member of the family or household who may have been subjected to sexual abuse by a batterer; and
- E. a survivor of dating violence.

3. The Civil Rights Act of 1964, Title VI states in part that potential clients cannot be denied services and benefits due to race, color, national origin, or religion in any program that receives funding from the Department of Health and Human Services (HHS).

4. The Rehabilitation Act of 1973 applies to all recipients of federal assistance from HHS. This law prohibits excluding or denying individuals with disabilities equal opportunity to receive benefits and services.

5. The Americans with Disabilities Act, Title III prohibits discrimination against clients because of a mental or physical disability. This law provides qualified disabled clients with the right to access services and benefits by ensuring facility accessibility where benefits and services are provided. This law requires shelter centers to make every reasonable effort to accommodate clients who are protected under the intent of the Americans with Disabilities Act. The agency will document all accommodations made and will keep this information in an administrative folder.

6. The Age Discrimination Act requires equal access to services and benefits regardless of the client's age. This law states that no person, based on their age, can be denied benefits from, be excluded from participation in, or be limited in access to, any program or activity that receives federal financial assistance. This law prohibits policies or practices that would exclude a client based on her/his age or the age of any dependents.

7. Additionally, if HCDVCC provides counseling services by a licensed psychologist, social worker and/or professional counselor (not all programs employ licensed counselors), HCDVCC can provide ongoing counseling services to minors who are survivors of sexual, physical, or emotional abuse, or who are contemplating suicide or suffering from a chemical or drug addiction or dependency without emancipation, parental consent or parental accompaniment, in compliance with the Texas Family Code Section 32.004. Before admitting a minor into services under these circumstances, the staff person who receives the hotline call or interacts with the minor will first attempt to contact a supervisor to determine whether the center will accept the minor into services.

8. The Health and Human Services Commission's (HHSC) regulations regarding civil rights in Chapter 395 of the Texas Administrative Code prohibit discrimination in all HHSC programs based on race, color, national origin, sex, age, disability, and religion. All HHSC agencies must also provide access to potential clients with limited English proficiency.

9. Texas Health and Safety Code, §85.113 and §85.114, relating to HIV/AIDS requires that any organization under contract with the Department of Human Services must have workplace guidelines concerning HIV, and although we do not have such a contract, we still follow guidelines similar to the following guidelines:

- 1) All employees will receive some education about methods of transmission and prevention of HIV infection and related conditions.
- 2) Programs will make accommodations to keep persons with HIV infection employed and productive for as long as possible.
- 3) The program will protect confidentiality of employee medical records.
- 4) The program will make HIV-related policies consistent with current information from public health authorities, such as the Centers for Disease Control of the United States Public Health Service, and with state and federal law and regulations.
- 5) Persons with HIV infection are entitled to the same rights and opportunities as persons with other communicable diseases.
- 6) Employers and employees should not engage in discrimination against persons with HIV infection unless based on

Nondiscrimination Statement

accurate scientific information.

Clients served by these organizations must also receive education about HIV based on the HIV education program developed by the Texas Department of Health and Safety.

[10. The Family Violence Prevention and Services Act as outlined in 42 U.S.C. Chapter 110\) prohibits programs from imposing fees or income based eligibility standards in exchange for assistance or services. It also confers specific requirements to all grantees and sub-grantees to support access to services for survivors of family violence who identify as LGBTQ.](#)

Staff and volunteers of HCDVCC will receive training on client eligibility and all applicable federal and state laws.

In determining the eligibility of individuals seeking services from this agency, HCDVCC bases its screening procedures **solely on the individual's status as a victim of family violence** as defined by Chapter 51 of the Human Resources Code. Victims of family violence are eligible for services without regard to the following: income; ability to contribute, donate, or pay for services; gender, sexual orientation/identification; type of abuse, including victimization by the sex industry; disabilities, as defined by the Americans with Disabilities Act; number of previous times services have been sought from this organization or other family violence programs; cultural barriers of this organization, including language; number of children accompanying the victim; or immigration status. Staff and volunteers will be trained on client eligibility and all applicable federal and state laws.

