

## **Family Unification Program**

### **Documentation of Inadequate Housing**

Name of eligible family/youth: \_\_\_\_\_

Brief description of housing situation (*required*):

\_\_\_\_\_

\_\_\_\_\_

THE FAMILY/YOUTH REFERRED FOR ASSISTANCE MUST HAVE A HOUSING SITUATION THAT MEETS ONE OF THE FOLLOWING DEFINITIONS.

**1. Substandard or Dilapidated Housing. Check ✓ all that apply.**

The housing unit where the family or youth lives:

- Does not have indoor plumbing that works
- Does not have a working flush toilet in the unit for the family/youth's exclusive use
- Does not have a working bathtub or shower in the unit for the family/youth's exclusive use
- Does not have safe or adequate electricity
- Does not have safe or adequate heat
- Does not have a kitchen
- Has been declared unfit for habitation by an agency or government unit
- Endangers their health, safety or well-being in its present condition
- Has one or more critical defects or a combination of intermediate defects in sufficient number or extent to require considerable repair or restoration

**2. Displacement. Attach documentation if you check ✓ the box below.**

- A family or youth is living in a unit where the presence of a household member with certain characteristics (i.e., conviction for certain criminal activities) would result in the imminent placement of the family's child/children in out-of-home care or the delay in the discharge of the child/children to the family from out-of-home care.

**3. Overcrowded<sup>1</sup> Housing. Check ✓ all that apply.**

- The youth lives in an overcrowded unit
- The family lives in an overcrowded unit – a condition that could result in the imminent placement of the child(ren) in out-of-home care *OR*
- The family's housing unit would become overcrowded if a child/children currently in out-of-home care returns to the parent's home

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1. VSHA will determine whether the unit is "overcrowded" in accordance with VSHA Section 8 Administrative Plan, Chapter 6: Income and Subsidy Determinations.

**4. Accessible Housing. Attach documentation if you check ✓ the box below.**

- A family or youth is living in housing not accessible to the family's child(ren) with a disability or the youth due to the nature of the disability.

**5. Homelessness.**

The family or youth is:

- Literally homeless - they lack a fixed, regular, and adequate nighttime residence.

**If you checked the box above, check ✓ ONE of the following.**

- Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (e.g., a car, park, abandoned building, bus or train station, airport, or camping ground)
- Lives in supervised publicly or privately-operated shelter that provides temporary living arrangements (e.g., congregate shelters, transitional housing & hotels/motels paid for by charitable organizations or federal, state or local government programs).
- Is leaving an institution where they lived for 90 days or less and they lived in an emergency shelter or place not meant for human habitation immediately before entering that institution.

- At imminent risk of homelessness – they'll imminently lose their primary nighttime residence.

**Check ✓ the box above if ALL of the following are true:**

- Residence will be lost within 14 days of the date of application for homeless assistance;
- No subsequent residence has been identified; **AND**
- The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.

- Homeless under other federal statutes – they don't otherwise qualify as homeless.

**Check ✓ the box above if ALL of the following are true:**

- They are defined as homeless under the *Runaway and Homeless Youth Act* (42 U.S.C. 5732a, section 387), the *Head Start Act* (42 U.S.C. 982, section 637), the *Violence Against Women Act of 1994* (42 U.S.C. 14043e-2, section 41403), the *Public Health Service Act* (42 U.S.C. 254b(h), section 330(h)), the *Food and Nutrition Act of 2008* (7 U.S.C. 2012, section 3), the *Child Nutrition Act of 1966* (42 U.S.C. 1786(b), section 17(b)) or *McKinney-Vento Homeless Assistance Act* (42 U.S.C. 11434a, section 725);
- They've not had a lease, ownership interest or occupancy agreement in permanent housing at any time during the 60 days immediately before the date they applied for homeless assistance;
- They experienced persistent instability as measured by two or more moves in the past 60 days; **AND**
- They can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse including neglect, the presence of a child or youth with a disability or two or more barriers to employment (e.g., the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity and a history of unstable employment).

- Fleeing/ Attempting to Flee Domestic Violence

**Check ✓ the box above if the following is true:**

- An individual or family is fleeing/attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening condition that relates to violence against the individual or a family member including a child and took place in the individual's or family's primary nighttime residence OR made them afraid to return to their primary nighttime residence.

The following agency/organization can verify this family/youth's inadequate housing.

\_\_\_\_\_  
Name of agency, shelter or government official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date

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**RECERTIFICATION** *(if form is more than 60 days old when the voucher is issued):*

I certify that the information on this form is still accurate, the family/youth is still eligible for FUP and they are still involved with:

- FSD    FSH    Reach Up    YDP

\_\_\_\_\_  
Name of agency, shelter or government official

\_\_\_\_\_  
Date