

General Assistance Emergency Housing Procedures

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New Applicants

(Initial Housing Application)

Temporary Housing EH-700, FH-701, EH701.1, EH-701.2

- Telephone interviews: ESD continues to conduct telephonic interviews.
 - Call-backs must be completed via a Genesys line (Interaction Desktop), to record the interview.
 - You must log in as “Outbound Calls” to prevent Interview or General Queue calls from being routed to your line.
- The district where the individual/family geographically resides, (i.e., Address in CASE/D), will be the district office that “holds” the case.
- This is the district where the management team that receives the call will forward the case.
 - Example: Mailing address is Burlington General Delivery, it is a YDO case, and the guest is currently at a hotel in Rutland – the call back request would be forwarded to the BDO Management Team
 - If an individual/family reports they intend to remain at the new location, the case will transfer to the “new” district.
 - Management Teams should communicate between districts if there is the potential for duplication on COVID Trackers.
- If an applicant is found eligible and hotel capacity is limited, the BPS should make 5 attempts to house the applicant. These attempts must be documented in CATN. If space is not available, deny application: “The GA Emergency Housing program cannot assist with the item you requested.”

Application

- Right to Apply: All persons interested in applying for emergency housing shall be granted the opportunity to do so.
- **The application must be physically signed. Unsigned applications are not valid and should be denied.**
- Notice of decision: All applicants who are denied will be provided with a written notice of the decision.
- The Department may be able to provide assistance in obtaining needed documentation of disability upon request from the applicant and where the applicant has been unable to do so due to their physical mental or other difficulties.

COVID Screening Questions

- In the past 14 days:
 1. Have you been in contact with any person who is infected with the novel coronavirus (COVID-19)? YES OR NO
 2. Have you had any of the following symptoms –cough, high temperature, shortness of breath, difficulty breathing? YES OR NO

Shelter Space

- Shelter first: ESD will not house if **shelter space** is available (**EH-725**).
 - If the applicant has a physical or mental disability and cannot stay in a shelter:
 - First check with the shelter to see if the shelter can make special arrangements/ a reasonable accommodation.
 - If the shelter is not able to do accommodate the applicant, the applicant's health care provider or anyone with knowledge of the disability must document the reason they cannot stay in a shelter on the form 218M or equivalent. We do not mandate the form, only the information on the form.
 - If an applicant did not accept available shelter space or was asked to leave a shelter for not following shelter rules, they are ineligible for 30 days from the day they were asked to leave the shelter (**EH-725.1**).
- **Districts may approve 218M forms if they are not questionable. GA AOps will review 218M forms for denials and modifications.**

Vermont Residency

- Must be living in Vermont voluntarily and not for a temporary purpose (**EH-715**).
 - Ask applicants new to the state if they plan on staying. If the applicant intends to stay, they are potentially eligible. If the applicant is in Vermont for a temporary purpose, such as a temporary visit, they are not eligible and should be denied.
 - **There is no requirement that applicants be a US citizen or legal alien.**

Causing One's Own Loss of Housing

- **Must not have caused their own loss of housing within the past 90 days** – unless they left for health or safety reasons (**EH-730**).
 - Causing one's own loss of housing includes, but is not limited to, violent behavior, a Relief from Abuse (temporary or final order) that prevents you from returning to your home or leaving housing where you could have stayed.
 - The 90 days begins the day the applicant leaves their housing.
 - Verification required: collateral call to where applicant was staying, letter from health inspector, verification from landlord.
 - If the applicant's disability was a factor in causing loss of housing, a reasonable accommodation can be requested. Send to AOps.

Categorical Eligibility

- **Households must meet one of the following *Categories* (EH-720):**
- A family with a child or children under the age of 18, or who are 18 or 19 and attending secondary education full-time or an equivalent level of vocational or technical training.
 - Verification required:
 - check ACCESS, check OnBase for a 216, any source that reliably verifies custody.
 - Families with children may request housing beyond 84 days in 30-day increments. This is an exception and should be sent to GA AOps.
- A household that includes a person aged 60 or older.
 - Verification required:
 - check ACCESS or request ID.
- A household that includes a pregnant person.

