



BASIN

ASSOCIATION OF GOVERNMENTS

ADULT APPLICATION

PHONE: _____
*Your phone #, or a number where
you can be reached.*

Community Services Applicant,

Attached is an application for the UBAOG Community Services Program. Please read through it carefully and complete the entire application. Unless you receive assistance, **applications will only be active for 60 days.**

Upon completion of this application you must call the office at (435) 722-4518 and make an appointment for an assessment. **Our funds are very limited;** there is no guarantee that you will receive assistance. All literally homeless applicants must have a Vulnerability Index Assessment done in order to be placed on the placement list. The assessment tool will score your unique situation on a number of different vulnerability factors, and give you a numerical score accordingly.

Once the assessment has been completed and funding is available, clients will be chosen from a placement list that has been created in our secure database by using the Vulnerability Index Assessment Tool. Those with the highest vulnerability will be chosen first.

All clients will remain on the list until they reach the top, or unable to contact. It is important for you to update your contact information with us as it changes. If we are unable to contact you, you will be taken off the list and will have to re-apply. As each program is different, you may be asked to provide all of the supporting documentation listed, or just some; your case worker will tell you what you need to provide and when.

If you have any questions please feel free to contact us at the number below.

Thank you,

Community Services Department
Uintah Basin Association of Governments
330 E 100 So
Roosevelt UT 84066
PH 435.722.4518
FAX 435.722.4890



We are an equal opportunity agency, any accommodations including auxiliary aids and services are available upon request to individuals with disabilities by calling 435-722-4518 at least 3 days prior to your appointment. Individuals with speech and/or hearing impairments may call the Relay Utah by dialing 711, and/or Spanish Relay Utah: 1-800-346-3162

**THE UINTAH BASIN ASSOCIATION OF GOVERNMENTS
COMMUNITY SERVICES DEPARTMENT
CLIENT CODE OF ETHICS & GRIEVANCE PROCEDURE**

The primary mission of the Uintah Basin Association of Governments Community Services program is to provide shelter, utility, medical, tuition and other emergency services to low-income eligible clients in need to help them become more self-sufficient. "Clients" is used inclusively to refer to individuals and those applying for services. The Uintah Basin Association of Governments Community Services Department will provide clients with accurate and complete information regarding the extent and nature of the current services available to them.

The Uintah Basin Association of Governments Community Services Department will respect and protect the appropriate privacy of records and information concerning clients and will not disclose such information to un-authorized personnel or use it for personal purposes without the client's written consent unless there is appropriate authorization and compelling legal or professional reasons.

They will be held accountable for personal inappropriate misbehavior on their part and that of the Uintah Basin Association of Governments Community Services Department and staff reserves the right to institute consequences for such behavior.

The Uintah Basin Association of Governments considers all applications without regard to race, color, sex, age, or national origin. If you have any questions, concerns or complaints about your services you may call the Program Director of the Uintah Basin Association of Governments.

Grievance Procedures:

UBAOG seeks to provide a fair and objective procedure for handling client grievances. Clients who feel they have a grievance are entitled to seek relief without fear of restraint, reprisal, interference, coercion, or discrimination.

A "grievance" is a complaint by a client concerning the interpretation of policy, procedures, and/or conditions of personal treatment that have not been satisfactorily resolved in an informal manner between the client and offending party. Grievances by clients are to be addressed as follows: a.) Verbal or written with the Program Director; b.) if not resolved, provide a written letter to the Executive Director.

I've read and understand the Client Code of Ethics for the Uintah Basin Association of Governments Community Services application process and agree to comply.

Client Signature

Date

UBAOG EMERGENCY ASSISTANCE

YOUR APPLICATION CANNOT BE PROCESSED UNTIL **ALL** OF THE REQUIRED DOCUMENTS ARE RECIEVED.

Depending on the assistance program, you will need to provide the following:

- A completed and signed application for EACH family member.
 - Proof of income for the past 30 days.
 - Social Security cards for EVERYONE in the household.
 - Birth Certificates for EVERYONE in the household
 - Valid Photo ID or Driver License for everyone over 18 in the household.
 - Eviction notice.
 - Proof of ability to make the next month's payment.
- The assistance we provide must make you **current** on your rent.
 - You will need to provide proof of the total household income from the previous 30 days. (This includes roommates, friends, family, etc...)

