

Family Unification Program (FUP)

Program Referral

Referring Agency - Youth Development Program (YDP), Family Services Division (FSD), Family Supportive Housing (FSH), Reach Up or through Coordinated Entry.

1. Identify families & youth who may be eligible for & interested in this program.
2. Do an initial screen for eligibility. To be eligible:
 - A. The family/youth must be involved with FSD, FSH, Reach Up or the YDP.
 - B. The applicant may be a:
 - Family - if the lack of adequate housing is a factor in their child being:
 - Placed in out-of-home care *OR*
 - Able to return home from out-of-home care
 - Youth - if they:
 - Left foster care at age 16 or older (or will leave within 90 days)
 - Are currently between the ages of 18 and 24 *AND*
 - Are homeless or at risk of becoming homeless
3. Make sure required case management is in place (i.e., at least 12 months for families and 36 months for youth).
4. Complete this form and the *Inadequate Housing Form* (<http://dcf.vermont.gov/oeo/FUP>).
5. Have the appropriate supervisor/district director/district manager sign this form to confirm categorical eligibility.
6. Email the completed forms to AHS.DCFFUVR referrals@vermont.gov

DCF Central Office staff:

1. Email the referring agency and signing authority confirming receipt of the referral.
2. Place the family/youth on the *Centralized Referral List*.

Read the *FUP Appendix* for further details about the process, priorities and definitions.

Family Unification Program Referral Form

| HOUSEHOLD INFORMATION | | | |
|--|----------------------|---------------------------------|----------------------|
| Head of household: | First & last name | Date of birth (mm/dd/yyyy) | Last 4 digits of SSN |
| People in the household: | ___ Number of adults | ___ Number of children under 18 | |
| URGENCY SCORE | | | |
| Check <input checked="" type="checkbox"/> which of the following factors apply: | | | |
| <input type="checkbox"/> AHS/HUD definition of homeless <input type="checkbox"/> Child under 6 <input type="checkbox"/> Multiple episodes of homelessness | | | |
| PROGRAM INVOLVEMENT | | | |
| Check <input checked="" type="checkbox"/> which programs the family/youth are involved with: | | | |
| <input type="checkbox"/> Family Services Division <input type="checkbox"/> Family Supportive Housing <input type="checkbox"/> Reach Up <input type="checkbox"/> Youth Development Program | | | |
| Confirmation of categorical eligibility by an FSD district director, ESD Reach Up supervisor, YDP supervisor, or FSH program manager. <i>I confirm that the youth or family named on this form is involved with our program.</i> | | | |
| Name: _____ Title: _____ District: _____ | | | |
| Signature: _____ Date: _____ | | | |
| CASE MANAGEMENT | | | |
| Name of organization that will be providing case management | | | |
| Contact name | Contact phone | Contact email | |
| | | | |
| AGENCY & PERSON MAKING THIS REFERRAL | | | |
| Agency Name & Location: _____ | | | |
| Contact name: _____ Title: _____ | | | |
| Phone number: _____ Email: _____ | | | |