- Verify if questionable:
 - check ACCESS- CATN or PREG panel, collateral call to healthcare provider, letter from healthcare provider.
- Lost housing due to a natural disaster such as a flood, fire, or hurricane.
 - Verification required:
 - news article, news report, report from the Red Cross.
- Fleeing domestic violence, dating violence, sexual assault, stalking, human trafficking, or other dangerous or life-threatening conditions related to violence against a household member that cause them to reasonably believe that they are at risk of further harm if they remain in the unit, or if the relevant incident occurred within your home.
 - **If housing in a district where there is a Community Investment please deny the application or explain and ask them to withdraw and direct them to the Sister Agency to be housed.**
 - **If the applicant is asked to leave a hotel while housed by the sister agency, a grievance should be filed with the sister agency.**
 - Verification required:
 - a relief-from-abuse restraining order or order against stalking or sexual assault; observable physical evidence of abuse;
 - corroboration of domestic violence, sexual violence, human trafficking, or stalking from police, hospitals, court officials, physicians, nurses, or any other credible sources;
 - a determination of abuse by staff at a domestic violence shelter or organization; a waiver of the Reach Up requirement to cooperate in pursuing child support (seerule2235.2);
 - or a deferment or modification of the Reach Up work requirement due to the effects of domestic violence (see rule 2363.1).
 - If a survivor of domestic violence indicates they are not able to access their income because the abuser controls their bank accounts, ask the sister agency to verify this.
- A Town Health Officer, the Division of Fire Safety, or another governmental entity has declared your rental unit has safety violations that make it unsafe for you to live there. The report must be dated within the last two weeks or the inspector must confirm that the unit is still unsafe for you to live in (examples of unsafe living conditions that might appear in a report: are: no water, if water was provided; no heat, if heat was provided; an unvented heating system; failed septic system; or structural failure)

- Verification required:
 - Copy of inspection, copy of lease if there is one.
 - Applicant must verify they were living in the residence. If the applicant was not on the lease, the applicant must provide other verification of tenancy, such as an electric bill in their name, checks that were deposited by the landlord for the rent amount, etc.
 - Verification MUST be from a government entity. Verification from a private tradesperson is not acceptable.
- The landlord has willfully caused, directly or indirectly, the interruption of any utility service being supplied to the household for more than a temporary interruption for emergency repairs, or if the landlord directly or indirectly denies access to or possession of the rented or leased premises, except through the proper judicial process.
 - Verification required:
 - collateral call to the landlord or property manager, documentation from local authority. If the landlord caused the issue and refuses to verify, seek alternate verification sources.
- A household that includes a person with a disability. A person with a disability is:
 1. A person who receives SSI, SSDI, VA disability benefits, Medicaid for the Aged, Blind and Disabled (MABD); or
 2. A person whose health care professional or counselor from the Division of Vocational Rehabilitation provides documentation that the individual is unable to work more than an average of 20 hours a week over the next three months due to a disability; or
 3. A person whose health care professional or counselor from the Division of Vocational Rehabilitation provides documentation that the individual was unable to work more than an average of 20 hours a week over the past three months due to a disability.

[You may request housing beyond the 84 nights, 30 days at a time when a disability significantly impairs activities of daily living (ADL), or you or a household member are enrolled in or likely eligible for Choices for Care, Developmental Services, CRT, Brain Injury program, Attendant services, if you are actively working with a service provider to find permanent housing (See EH-755)]

- Verification required:
- The GA Housing Disability Verification Form (<https://dcf.vermont.gov/sites/dcf/files/CVD19/ESD/201G-Disability-Verification.pdf>) OR a letter or other documentation (such as a 210A) from a health care professional or a Division of Vocational Rehabilitation counselor.
 - Applicant is unable to work an average of 20 hours a week over the next three months due to a disability or was unable to work more than an average