Please write a brief statement as to why you need our services:

I am aware that providing false information to the Community Services program is grounds for denial of my application, or may require that I repay **IN FULL** any payment that has been made in behalf of my household from the Community Services program.

By signing below, I hereby acknowledge and understand the information provided in this application is true to the best of my knowledge.

Applicant's Signature

Date

STAFF ENTRY ONLY:

Head of Household Name: HH Size: Family Type: X2P 1P C MA S EF MG County: Case Manager:



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ADULT APPLICATION (1 app per adult in hh)

UBAOG Utah Homeless Prevention – Assessment of Eligibility and Suitability

SPDAT/Diversion/Priority Assessment Date: __/__/____ Staff: _____

Referral Source: Self Community Provider (Name : _____)
 School District (Name : _____)

First Name: _____ Middle: _____ Last Name: _____ Suffix: _____

Social Security # _____ - _____ - _____ Email _____

Date of Birth: __/__/____

Current STREET ADDRESS: _____

Current MAILING ADDRESS: _____

PHONE NUMBER (with Area Code): (____) ____-____ MESSAGE PHONE (____) ____-____

Have you sought services from this agency before? Yes No If yes, approximately how long ago? _____

“Please explain why you need assistance”:

Household Members Name:	Date of Birth	Age	Social Security Number	Relationship to Head of Household	Disabled Y/N

What is your total Household Monthly Income? \$ _____

If no income: How many months without any income: _____ Source of previous income: _____

Rent amount you pay per month: _____

Income Information:

What is the total and monthly income of all household members? (Include wages, salaries and tips or other income such as alimony, Social Security, Cash Assistance, Dividends or other benefits.

MEMBER'S Full Name	Source of Income	Monthly Amount	Annual Amount

CONFLICT OF INTEREST:

Is anyone in the household currently serving or has served within the last 12 months as an employee, agent, consultant, officer or elected or appointed official of the Agency?

Yes No

If Yes, identify who, organization name and role.

Is anyone in the household related to anyone who is currently serving or who has served within the last 12 months as an employee, agency, consultant, officer or elected or appointed official of this agency?

Yes No

If Yes, Identify who, organization name and role.

COVID-19 ATTESTATION:

Has your household been affected by COVID-19?

Yes No

If yes, in what way has COVID-19 affected your household?

Where did you sleep last night?

<input type="checkbox"/>	a. Emergency shelter, including hotel or motel paid for with emergency shelter voucher***	<input type="checkbox"/>	k. Owned by client, no housing subsidy
<input type="checkbox"/>	b. Places not meant for habitation (outside, car, park, etc.)***	<input type="checkbox"/>	l. Owned by client, with housing subsidy
<input type="checkbox"/>	c. Hotel or motel paid for by applicant or friend/family	<input type="checkbox"/>	m. Foster care home or foster care group home
<input type="checkbox"/>	d. Transitional housing for homeless persons	<input type="checkbox"/>	n. Hospital (non psychiatric)
<input type="checkbox"/>	e. Permanent housing for formerly homeless persons	<input type="checkbox"/>	o. Psychiatric hospital or other psychiatric facility
<input type="checkbox"/>	f. Staying or living in a <u>family member's</u> room, apt., or house Have you stayed here more than 7 nights? YES or NO i. Does family own or rent? _____ ii. OK to stay two more weeks? YES or NO** iii. Do you pay any rent? YES or NO	<input type="checkbox"/>	p. Substance abuse treatment facility or detox center
<input type="checkbox"/>	g. Staying or living in a <u>friend's</u> room, apartment, or house Have you stayed here more than 7 nights? YES or NO i. Do friends own or rent? _____ ii. OK to stay two more weeks? YES or NO** iii. Do you pay any rent? YES or NO	<input type="checkbox"/>	q. Jail, prison, or juvenile detention facility
<input type="checkbox"/>	h. Rental by client, no housing subsidy	<input type="checkbox"/>	r. Safe Haven
<input type="checkbox"/>	i. Rental by client, with other (non-VASH) housing subsidy	<input type="checkbox"/>	s. Other: (Describe) _____
<input type="checkbox"/>	j. Rental by client, with VASH housing subsidy	<input type="checkbox"/>	t. Client does not know
		<input type="checkbox"/>	u. Client refused to provide

