

ADULT APPLICATION



Phone: _____
Your phone # or a number where you can be reached.

BASIN
ASSOCIATION OF GOVERNMENTS

UBAOG COMMUNITY SERVICE ASSISTANCE
YOUR APPLICATION CANNOT BE PROCESSED
UNTIL **ALL** OF THE REQUIRED DOCUMENTS ARE
RECEIVED.

IMPORTANT NOTICE: Unless you receive assistance, applications will only be active for 60 days. After 60 days application documents are shredded and you will need to re-apply if you are still in need of services.

Upon completion of this application you must call the office at 435-722-4518 and make an appointment. **Our funds are very limited and there is no guarantee that you will receive assistance.**

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

- A completed and signed application for EACH family member including children.
 - 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.
- 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 and correct to the best of my knowledge.

Applicant's Signature

Date



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: 1-888-346-3162

**THE UINTAH BASIN ASSOCIATION OF GOVERNMENTS
COMMUNITY SERVICES CLIENT CODE OF ETHICS**

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

ADULT APPLICATION

(1 application for each adult in household)

UBAOG Utah Homeless Prevention – Assessment of Eligibility and Suitability

SPDAT/Diversion/Priority Assessment Date: ___/___/___ **Staff:** _____
Assessment type (circle one): Entry Annual During Program Enrollment Exit
Relationship to HOH: Spouse Partner Child Other
Referral Source: Self Community Provider (Name : _____)
 School District (Name : _____)

First Name: _____ **MI:** _____ **Last Name:** _____ **Suffix:** _____
Social Security # _____ - _____ - _____ **Email** _____
Date of Birth: _____
Current STREET ADDRESS: _____
Current MAILING ADDRESS: _____
PHONE NUMBER: (____) _____ - _____ **MESSAGE PHONE** (____) _____ - _____
Have you sought services from this agency before? Yes No If yes, approximately how long ago? _____

PLEASE LIST ALL FAMILY MEMBERS WHO ARE CURRENTLY LIVING WITH YOU BELOW:
Are you pregnant? Yes No Unsure --- Approximate Due Date (if known): _____

Household Members Name: (First, middle initial, Last)	Date of Birth	Age	Social Security Number	Relationship to Head of Household	Disabled Y/N

	FINANCIAL – INCOME (check all that apply)	\$ AMOUNT PER MONTH
<input type="checkbox"/>	Earned Income	
<input type="checkbox"/>	Tribal Per Capita Dividends	
<input type="checkbox"/>	Unemployment Insurance	
<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input type="checkbox"/>	Social Security Disability/Survivors (SSDI)	
<input type="checkbox"/>	Retirement Income from Social Security	
<input type="checkbox"/>	Pension or retirement income from former employment	
<input type="checkbox"/>	VA Service-Connected Disability Compensation	
<input type="checkbox"/>	Private Disability Insurance	
<input type="checkbox"/>	Worker's Compensation	
<input type="checkbox"/>	Financial Assistance (TANF Cash Asst)	
<input type="checkbox"/>	Financial Assistance (General Cash Asst)	
<input type="checkbox"/>	Child Support	
<input type="checkbox"/>	Alimony or other spousal support	
<input type="checkbox"/>	Other	
<input type="checkbox"/>	None – No cash income	

	NON CASH BENEFITS	\$ AMOUNT PER MONTH
<input type="checkbox"/>	Food Stamps (SNAP Benefits)	
<input type="checkbox"/>	WIC (special supplemental nutrition program for women, infants, and children)	
<input type="checkbox"/>	TANF Child Care Funding	
<input type="checkbox"/>	TANF Transportation Funding	
<input type="checkbox"/>	Other TANF Funding	
<input type="checkbox"/>	Other:	
<input type="checkbox"/>	None – No non-cash benefits	

EMPLOYMENT STATUS			
<input type="checkbox"/>	Employed full time	<input type="checkbox"/>	Employed part time
<input type="checkbox"/>	Migrant or seasonal work	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Unemployed short term, less than 6 months	<input type="checkbox"/>	Unemployed (not in labor force)
<input type="checkbox"/>	Unemployed long term, more than 6 months	<input type="checkbox"/>	Unable to work

Rent amount you pay per month: _____ How many bedrooms are in your home: _____

Have you been evicted in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you homeless today because of an eviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied housing due to an eviction on your record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONFLICT OF INTEREST:

Is anyone in the household, or anyone related 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.