of 20 hours a week over the past three months due to a disability

- Documentation of disability from a health care provider is valid for 90 days from the date it is signed. Once the 90-day period ends, request updated verification if the applicant is still eligible for housing.
- The Department may be able to provide assistance in obtaining needed documentation of disability upon request from the applicant and where the applicant has been unable to do so due to their physical mental or other difficulties.
 - This does not include verification of SSI, SSDI, VA disability benefits, and Medicaid for the Aged, Blind and Disabled (MABD).
- Verification of receipt of SSI, SSDI, VA Benefits, or Medicaid for the Aged, Blind and Disabled (MABD)
- For applicants receiving VA benefits, the percentage of disability (typically 10% - 100%) is not relevant. Receipt of VA benefits is sufficient to meet this category.
- **Denials under the Disability prong will be completed by the GA AOPs using the 220GAD-Denial EH-720 Disability**
- **Variances (new EH-720.1)**
 - a. Applicants, participants, and service providers may request a variance for an applicant or participant who is denied under the disability prong in Rule EH-720 if being unsheltered would be particularly dangerous to the applicant or participant's health and welfare.
 - b. Such a variance request shall include:
 1. a description of the need; and
 2. a description of the unusual risk posed to the individual's health, safety, or welfare if GA emergency housing is not authorized.
 - c. If the request for a variance is denied, the denial notice must be in writing. The notice shall include the right to request a fair hearing and contact information for Vermont Legal Aid, Inc. The applicant or participant may appeal a denial of a request for a variance to the Human Services Board, and the burden shall be on the applicant to show an abuse of discretion. The issuance of a variance shall have no precedential effect on any cases or rules.
- **Process**
- An Applicant who has been denied under the disability prong of EH-720 may request a variance by contacting the Benefits Service Center 1-800-479-6151 or visiting a local district office ([link](#)).
- Any supporting documentation may be submitted via the uploader ([link](#)) or delivered in person to a local district office.
 - Verification

- Emergency Housing Variance Request Form (located at <https://dcf.vermont.gov/sites/dcf/files/CVD19/ESD/201G-Variance-Request.pdf>) or other similar documentation that includes a description of the need; and a description of the unusual risk posed to the individual's health, safety, or welfare if GA emergency housing is not authorized.
 - All variance requests should be emailed to GA AOPs along with supporting documentation and a CATN entered.

Income Eligibility

- Gross monthly income at or below 185% of the Federal Poverty Level (FPL) **(EH-735)**.
 - Income before any deductions such as taxes, child support, etc.
 - Verification required.

Resource Limit

- No more than \$2,250 in available resources **[EH-705(4)]**. This includes everyone in the household **(EH-745)**.
 - Verification required only if questionable.
 - After the initial period of emergency housing, if you apply for additional emergency housing, you will need to have taken steps to access other resources such as cash value of life insurance, sale of stock, bonds, or mutual funds, or other reasonably accessible resources to meet your housing needs. This does not include any type of retirement accounts. Future emergency housing applications will be evaluated in relation to whether you have taken reasonable steps to access these resources. If you have not taken steps to access these resources, your application will be denied.
 - This does not include any money contributed as part of the Vermont Match Savings Program, an ABLE Account or PASS plan.

Housing Case Management/Coordinated Entry

- For the Department to continue to house in a motel, returning applicants must work with a housing agency to find long term housing **(EH-750)**.
 - New applicants should be referred to housing case management. They will be required to verify they are working with a case manager when they reapply.

Period of Ineligibility

- Inform eligible applicants that certain behaviors may result in a Period of Ineligibility.

- **If asked to leave a motel**, clients will not be eligible to be placed in a motel by the Department (EH-765):
 - For a first violation, the POI is 15 days,
 - For a second and any other violations, the POI is 30 days.
- For list of violations, refer to POI section of procedures.
- **If a guest is asked to leave a hotel and requests a fair hearing, they should be housed pending the hearing.**

Grant Periods

- Households can receive up to 84 days of emergency housing from June 1st 2021 through June 30th, 2022. The 84 days begin once the applicant is subject to these rules.
- Can be granted in up to 30-day increments if they are eligible, or until income is received.
 - For applicants with income, house until income is received if the applicant must contribute toward their own housing.

Worksheets, Denials, and CATN

- **Complete 220GAD-EH for ineligible applicants**
- Applicants may request a notice of decision in writing if their application is granted.
 - This notice must include:
 - Number of days approved;
 - The check in date and check out date at the motel; and
 - When to reapply
- Complete 30% Income Contribution Calculator for cases where the applicant must contribute toward their own housing (only applicable during the initial 84 days of Emergency Housing).
- Applications do not need to be entered in ACCESS.
- CATN any action taken.