HCDVCC makes every reasonable effort to serve non-English, or Limited English Proficiency (LEP), speaking persons seeking services in their native language. For cases in which staff or volunteers do not speak the victim's language, staff or volunteers will utilize existing community resources to provide interpretation and translation services. Staff or volunteers will seek assistance from the telephone company for language line services only when face-to-face communications cannot be facilitated.

CoC RRH Self-Declaration of Housing Status Form

Household without dependent children (complete one for each adult in the household)

Household with dependent children (complete one form for household)

Number of persons in the household: _____

This is to certify that the applicant for assistance is homeless, at-risk of homelessness, or attempting to or fleeing domestic violence as indicated by the information contained on this form. I understand all information provided is subject to verification and any false and/or misleading information may result in sanctions/penalties by this agency and/or the U.S. Department of Housing and Urban Development.

Check one only:

I [and my children] am/are currently homeless and living on the street (i.e. a car, park, abandoned building, bus station, airport, or camp ground)

I [and my children] am/are the victim(s) of domestic violence and am/are fleeing from abuse. I have no resources to obtain housing and no subsequent residence is available.

I [and my children] am/are being evicted from the housing we are presently staying in and must leave this housing within the next **14** days. No subsequent residence has been identified and I lack financial resources and support to necessary to obtain permanent housing.

Client written statement of domestic violence fleeing and or sexual violence fleeing:

See VAWA Form 5382

I certify that the information above and any other information I have provided in applying for assistance is true, accurate and complete.

Staff Certification

I understand that third-party verification is the preferred method of certifying homelessness or risk for homelessness for an individual who is applying for CoC assistance. **I understand self declaration is only permitted when I have attempted to but cannot obtain third party**

Documentation of attempt made for third-party verification:

EPPA was used to verify homeless status.

Police Report

Medical Records

No third party documentation available

Staff Name/Title: _____

Harris County Domestic Violence Coordinating Council

Notice of Occupancy Rights under the Violence Against Women Act[2]

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.[3] The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that [insert name of program or rental assistance] is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights

Protections for Applicants

If you otherwise qualify for assistance under HUD CoC RRH, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under HUD CoC RRH, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under HUD CoC RRH solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If

requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria

- (1 **You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.
- (2 **You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.
- (3 **You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.

- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Term

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger

(1) Would occur within an immediate time frame, and

(2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with Houston Field Office, 713-718-3199

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://www.hudexchange.info/resource/4718/federal-register-notice-proposed-rule-violence-against-women-act-2013-vawa-2013/> .

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact National Domestic Violence Hotline 1-800-799-7233.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact RAINN 1-800-656-HOPE

Victims of stalking seeking help may contact Victim Connect Helpline 1-855-4 VICTIM.

Attachment: Certification form HUD-5382 [form approved for this program to be included]

^[1] The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

^[2] Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

^[3] Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

Continuum of Care Rapid Re-Housing Disclosures

These guidelines are a Special Provision of the CoC RRH Program in addition to the executed lease between client and landlord.

I understand that I am fully responsible for the lease contract that I am signing, and legally must abide by the specific provisions laid out by the lease agreement. I further understand that in the event that I violate the terms of my lease contract, and I am evicted from the dwelling or receive a notice of non renewal of the lease, the HCDVCC may not be able to assist me with housing **if another unit is not able to be obtained, HCDVCC may only be able to provide referrals to area homeless shelters.**

I understand that if I am selected for the HUD Section 8 Rental Assistance Program, and I do not accept the assistance, I will only be assisted through the end of my current lease term by the HCDVCC.

Equal Opportunity

The CoC RRH Program maintains a policy to provide information and promote all individuals to participate in the program without regard to race, color, creed, sex, ancestry, pregnancy, age, national origin, and physical or mental handicap (disabilities).

The Fair Housing Act

The Program adheres to the policy of equal housing opportunities and The Fair Housing Act.

The Fair Housing Act prohibits discrimination in housing because of: race or color, national origin, religion, sex, family status, or handicap.

Any individual who feels they have been discriminated against in housing opportunities may write or call the Office of Fair Housing and Equal Opportunity.

U. S. Department of Housing and Urban Development
Room 5204
Washington, DC 20410-2000

Toll Free Hotline number 1-800-424-8590

Grievance Procedure

If a client has services terminated a prompt 30-day written notice must be sent to clearly state the reason for termination. The letter will state specifically what needs to be done to appeal the decision and if written appeal is not received by specified month/date then the last month of rental assistance will be paid as specified in the letter.