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Prior living situation: Where did you sleep last night? (Check only one)

	HOMELESS:		TEMPORARY AND PERMANENT HOUSING:
<input type="checkbox"/>	Place not meant for habitation (outside, car, abandoned building etc)	<input type="checkbox"/>	Residential or halfway house
<input type="checkbox"/>	Emergency Shelter	<input type="checkbox"/>	Hotel or motel paid for by yourself... no emergency shelter voucher
	INSTITUTIONAL:	<input type="checkbox"/>	Hotel or motel paid for by an agency or someone other than yourself
<input type="checkbox"/>	Foster care home or foster care group home	<input type="checkbox"/>	Transitional housing for homeless persons (including homeless youth)
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Staying or living with friends ... temporary basis
<input type="checkbox"/>	Jail, prison, or juvenile detention facility	<input type="checkbox"/>	Staying or living with friends ... permanent basis
<input type="checkbox"/>	Long-term care facility or nursing home	<input type="checkbox"/>	Staying or living with friends ... temporary basis
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility	<input type="checkbox"/>	Staying or living with family ... permanent basis
<input type="checkbox"/>	Substance abuse treatment facility or detox center	<input type="checkbox"/>	Staying or living with family ... temporary basis
		<input type="checkbox"/>	Moved from one HOPWA funded project to another HOPWA... temporary basis
		<input type="checkbox"/>	Moved from one HOPWA funded project to another HOPWA... permanent basis
		<input type="checkbox"/>	Veteran Housing, rental by client (subsidized GPD TIP)
	RENTAL BY CLIENT:	<input type="checkbox"/>	Veteran Housing, rental by client (VASH)
<input type="checkbox"/>	Rapid Rehousing (RRH) or equivalent subsidy	<input type="checkbox"/>	Permanent housing (other than Rapid Rehousing) for formerly homeless persons
<input type="checkbox"/>	Housing Choice Voucher (tenant or project based)	<input type="checkbox"/>	Owned by client, no ongoing subsidy
<input type="checkbox"/>	Public Housing unit	<input type="checkbox"/>	Owned by client, subsidized
<input type="checkbox"/>	Rental by client, no ongoing housing subsidy	<input type="checkbox"/>	
<input type="checkbox"/>	Rapid Rehousing (RRH) or equivalent subsidy	<input type="checkbox"/>	
<input type="checkbox"/>	Housing Choice Voucher (HCV)(tenant or project based)		
<input type="checkbox"/>	Public Housing unit		
		<input type="checkbox"/>	No exit interview completed

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

<input type="checkbox"/>	1 night or less	<input type="checkbox"/>	90 days (3 months) or more but, less than 1 year
<input type="checkbox"/>	2-6 nights	<input type="checkbox"/>	1 year or longer
<input type="checkbox"/>	1 week or more, but less than 1 month		
<input type="checkbox"/>	1 month or more but, less than 90 days (3 months)		

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

If you are currently homeless:

<input type="checkbox"/>	Date homelessness started:		Total number of months homeless on the street or in emergency shelter in the past 3 years
	Number of times you have been on the streets or in emergency shelter in the past 3 years:	<input type="checkbox"/>	1 month (this time is the first month)
		<input type="checkbox"/>	2-12 months (write number of months)
<input type="checkbox"/>	1 time	<input type="checkbox"/>	More than 12 months
<input type="checkbox"/>	2 times		
<input type="checkbox"/>	3 times		
<input type="checkbox"/>	4 or more times		

Currently living situation additional questions:

	Is client going to have to leave their current living situation within 14 days?		Does the individual or family have resources or support networks to obtain other permanent housing
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
<input type="checkbox"/>	No	<input type="checkbox"/>	No
<input type="checkbox"/>	Unsure	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	N/A	<input type="checkbox"/>	N/A
	If yes, has a subsequent residence been identified?		Has the client had a lease or ownership in a permanent housing unit in the last 60 days?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
<input type="checkbox"/>	No	<input type="checkbox"/>	No
<input type="checkbox"/>	Unsure	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	N/A		N/A
	Has the client moved 2 or more times in the last 60 days?		Where was the apartment, room, or house of your last permanent address where you lived for 90 days or more?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Street Address: _____
<input type="checkbox"/>	No		City: _____ State: _____
			Zip: _____
		<input type="checkbox"/>	How long did you live there?

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

- Yes No Unsure Refused to Answer
 If yes, when do you have to be out? _____
 How many months past due? _____
 Amount owed to make you current \$ _____

Are you escaping a domestic violence situation?