No-Shows and Abandoning Rooms

- Applicant(s) are ineligible for the duration of the grant
- If questionable please send to GA AOps for review

Applicants Who Are Reapplying for Emergency Housing

Application

- Right to Apply: All persons interested in applying for emergency housing shall be granted the opportunity to do so.
- **The application must be physically signed. Unsigned applications are not valid and should be denied.**
- Notice of decision: All applicants who are denied will be provided with a written notice of the decision.
- The Department may be able to provide assistance in obtaining needed documentation of disability upon request from the applicant and where the applicant has been unable to do so due to their physical mental or other difficulties.

COVID Screening Questions

- In the past 14 days:
 1. Have you been in contact with any person who is infected with the novel coronavirus (COVID-19)? YES OR NO
 2. Have you had any of the following symptoms –cough, high temperature, shortness of breath, difficulty breathing? YES OR NO

Shelter Space

- Shelter first: ESD will not house if **shelter space** is available (**EH-725**).
 - If the applicant has a physical or mental disability and cannot stay in a shelter:
 - First check with the shelter to see if the shelter can make special arrangements/ a reasonable accommodation.
 - If the shelter is not able to do accommodate the applicant, the applicant's health care provider or anyone with knowledge of the disability must document the reason they cannot stay in a shelter on the form 218M or equivalent. We do not mandate the form, only the information on the form.
 - If an applicant did not accept available shelter space or was asked to leave a shelter for not following shelter rules, they are ineligible for 30 days from the day they were asked to leave the shelter (**EH-725.1**).
- **Districts may approve 218M forms if they are not questionable. GA AOps will review 218M forms**

for denials and modifications.

Period of Ineligibility

- The list of behaviors that result in a POI have changed, please refer to the POI section of procedures or rule EH-765.
 - The first POI **cannot** be reduced to 7 days under EH-765
- Confirm whether or not the applicant is on a Period of Ineligibility
- **If asked to leave a motel**, clients will not be eligible to be placed in a motel by the Department **(EH-765)**:
 - For a first violation, the POI is 15 days,
 - For a second and any other violations, the POI is 30 days.
- **If a guest is asked to leave a hotel and requests a fair hearing, they should be housed pending the hearing.**
- For list of violations, refer to POI section of procedures.

Income Eligibility

- Gross monthly income at or below 185% of the Federal Poverty Level (FPL) **(EH-735)**.

Resource Limit

- No more than \$2,250 in available resources **[EH-705(4)]**. This includes everyone in the household **(EH-745)**.
 - After the initial period of emergency housing, if you apply for additional emergency housing, you will need to have taken steps to access other resources such as cash value of life insurance, sale of stock, bonds, or mutual funds, or other reasonably accessible resources to meet your housing needs. This does not include any type of retirement accounts. Future emergency housing applications will be evaluated in relation to whether you have taken reasonable steps to access these resources. If you have not taken steps to access these resources, your application will be denied.
 - This does not include any money contributed as part of the Vermont Match Savings Program, an ABLE Account or PASS plan.

Housing Case Management/Coordinated Entry

- For the Department to continue to house in a motel, returning applicants must work with a housing agency to find long term housing **(EH-750)**.

- Verification required: collateral call to community partner or recent CATN.
- Applicants not working with a case manager should be denied until they have met with a case manager.

Grant Periods

- Households can receive up to 84 days of emergency housing from June 1st 2021 through June 30th, 2022. The 84 days begin once the applicant is subject to these rules.
- Can be granted in up to 30-day increments if they are eligible, or until income is received.
 - For applicants with income, house until income is received if the applicant must contribute toward their own housing.

Worksheets, Denials, and CATN

- **Complete 220GAD-EH for ineligible applicants**
- Applicants may request a notice of decision in writing if their application is granted.
 - This notice must include:
 - Number of days approved;
 - The check in date and check out date at the motel; and
 - When to reapply
- Complete 30% Income Contribution Calculator for cases where the applicant must contribute toward their own housing (only applicable during the initial 84 days of Emergency Housing).
- Applications do not need to be entered in ACCESS.
- CATN any action taken.