How long have you stayed at the place where you stayed last night or prior to program entry? (Select one)

<input type="checkbox"/>	a. 1 week or less	<input type="checkbox"/>	e. 1 year or longer
<input type="checkbox"/>	b. More than 1 week, but less than 1 month	<input type="checkbox"/>	f. Client does not know
<input type="checkbox"/>	c. 1 to 3 months	<input type="checkbox"/>	g. Client refused to provide
<input type="checkbox"/>	d. More than 3 months but less than 1 year		

If where you stayed last night was in jail, substance abuse treatment, hospital, psychiatric facility, or foster care setting, were you in shelter or on the streets prior to going to one of these places?

- Yes** No Don't Know Refused to Answer

Which of the following best describes your current housing situation? (Select one)

<input type="checkbox"/>	a. I am in a shelter, transitional housing, or in a place not meant for habitation (outside, vehicle, streets, etc)***	<input type="checkbox"/>	g. I am being discharged from a hospital or other institution (jail, psychiatric facility, substance abuse treatment center, foster care home or group home)
<input type="checkbox"/>	b. I am in a serious conflict situation with the people I live with that impacts my ability to remain housed	<input type="checkbox"/>	h. I am being evicted from a private dwelling unit (including housing provided by family or friends)
<input type="checkbox"/>	c. I am living in housing that has been condemned by housing officials and is no longer considered meant for human habitation	<input type="checkbox"/>	i. I am being evicted from a public housing dwelling unit
<input type="checkbox"/>	d. I am living in rental housing that is in foreclosure	<input type="checkbox"/>	j. I have a severe cost burden in housing I am renting (my household spends more than 50% of income for housing costs)
<input type="checkbox"/>	e. There are other conditions negatively impacting my ability to remain housed Specify: _____	<input type="checkbox"/>	k. I am living in a hotel or motel using my own resources to stay there
<input type="checkbox"/>	f. Don't know	<input type="checkbox"/>	l. I am living in a stable housing situation and not at risk of losing this housing at this time
		<input type="checkbox"/>	m. Refused to answer

Are you escaping a domestic violence situation (physical abuse or threat of violence by a person you are romantically involved with, such as a spouse, boy/girl friend, or partner)?

- Yes** No Don't Know Refused to Answer
Currently Fleeing? Yes No Don't Know Refused to Answer

Approximate date of occurrence: _____

Are you being evicted, discharged or otherwise notified that you are imminently losing this housing?

- Yes** - how soon? _____ # months past due? _____ Amount owed to make you current \$ _____
 No Don't Know Refused to Answer

What is the main reason for your current housing crisis? (Select one)

- Divorce Job Loss Death of a family member
 Medical Problem/Health Crisis Legal Problems/Incarceration Substance Abuse Problems
 Loss of income or benefits Other _____ Refused to answer

STAFF ENTRY ONLY

❖ **10. Summary of Household's Housing Status:**

- Literally Homeless*** Imminently Homeless or at Risk of Homelessness**
 Unstably Housed Stably Housed Don't Know

Are you pregnant? Yes No **Due Date:** _____

What is your gender? Male Transgendered - Female to Male Other
 Female Transgendered - Male to Female Don't Know Refused to Answer

Are you of Hispanic ethnicity? Yes No Don't Know Refused to Answer

What is your primary race? White Black/African-American American Indian/Alaskan Native
 Asian Native Hawaiian/Pacific Islander Other, Multi-racial
 Don't Know Refused to Answer

What is your marital status? Single, never married Married Cohabiting or living with a significant other
 Widowed Separated Divorced Don't Know Refused to Answer

Have you ever served in the U.S. Armed Forces? Yes No Don't Know Refused to Answer