The client must review the decision in which to present written or oral objection before the following within the 30 day period:

1st- Shelli Collins, Housing Program Manager (281) 400-3680
2nd- Abeer Monem, Housing Project Director (281) 400-3680
3rd- Barbie Brashear, Executive Director (281) 400-3680

Case Advocate/Housing Services Specialist

Date



Grievance Procedures

Harris County Domestic Violence Coordinating Council values your input on how we provide services and wants to hear about your experience. Any information you provide will be taken seriously and will help us continue to improve our services for every survivor.

If you have a question or complaint about something that occurred while you were at HCDVCC, the first step is to discuss this with your advocate.

If you are not able to come to an acceptable result after discussing the issue with your advocate or do not feel comfortable talking about the issue with them, HCDVCC encourages you to submit a grievance or complaint. If you prefer not to submit it in writing, please ask to talk to Shelli Collins, Housing Program Manager. HCDVCC will make every reasonable attempt to review your grievance within 3 business days or sooner. The Housing Project Director will review your grievance first, followed by the Executive Director if necessary see below

If a resolution is not achieved, you can contact the HUD, see below.

Follow the steps below to file a grievance with HCDVCC:

Write up the grievance (complaint) and sign and date it. Your advocate can provide you with a form or you may write your own. If you prefer not to submit it in writing please ask to speak to Shelli Collins if you are a housing client (scollins@hcdvcc.org) or Nidia Cantu if you are a High Risk client (ncantu@hcdvcc.org). Include the following details:

- a. Name and advocate's name
- b. Details about the situation or concern
- c. Date of the issue or incident
- d. Any specific way you would like to see the issue resolved

Housing Grievance Procedure

If a client has services terminated a prompt 30-day written notice must be sent to clearly state the reason for termination. The letter will state specifically what needs to be done to appeal the decision and if written appeal is not received by specified month/date then the last month of rental assistance will be paid as specified in the letter.

The client must review the decision in which to present written or oral objection before the following within the 30 day period:

- 1st- Shelli Collins, Housing Program Manager (281) 400-3680
- 2nd- Abeer Monem, Housing Project Director (281) 400-3680
- 3rd- Barbie Brashear, Executive Director (281) 400-3680

U. S. Department of Housing and Urban Development
Room 5204
Washington, DC 20410-2000

Toll Free Hotline number 1-800-424-8590



Grievance Form

Client Name: _____

Advocate's Name: _____

Details about the situation or concern (attache additional pages if needed):

Date of the issue or incident _____

A specific way you would like to see the issue resolved:

Client Signature: _____

Date: _____

Is it ok for us to contact you about your grievance? Yes No

Contact Information (phone and/or email): _____

Form complete by (if assistance was used while completing this form):

Printed Name _____

Signature: _____

Date: _____



Termination Policy

If my behavior puts the safety of other clients, staff, and/or volunteers at risk, HCDVCC may exit me from services. These behaviors include:

- Being violent and/or abusive towards others

If HCDVCC exits me from services due to one of the above, I understand that I can request:

- An exit interview in order to discuss services
- A safety plan
- Referrals to other community resources that may be of assistance to me.

HCDVCC will make every reasonable effort to have the exit process planned collaboratively by client and advocate.

I also understand that I have a right to file a grievance (complaint) or an appeal if I believe that the exit is not appropriate. My advocate can provide me with that grievance form. I also understand that HCDVCC will retain my records for five years, and that I have a right to request a copy.

I also understand that I can request contact information for the HUD for complaint purposes.

Note: When exiting someone from services, HCDVCC complies with the Americans with Disabilities Act; Title VI of the Civil Rights Act; §504 of the Rehabilitation Act; the Age Discrimination Act of 1975; and other applicable laws and regulations. HCDVCC will apply this policy equally to all people.