No-Shows and Abandoning Rooms

- Applicant(s) are ineligible for the duration of the grant
- If questionable please send to GA AOps for review

Period of Ineligibility (POI) (EH-765)

- ***This rule does not apply to parent(s) or qualified caretaker(s), as defined in Reach Up rule 2230.1, if you have a child or children living with you who are under the age of 18, or who are age 18 or 19 attending secondary education full time or an equivalent level of vocational or technical training and who are included as part of the household in the current emergency housing grant.***
- You will not be eligible to be placed in a hotel/motel by the Department for a period of time if you are asked to leave a hotel/motel for:
 - Violent Criminal Behavior
 - Attempted violent criminal behavior
 - Theft of a \$75 or greater value from Hotel/motel or guests
 - Creating safety hazards (examples: disabling smoke detectors, placing tape over a smoke detector, using appliances or heaters which create a fire hazard, blocking exits, disabling any type of alarm)
 - Threatening other guests or motel staff, or having guests that threaten others
 - Sale or distribution of illegal substances
 - Destruction of property (intentional damage or misuse)
- POI Violation period:
 - For a first violation, the POI is 15 days
 - For a second and any other violations, the POI will be 30 days
- Any Period of Ineligibility incurred prior to July 1st, 2021 will not count after July 1st, 2021 for applicants in housing on May 31st, 2021.
- **If a guest is asked to leave a hotel and requests a fair hearing, they should be housed pending the hearing.**
 - **Any nights not housed by ESD pending a fair hearing count toward the POI.**
 - ***Example: Guest is asked to leave on Monday. Spends Monday, Tuesday and Wednesday night outside, requests a hearing on Thursday. Housed by ESD on Thursday pending the hearing. The POI should be shortened by 3 days to account for the 3 days the guest was not housed. A 15 day POI would be reduced to 12 days, a 30 day POI would be reduced to 27 days.***
- For list of violations, refer to POI section of procedures.
- Refer to June POI desk aid for additional help

Housing Applicants in Separate GA Households Together

(EH-760)

- Individuals who are not members of the same applicant household **(EH-705)** may request to be housed together in the same hotel/motel room.
- House no more than two separate applicants together
 - Separate applications need to be completed and be approved for a motel voucher individually (*unless they have a reasonable accommodation to have a caretaker reside with them*).
- Each applicant must indicate at the time of the interview that they would like to be housed with the other individual. *If the Department has safety concerns it may choose to house the applicants separately.*
 - Each applicant must continue to meet all program requirements.
 - The applicants' income will be considered together and calculated as one household for the purposes of determining the 30 percent income contribution **(EH-740)**.
 - Be sure to grant under the same HH each time and CATN both cases.
 - ERAP months count for all applicants, not just the applicant in who's name the room is reserved.
 - Refer to housing together desk aid and review housing together letter.
 - If the call is made on a recorded line, no further documentation required.
 - If the call is not made on a recorded line, review the housing together letter. Note in CATN that the letter was reviewed with both applicants.
 - **Whenever possible, ask both clients to sign the "Housing Together" letter.**

Income
(EH-735)

- Must have gross monthly income at or below 185% of FPL.
- Gross income (before things like taxes are taken off) from **all sources**.
 - ARPA Monthly Child Tax Credits are not countable.

# People in Household	Maximum Gross Monthly Income (185% of FPL)	# People in Household	Maximum Gross Monthly Income (185% of FPL)
1	\$1,986	6	\$5,486
2	\$2,686	7	\$6,186
3	\$3,386	8	\$6,886
4	\$4,086	9	\$7,586
5	\$4,786	10	\$8,286

For each additional person add \$692.

30% Income Contribution

(EH-740)

- **Only applicable during the initial 84 days of Emergency Housing.** Applicants eligible for a waiver of the 84 day maximum are not subject to the 30% income contribution.
- Applicants with net monthly income, as calculated under Reach Up, less than or equal to the Reach Up basic need standard for a household of their size do not need to contribute toward the cost of their own housing.
- Emergency housing applicants with net monthly household income greater than the Reach Up basic need standard for a household of the same size shall be required to contribute 30 percent of their net household income toward the cost of emergency housing.
- Applicants with net monthly income, as calculated under Reach Up, greater than the Reach Up basic need standard for a household of their size must contribute toward the cost of their own housing.
- If 30% of the applicant’s net income divided by the average motel rate is less than the cost of two days at the average motel rate, the applicant is not required to contribute toward their own housing.