- Which branch of the military did you serve in?
 Army Airforce Navy Marines Coast Guard Don't Know Refused to Answer
- Which type of discharge did you receive?
 Honorable General under honorable conditions Other than honorable conditions (OTH) Bad conduct
 Dishonorable Uncharacterized Don't know Refused to Answer
- When did you enter military service ___/___/___ When did you separate from military service? ___/___/___
- Did you serve in any of the following wars/war eras?
 WWII 12/1941 – 12/1946 Korean War 6/1950 -1/1955 Vietnam War 2/1961-5/1975
 Persian Gulf War (Desert Storm) 8/1990-4/1991 Afghanistan (Enduring Freedom) 10/2001-Present
 Iraq (Iraqi Freedom) 3/2003-8/2010
 Iraq (New Dawn) 9/2010-12/2011
 Other Peace-Keeping operations or military interventions (Lebanon, Panama, Somalia, Bosnia, etc...)

Highest level of education completed? 7th Gr 8th Gr 9th Gr 10th Gr 11th Gr High School Graduate
 12th Gr, no diploma GED Some College, but did not finish. College Graduate

If you have attended less than high school, why? Dropped Out Suspended Expelled

Graduate Status: Associates Bachelors Masters Doctorate Other graduate or professional degree
 Certificate of advanced training

Currently enrolled in school or vocational certification program? Yes No

Attendance Status: Attending regularly Attending irregularly Graduated

Have you used any of the following services in the past 30 days? (Select all that apply)

- Psychiatric/Mental Health Care
- Substance Abuse Care
- Legal assistance
- Housing Assistance
- Emergency Room
- Financial counseling
- Community Health Center (sliding scale)
- Job Assistance/Vocational Rehab
- Don't Know
- Refused to answer

Have you received any of the following supports or benefits in the past 30 days? (Select all that apply)

- WIC (N/A)
- Food Stamps (N/A)
- Veterans Health Care (N/A)
- School Lunch Program (N/A)
- State Children's Health Insurance (N/A)
- Medicare/Medicaid (N/A)
- Refused to answer

Are you receiving food stamps? Yes ___ No ___

If you receive food stamps, how much is your monthly benefit? \$ _____

If no, why are you not receiving food stamps? _____

What kind of health insurance do you have? Medicaid ___ Medicare ___ Private ___ Employer ___ VA ___ none ___

What kind of health insurance do your children have? Medicaid ___ Medicare ___ CHIP ___ PCN ___ Private ___
VA ___ None ___ N/A ___

Have you ever been homeless (stayed in a shelter or place not meant for habitation)?

- Yes
- No
- Don't Know
- Refused to Answer

If Yes, when were you last homeless? _____ For how long? _____

If Yes, were you ever homeless as a child? (17 or younger) Yes No Don't Know Refused

If Yes, were you with your parents or on your own? With Parent On own Don't Know Refused

Are you currently on the streets, or staying in a shelter? Y / N (circle one)

If yes, approximate date homelessness started _____

How many times have you been on the streets or in shelters in the past 3 years, including today? _____

Total number of month's homeless, on the streets or in a shelter in the past 3 years? _____

Where was the apartment, room, or house of your last permanent address where you lived for 90 days or more?

a. Street Address _____ City: _____ State: _____ Zip: _____

Staff: Full zip code reported Partial zip code reported don't know Refused

How long did you live there? _____ (months, years)

How many times have you moved in the last 90 days? _____ Don't Know Refused

When did you last work for pay?

Currently Employed Employment Type ___ Full ___ Part ___ Seasonal

Is your job: ___ Permanent or ___ Temporary or ___ Seasonal Hours worked last week _____

Was employed _____ (Months or Years ago)

If employed, approximate hours worked in the last week. _____

If not employed, why? looking for work Unable to work Not looking for work

How would you describe your employment history (taxed income) in the last year?