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

If yes, when experience occurred: within the past 3 month's 3-6 months ago 6 months – 1 year ago
 1 year or more

Gender: (check all that apply) Male Transgender A gender that is not singularly "female" or "male"
 Female Questioning Refused to Answer

Ethnicity: Hispanic/Latin (a) (o) (x) Non-Hispanic/Latin (a) (o) (x) Unsure Refused to Answer

Race: (check all that apply) White American Indian/Alaskan Native or Indigenous Black/African-American, or African
 Asian or Asian American Native Hawaiian or Pacific Islander Other, Multi-racial
 Unsure Refused to Answer

Current marital status: Single, never married Married Cohabiting or living with a significant other
 Widowed Separated Divorced Unsure Refused to Answer

Veteran Status: Yes No Unsure Refused to Answer

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

Higher Education completed: Associates Bachelors Masters Doctorate other graduate or professional degree
 Certificate of advanced training

Do you have a disabling condition? Yes _____ No _____ Unsure _____ Refused to answer _____

BARRIERS (check all that apply)	
<input type="checkbox"/>	Alcohol Use Disorder Indefinite? Yes ___ No ___ Unsure ___ Refused ___
<input type="checkbox"/>	Chronic Health Condition Indefinite? Yes ___ No ___ Unsure ___ Refused ___
<input type="checkbox"/>	Developmental Disability
<input type="checkbox"/>	Drug Use Disorder Indefinite? Yes ___ No ___ Unsure ___ Refused ___
<input type="checkbox"/>	HIV/AIDS
<input type="checkbox"/>	Mental Health Disorder Indefinite? Yes ___ No ___ Unsure ___ Refused ___
<input type="checkbox"/>	Physical Disability Indefinite? Yes ___ No ___ Unsure ___ Refused ___
<input type="checkbox"/>	NONE — Client has no reported barriers

**Office Staff Only:

Date of HMIS program enrollment: _____

Program: _____

Move-in Date: _____

Utah Homeless Management Information System: Informed Consent Release Form

What is UHMIS?

WRADG participates in the Utah Homeless Management Information System (UHMIS), an online database that collects information about persons in Utah who are experiencing homelessness, those at risk of homelessness, and those who are formerly homeless.

What type of information is asked of me?

UHMIS asks for identifying information including, but not limited to, basic demographics (i.e., Name, Date of Birth, etc.), limited health data (i.e., disabling condition), and financial information. Each question has been carefully reviewed to ensure only the minimum required information necessary is collected.

Who is it shared with?

WRADG must collect client information in UHMIS for program participation, even if the client does not sign this form. However, information is shared with other providers only after the client signs this consent form to release that information (providers are listed at UtahHMIS.org/Participating-Agencies). For more information on how client information is protected and shared, please refer to the [UHMIS Privacy Posting](#) (found at all HMIS data collection points) or the [UHMIS Privacy Policy](#); both are available at UtahHMIS.org/Governance.

What happens if the client refuses to sign this form?

- Clients may refuse, and they will not be denied services unless a specific funding source for those services requires client information to be shared in UHMIS.
- Clients may refuse to share their information with only one or all other providers.
- Clients may choose not to share any specific data element even after signing this consent form.
- For WRADG to serve clients with this UHMIS participating project, client information will still be entered into UHMIS and is visible by the users who work for this agency. It will also be visible to a small group of people not employed with this agency who provide security, oversight, data analysis, and research to improve services for those served by UHMIS.

When does client consent end?

Client consent will end seven years after the signature date by default; however, clients may also change their consent to share at any time. Due to the nature of UHMIS, when client consent ends, this agency will share no new information, but this agency will not remove anything already shared within the system.

Client Rights

- Clients may request this document in a format better suited for their needs and understanding.
- Clients may request to see information for themselves and their legal dependents and to change it if incorrect.

I understand the above statements and consent to the inclusion of personally identifying information in UHMIS about me and any dependents listed below and authorize information collected to be shared with other providers. I understand that my personal identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by submitting a [UHMIS Informed Consent Revocation Form](#), which can be provided to me by this agency. I understand that I may obtain a copy of my signed consent form from this Agency.

Dependent children under 18 in the household, if any (please print first and last names):

Client Signature (Parent/Guardian)

Client Name (Print Clearly)

Date

Agency Staff Signature

Agency Staff Name (Print Clearly)

Date

(Agency use, as needed) The client provided verbal consent Client refused Client restricts some sharing (specify agencies on the form)