Household Size	1	2	3	4	5	6	7	8	9+
Basic Needs	644	942	1236	1478	1733	1907	2203	2458	+236/pp

- How it works:
 - Applicants will be housed until the day income is received.
 - When income is received, ESD will not house applicants for the number of days the applicant is responsible for.
 - First, the applicant must meet the “threshold” for an income contribution. Compare net income for the 30 days prior to application (as calculated under Reach Up rules) to the basic needs standard. If the applicant’s income is above the basic needs standard, they meet the “threshold.”
Use the “Income Contribution Threshold: 30 Days Prior to Appl.” calculator on the ESD calculator.
 - **If the applicant meets the Income Contribution Threshold, determine how many nights the ESD will not pay for using the “30% Income Contribution” calculator on the ESD calculator.** This

calculator can be used to determine the number of nights ESD will not pay for based on weekly, biweekly, semi-monthly, or monthly pay.

- 30% of net income is divided by the average motel rate in the district, rounded down to the nearest whole number. This is the number of nights the applicant is responsible for.
 - If an applicant from one district is housed in another district, use the higher of the two averages.
 - Applicants do not need to provide proof they have paid for any nights and may choose not to pay for any. ESD will not house them during this period.
 - Applicants responsible for less than two nights do not have to contribute toward their own housing.
 - **Please remember, none of an applicant's SSI counts towards the 30% income contribution.**

Resources

(EH-745)

- You may not have more than \$2,250 in available resources [EH-705(4)]. This includes everyone in the household.
 - After the initial period of emergency housing, if you apply for additional emergency housing, you will need to have taken steps to access other resources such as cash value of life insurance, sale of stock, bonds, or mutual funds, or other reasonably accessible resources to meet your housing needs. This does not include any type of retirement accounts. Future emergency housing applications will be evaluated in relation to whether you have taken reasonable steps to access these resources. If you have not taken steps to access these resources, your application will be denied.
 - This does not include any money contributed as part of the Vermont Match Savings Program, an ABLE Account or PASS plan.
 - All trusts should be sent to AOps for review
 - Special needs trusts are not countable resources

Housing Case Management/Coordinated Entry

(EH-750)

- Returning applicants must work with a housing agency to find long term housing and be enrolled in Coordinated Entry
 - Verification needed: Collateral call, email or letter from a community partner, CATN from recent HRT meeting

Fair Hearings

- Please refer to the Expedited FH process
 - All fair hearing requests should be emailed to the Fair Hearing Coordinator for submission to the portal
- Social Security numbers must be redacted from documents, leaving only the last four of the SSN(for example, xxx-xx-1234)
- Clients should be housed pending a hearing ***ONLY IF THEY ARE CONTESTING A PERIOD OF INELIGIBILITY*****(EH-765)**
- **Make sure to note whether this is the applicant's first violation or a subsequent violation.**

GA Housing Extension Requests Beyond 84 Days

This guidance is for Vermonters who have reached the GA Housing cap of 84 nights and would like to continue to receive GA Housing through the hotel system.

Applicants seeking to apply for an extension beyond 84 days contact the Benefits Service Center (800-479-6151) or visiting a local district office ([link](#)). Applicants may also fax the 201G-ADL using the fax number on the form.

Any supporting documentation may be submitted via the uploader ([link](#)) or delivered in person to a local district office. Please submit complete application packets to GA AOPs.

Extensions beyond the 84 day maximum are only for households that are currently housed by ESD.

The 30% income contribution does not apply to applicants granted a waiver to extend housing beyond 84 days.

For Families with Children:

Requests for extensions should be submitted no more than 10 business days prior to the 84th day of Emergency Housing benefits. Requests submitted more than 10 business days prior to the 84th day of Emergency Housing benefits should be denied. The applicant should be encouraged to resubmit the extension request within the 10 business day timeframe.

RULE EH-720 ([link](#))

A family with a child or children under the age of 18, or who are 18 or 19 and are attending secondary education full-time or an equivalent level of vocational or technical training [*You may ask for housing beyond the 84 nights, 30 days at a time, if actively working with a service provider to find permanent housing (See EH-700).*];

BPS Procedure:

FIRST EXTENSION

Verify that the client is engaged with housing case management along with a summary of the plan toward more secure housing and steps being taken toward that housing plan. This would include vouchers in hand or applied for, other community supports/grants they are working with.