- Always Employed Full-Time
- Always Employed at least Part-Time
- Usually working two or more full or part-time jobs simultaneously
- Usually Employed Full-Time
- Usually Employed at Least Part-Time
- Don't Know
- Rarely Employed
- Never Employed
- Refused

What kind of work do you usually do? _____ Don't Know Refused

How long have you been at your current job? ___ days ___ months ___ years Don't Know Refused

Do any of the following characteristics apply to you? (Check all that apply)

<input type="checkbox"/>	Young head of household (under 25 with i. <input type="checkbox"/> minor children and/or ii. <input type="checkbox"/> pregnant)
<input type="checkbox"/>	Been in Foster Care.
<input type="checkbox"/>	Collections, or credit problems that hinder obtaining housing.
<input type="checkbox"/>	Criminal record that hinders obtaining housing.
<input type="checkbox"/>	Past institutional care (ever more than 30 consecutive days in prison, treatment facility, or hospital)
<input type="checkbox"/>	Current or Past Alcohol Abuse. Receiving treatment? Y / N (circle one)
<input type="checkbox"/>	Chronic Health Condition. Receiving Treatment? Y / N (circle one) Is condition indefinite? Y / N
<input type="checkbox"/>	Developmental Disability. Receiving Treatment? Y / N (circle one) Is condition indefinite? Y / N
<input type="checkbox"/>	Current or Past Drug Abuse. Receiving Treatment? Y / N (circle one) Is condition indefinite? Y / N
<input type="checkbox"/>	HIV/AIDS Receiving Treatment? Y / N (circle one)
<input type="checkbox"/>	Mental Health Issues. Receiving Treatment? Y / N (circle one) Is condition indefinite? Y / N
<input type="checkbox"/>	Physical Disability. Receiving Treatment? Y / N (circle one) Is condition indefinite? Y / N

SELF SUFFICIENT OUTCOME DOMAINS

Choose the one that most closely matches your situation at this time:

Safety

- Homeless
- Home/Residence is **NOT** safe.
- Safety is threatened.
- Safety is minimally adequate.
- Home is safe, however future is uncertain.
- Home is safe and stable.

Housing

- Homeless, or threatened with eviction.
- In transitional, temporary, or substandard housing.
- Current rent or mortgage is unaffordable.
- In stable housing that is safe, but only marginally adequate.
- Housing is safe, adequate, & subsidized.
- Housing is safe, affordable, adequate, & unsubsidized.

Food and Nutrition

- No food, or means to prepare it.
- Household is on Food Stamps.
- Can meet basic food needs, but requires occasional assistance.
- Can meet basic food needs.
- Can choose to purchase any food household desires.

Health Care

- No medical coverage with immediate need.
- No medical coverage, and great difficulty accessing medical care.
- Some members (IE: children) on MEDICAID, but adults lack coverage.
- All members can get medical care when needed, but may strain budget.
- All members are covered by affordable, adequate health insurance.

Mental Health

- Danger to self, or others.
- Recurrent mental health symptoms.
- Mild mental Health symptoms.
- Mild mental health symptoms are transient and make moderate difficulties in function.
- Minimal symptoms that are expectable responses to life stressors.

Substance Abuse

- Has used within the last 6 months.
- No drug or alcohol use in the last 6 months.
- Has never had a drug, or alcohol dependency issue.

Family Relations

- Lack of necessary support from family, or friends.
- Family/friends may be supportive, but lack ability.
- Some support from family/friends.
- Strong support from family/friends.
- Has healthy expanding support network.

Parenting Skills

- Parenting skills are lacking.
- Parenting skills are minimal.
- Parenting skills apparent, but not adequate.
- Parenting skills are adequate.
- Parenting skills are well developed.

Child Care ***If single or couple with no children mark NA, and skip.*

- Needs childcare, but none is available/accessible.
- Childcare is unreliable, or unaffordable.
- Inadequate supervision is a problem for child care that is available.
- Affordable subsidized childcare is available, but limited.
- Reliable, affordable childcare is available, no need for subsidies.
- Able to select quality childcare of choice.

Children's Education ***If single or couple with no children mark NA, and skip.*

- One or more eligible children not enrolled in school.
- All eligible children enrolled in school, but one or more children are not attending.
- Enrolled in school, but one or more children only occasionally attending classes.
- Enrolled in school and attending most of the time.
- All eligible children enrolled and attending on regular basis, and making progress.

Daily Living Skills (bathing, cooking, etc...)