Client Rights & Responsibilities

Everyone at HCDVCC has the following rights and responsibilities:

- Participate in creating a safe environment. We ask that you help prevent abuse and violence by not committing physical, emotional, or verbal abuse with staff, volunteers, or other clients. We also ask that you not bring drugs, alcohol, weapons, or other unsafe items onto HCDVCC property.
- Receive respect without discrimination on the basis of national origin, language, religion, race, color, gender identity, gender expression, or sexual orientation.
- Have your interests and personal choices recognized without blame or judgement. We are here to support you in making your own decisions.
- Have your civil and legal rights honored and upheld.
- With the exception of mandatory reporting as required by law or a court order, to have information that would identify you kept confidential and only released with your specific written consent. We ask that you respect the private information and safety of other clients by not discussing names of, or information about, other clients, except with HCDVCC staff, if necessary.
- Have all policies, procedures, expectations, client rights, and other relevant information, especially any document requiring your signature, explained to you in your chosen primary language.
- Be responded to respectfully without opinion or judgment when offering your statement of events. If a conflict with a staff member arises that you feel cannot be resolved, you can speak with Shelli Collins, as outlined in HCDVCC's Grievance Policy.
- Have an advocate, when requested and when possible, advocate on your behalf.
- Be provided with personalized services, including referrals that are in your best interest. You also have the right to refuse any services offered in this agency and to discuss with staff any concerns or disagreements regarding services.
- Ask for what you want and need, to change your mind, and to choose not to answer a question.
- View or request a copy of your client file anytime you ask for it.
- Not be exploited or abused in any way by a staff, volunteer, or board member of this organization.



Release of Liability

I, _____, head of participant household, have requested housing program intervention services for myself and my child/children.

For and in consideration of intervention services provided by HCDVCC, I hereby release and discharge HCDVCC, a non-profit organization, its directors, officers, agents, and volunteers of and from any and all manner of claims, cause of action, debts, or demands, which I, my heirs, successors, or assigns, may have hereafter for claims in connection with personal injury, property damage, theft, any and all claims of any sort whatsoever arising in connection with my services provided by HCDVCC.

For and in consideration of any child care and temporary housing for my child/children as named above, I hereby release and discharge the HCDVCC, its directors, officers, agents and volunteers of and from any sort whatsoever rising in connection with the care and maintenance of my child/children provided by the HCDVCC.

The Center has my permission to transport my child/children on field trips and other excursions away from the HCDVCC office or survivor home and on any other necessary trip away from HCDVCC which is required, while Council representatives are caring for my child/children. I understand that all precautions will be taken to ensure the safety of myself and my child/children. I hereby release The Council, and the owner/operator of any vehicle which myself and or my child/children may be riding from any and all responsibility and liability for damage, injury, or illness which might occur during, or result from the authorized transporting of myself and/or safety and health of my child/children.

I, _____, hereby authorize the HCDVCC to provide necessary emergency medical care for myself and/or children. While we are receiving services, I release the HCDVCC from any liability incurred by obtaining such medical care.

Staff Signature

Date

Certification of Zero Income

(To be completed by adult household members only, if applicable)

Household Name: _____

Household Member: _____

- 1) I hereby certify that I do not individually receive income from any of the following sources:
 - a. Wages from employment (including commissions, tips, bonuses, fees, etc.);
 - b. Income from operation of a business;
 - c. Rental income from real or personal property;
 - d. Interest or dividends from assets;
 - e. Social Security payments
 - f. Payments from annuities, insurance policies, retirement funds, pensions, or death benefits;
 - g. Unemployment or disability payments;
 - g. Public assistance payments (other than food stamps);
 - h. Periodic allowances from alimony or child support
 - i. Gifts received from person not comprising the household;
 - j. Sales from self-employed resources (Avon, Mary Kay, Shaklee, etc.);
 - k. Any other source not named above **AND**

- 2) I currently do not have income of any kind and there is no imminent change expected in my financial or employment status during the next 12 months; **AND**

- 3) I will be using the following sources of funds to pay for rent and other necessities:

Under penalty of perjury, I certify, to the best of my knowledge, that the information presented in this certification is true and accurate. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of participation under a Continuum of Care Rapid Re-Housing (CoC RRH).

Case Manager statement: **Applicant/Tenant report no current income.**

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense for any person to make false or fraudulent statements to any department or agency of the United States Government or public housing authority as to any matter within its jurisdiction or to make unauthorized disclosures or improper use of the information collected hereunder.