All plans should be reviewed through GA AOPS before granting the extensions

- *Example 1:* Arthur has a Housing Choice Voucher and is completing apartment searches in Monkton and Richmond areas. Last meeting was 8/18/2021.
- *Example 2:* James is actively working to move into a spare room with a family member; NECKA is supporting the family member with bathroom upgrades. Last meeting was 8/18/2021.
- *Example 3:* Baxter has a move in date as of 10/1, waiting on security deposit from local community action committee. Last meeting was 8/10/2021
- *Example 4:* Francine is working with BROCC on purchasing an RV to set up on family property. Last meeting was 8/7/2021

Enter CATN

SECOND AND SUBSEQUENT EXTENSIONS

Revised 10/1/2021

This is meant to be a deeper and more detailed explanation of the work being done with the housing case management team. You must again verify that the client is engaged with housing case management along with a summary of the plan toward more secure housing and steps being taken toward that plan and see progress from prior month's verification.

All plans should be reviewed through GA AOPS before granting the extensions

- *Example 1:* Arthur has a Housing Choice Voucher and has submitted a deposit and is waiting for the housing inspection on 9/15; if accepted, lease begins 10/1. Last meeting was 9/5/2021.
 - *Would extend until 10/1, or if the client can move in sooner*
 - *The following month could show that the inspection led to needed repairs, which pushed out the move in date.... And on and on!*
- *Example 2:* James was not able to move in with a family member due to safety issues. Is now working with housing case management to secure an SRO in Newport. Last meeting was 9/12/2021.
- *Example 3:* Baxter has a move in date as of 10/1, security deposit from local community action committee has been submitted. Last meeting was 9/5/2021
 - *Would extend until 10/1*
- *Example 4:* Francine is working with BROC on securing a heating source for the RV set to be installed on 9/25. Last meeting was 9/8/2021
 - *Would extend until 9/25*

Enter CATN

Denial Procedure:

All Denials will be completed by GA AOPS – please send the case to GA AOPS. Review the mailing address with the client or ask for an email address if that is a preferred form of communication.

Include:

- Client Name & SSN
- Copy of application
- Any supporting verification supplied (housing plan, etc.)

The form will be returned to the district to mail/email to the client, scan to OnBase, CATN that denial decision was made and was sent.

**there will be an updated [220GAD-EH](#) to reflect these new denials.

For Individuals With a Disability:

Requests for extensions should be submitted no more than 30 days prior to the 84th day of Emergency Housing benefits. Requests submitted more than 30 days prior to the 84th day of Emergency Housing benefits should be denied. The applicant should be encouraged to resubmit the extension request within the 30 day timeframe.

RULE EH-755 ([link](#))

You may request a waiver of the 84-day maximum, if you or a household member has a disability that significantly impair activities of daily living (ADL). You may also request a waiver of the 84-day maximum if you or a household member is eligible for: Choices for Care; development services; CRT; brain injury program; or attendant services. Requests to waive the 84-day maximum for any of these reasons should be made to the Deputy Commissioner of the Economic Services Division. If approved by the Deputy Commissioner, your emergency

housing will be extended up to 30 days at a time. In cases where the individual is eligible for one of the above programs or has a disability that significantly impairs ADL, the housing case manager or legal representative should request a waiver from the Department, who will then coordinate with the nurse coordinator for that region of the state from the Department of Disabilities, Aging and Independent Living (DAIL).

- **What does a disability that significantly impair activities of daily living (ADL mean?** Activities of Daily Living (ADL) are “dressing and undressing, bathing, personal hygiene, bed mobility, toilet use, transferring, mobility in and around the home, and eating.” To receive a waiver of the 84 day maximum, you or a household member must have a disability that significantly impair your or their ability to perform one or more of these activities independently. Examples of significant impairments includes: needing assistance with dressing; bathing; getting in and out of bed; on and off the toilet; eating; transferring in and out of a wheelchair; use of an oxygen machine; or power wheelchair; etc.
- Verification
 - The Emergency Housing ADL Waiver Request Form may be used. It is posted on the ESD website at <https://dcf.vermont.gov/sites/dcf/files/CVD19/ESD/201G-ADL-Waiver-Form.pdf> or by submitting a written document that explains how the disability significantly impair activities of daily living.
 - The request or form should be completed by the applicant, housing case manager, legal representative, or other personal representative.