- Unable to meet basic needs.
- Can meet a **few** basic needs, but not all needs of daily living without assistance.
- Can meet **most** basic needs, but not all daily living needs without assistance.
- Able to meet **all** basic needs of daily living without assistance.

Adult Education

- Literacy problems and/or no High School diploma/GED.
- Enrolled in literacy and/or GED program, and has sufficient command of English language.
- Has High School diploma or GED.
- Needs additional education/training to improve employment situation.
- Has completed education/training needed to become employable; no literacy problems.

Income

- No income.
- Inadequate income.
- Can meet basic needs with subsidy.
- Can meet basic needs, and manage debt without assistance.
- Income is sufficient, well managed; has discretionary income, and is able to save.

Employment

- No job.
- Temporary, part-time, or seasonal.
- Inadequate pay W/ no benefits.
- Employed in permanent full-time position with adequate pay, and benefits.

Credit History

- No credit history.
- Outstanding judgments, or recent bankruptcy (less than 3 years ago), recent collections etc
- Has credit repair plan.
- Moderate credit rating.
- Good credit, and manageable debt ratio.

Transportation and Mobility

- No access to transportation, public or private.
- Transportation is available, but unreliable.
- Transportation is available, but limited.
- Transportation is generally accessible to meet basic travel.
- Transportation is readily available, and affordable.

Legal

- Current outstanding tickets, or warrants.
- Serious unresolved legal issues.
- Current charges/trial pending.
- Current, or past legal issues impacting housing qualifications.
- Fully compliant with probation/parole terms; past non-violent felony convictions.
- Has successfully completed probation/parole within past 12 months; no new charges filed.
- No active legal issues in more than 12 months: no felony, significant legal, or criminal history.
- No legal issues

Community Involvement

- Not applicable due to crisis situation; in survival mode.
- Socially isolated.
- Lacks knowledge of ways to become involved in community.
- Some community involvement.
- Actively involved in community.



UHMIS Informed Consent Release Form

PLEASE READ THE FOLLOWING STATEMENTS.

MAKE SURE YOU HAVE HAD THE CHANCE TO HAVE YOUR QUESTIONS ANSWERED.

 UBAOG is part of the Utah Homeless Management Information System (UHMIS).
(Agency Name)

UHMIS is a system that uses computers to collect information about homelessness. The reason for UHMIS is to track funding for homeless programs given by many funders. The goal is to simplify service delivery to people in need.

UHMIS operates over the internet and uses many security protections to keep your information safe. Many service providers across Utah use UHMIS, so your information will be shared with other service providers that provide similar services. Information collected is housed in a secure server located at Data System International (DSI), in Sandy, Utah. DSI employees have access to this server and the data housed there, but only for network support and maintenance purposes. UHMIS staff and approved Utah State Community Services Office (SCSO) staff collect and use only information that is needed for reports on homelessness to help inform policy decisions. Every person with access to this information must sign and comply with all confidentiality agreements.

To better provide services to you in the best way possible way UBAOG is asking your
(Agency Name)
permission to share your information with the other approved UHMIS participating agencies in Utah. This will include sharing the following information about you and any dependant minor children with you:

- **Name, gender, partial SSN, birth date**

By signing this form you are letting us share your information, and the information of your dependent children under the age of 18 with other UHMIS participating agencies. This information will be accessible for seven years from the last date of service.

You may cancel this consent at any given time by written request to this agency. The cancellation will not be applied to records already collected from you. If you choose to not give consent, **it does not make you ineligible** to receive services unless you are applying for the Homeless Prevention and Rapid Re-housing Funding (HPRP or TANF).

Your Rights

- You have the right to get services even if you choose **NOT** to participate in the UHMIS.
- You have the right to ask who has seen your information.
- You have the right to see your information and to change it if it's not correct. But you must show documentation.

A list of participating agencies is available from your case manager or online at <http://hmis.utah.gov>. If you don't want your information shared with a specific agency, please let your case manager or intake worker know. He/she can then take the proper action to honor your request.

SIGNATURE OF CLIENT (AND/OR GUARDIAN)

DATE

PRINTED NAME OF CLIENT

DOB OF CLIENT

SIGNATURE OF INTAKE WORKER/CASE MANAGER