BPS Procedure:

You can NOT extend housing until the GA AOPS approval is received.

Verify that the client is engaged with housing case management along with a summary of the plan toward more secure housing and steps being taken toward that housing plan. This would include vouchers in hand or applied for, other community supports/grants they are working with.

The GA AOPs will email the DAIL nurse case manager or reach out to Vermont chronic Care Initiative (VCCI) regarding engagement/connection with their services

- This is required for extensions beyond 84 days
- Make sure the client has signed a Release of Information so the information on the form can be shared with DAIL or VCCI (the release can be found on the reverse side of the Emergency Housing ADL Waiver Request Form or as a separate Release of Information if the person submitted an ADL waiver request but did not use the form).

Email the request for extension and letter of verification to GA AOPS for review
Enter CATN when requested

Denial Procedure:

All Denials will be completed by GA AOPS – please send the case to GA AOPS. Review the mailing address with the client or ask for an email address if that is a preferred form of communication.

Include:

- Client Name & SSN
- Copy of application
- Any supporting verification supplied

The form will be returned to the district to mail/email to the client, scan to OnBase, CATN that denial decision was made and was sent.

GA Housing: Essential Payments Procedure

ESD will provide a \$2,500 essential payment to eligible households. A household is eligible for an essential payment if the household:

- has been continuously housed since prior to June 1, 2021, with the exception of mandatory self-pay periods, and
- are not eligible for an extension beyond the 84-day housing limit, and
- have exhausted their 84 days of housing.

Families with children are not eligible for an essential payment as they are eligible for a housing extension beyond the 84 days

Individuals with disabilities that receive an extension beyond the 84-day limit are not eligible for an essential payment.

Individuals that previously received an essential payment are not eligible for another essential payment.

When client arrives:

Review GA Housing eligibility.

- Review CATN to verify that the client has been continuously housed since prior to June 1, 2021
- Review CATN to verify that the client has exhausted their 84-days of housing
- Review CATN to verify that the client has not previously received an essential payment

Procedure:

1. Verify Identity

Clients must provide identification or verify identity through personal information.

2. Clients must sign the attestation.

- They must check at least one of Box 1 and 2, and either Box 3 or 4. If these statements do not apply to their household, they are not eligible for a check.
- If they are not willing to sign, we cannot provide the check.
- We need one attestation per applicant (household); households are defined as married, civil union, or child in common. (DH705 – GA Definitions)

3. Client must sign the Essential Payment Acknowledgement form

- Explain to the client that by signing this form they are confirming that they are not eligible for additional housing through the General Assistance Emergency Housing Program until after 6/30/2021, with the exception of when Adverse Weather Conditions are in effect.

4. Give the client their check

5. Essential Payments Tracker

- This tracker will be added as a new tab on the GA COVID trackers
- Central office will pre-populate the names and SSN with client information to match the checks being cut
- Document the date the attestation and acknowledgement are signed and the date the check is given to the client

Client Wrap Up

1. If the client is not a 3SquaresVT recipient, provide client with program information
“Did you know that we offer many programs that can help assist with rent, food and fuel; if you are interested in any of these? I can give you an application or you can call 1-800-479-6151 for further information. Thank you.”
2. Encourage the client to visit the wellness area/table on their way out.
 - a. The wellness table should include harm reduction kits.

BPS Wrap Up

Enter CATN, be sure to include:

- Date client signed the attestation, acknowledgement, and received the check
- Actions taken that day

Send a copy of Essential Payment Acknowledgement document to OnBase

Send a copy of the signed Attestation to OnBase.

Hold the hard copy of the attestation for 30 days and then mail to central office in October

Check information/misc.

LOST CHECK: If a client reports a lost check, email the name of the client and the check number to GA AOps. GA AOps will contact the treasurer’s office to void the check and have a new check issued.

Misc. questions:

What if a client wants to appeal not receiving a check?

- Supervisor will forward the following information to GA AOPS
 - The name of all household members
 - The dates, starting, in May that the client(s) was housed
 - An explanation of any days where the client was not housed
 - The eligibility category the client is being housed under
 - The date the client exhausted the 84-day housing limit