

## Appealing Denial of Application for Transitional Housing Program Services

NOTE: Organizations are welcome to adapt these sample materials to fit your needs and the work you do. You may change wording to match the language your organization prefers (e.g., survivor or service participant). Before using this template, delete any notes in grey and be sure to replace all highlighted sections with you program-specific information.

Thank you for applying to **TH Program Name**. Please understand that due to the program's eligibility criteria and overall capacity, we unfortunately cannot accept every applicant. If you have applied for housing and believe you were unfairly denied services, you may appeal the denial decision.

The **TH Program Name** reserves the right to maintain the original decision if it's deemed appropriate and ultimately makes all final acceptance and denial decisions. An applicant may only appeal each denial decision once. Denial from the program does not make you ineligible to reapply for services at another time.

### Appeal Process Steps:

1. Explain your reasons for an Appeal in writing using the Appeal Form (Please note that this form may be verbally dictated or translated as needed). Submit the Appeal Form, along with all relevant and supporting documentation, to the **Program Manager**, by mail or in person. (**provide address**)
2. Your appeal will be reviewed within 48 hours (2 business days) of being received. A meeting will then be scheduled within 5 business days.
3. You may have a support person of your choice accompany you to the Appeal meeting. The **TH Program Manager** and any other involved program staff will be present. This meeting will give you an opportunity to explain your appeal and why you believe you were wrongly denied services. A final decision will be made within 24 hours (1 business day) of the appeal meeting, and provided to you in writing (or verbally dictated onto audio tape).
4. If a space is available at the **TH Program**, it will be held until your appeal has been heard and a final decision has been made.
5. If you are not satisfied with the result of your appeal, you may request a meeting with the Executive Director. The Executive Director will hear your appeal within 72 hours (3 business days). Note: Your program can edit this and provide more specific information on what this process will look like. For example, explaining whether the ED will schedule a call or meeting to follow up.
6. A copy of your original Appeal Form and all relevant outcomes will be provided to you and kept on file at **TH Program Name**.



**Appeal Form**  
**Appealing Denial into Transitional Housing Program Services**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Preferred method of safe contact (phone number, mailing address, e-mail address):  
\_\_\_\_\_  
\_\_\_\_\_

If we contact you by phone, is it safe to leave a message?

Yes  No

If no, when would be the best day and time to call? \_\_\_\_\_

Are there any special instructions for sending messages, via phone or e-mail (i.e. certain words not to use; certain times of day not to leave messages)?  
\_\_\_\_\_  
\_\_\_\_\_

Date you applied for housing: \_\_\_\_\_

Date you were informed you were not accepted into this TH Program: \_\_\_\_\_

Name and Position of Staff Person who informed you of non-acceptance: \_\_\_\_\_  
\_\_\_\_\_

Reason you were given for non-acceptance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide a brief description of your appeal. Please include why you believe you should be offered services and attach copies of all relevant or supportive documentation. Use additional pages if necessary.

\_\_\_\_\_  
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Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Program Manager's Signature** \_\_\_\_\_ Date \_\_\_\_\_



\*\*\*\*\*

To be completed by **TH Program** Staff only:

Date of Appeal Meeting: \_\_\_\_\_

All people present at Appeal Meeting (names and roles/positions): \_\_\_\_\_

\_\_\_\_\_

Result of Appeal Meeting (accepted or denied services): \_\_\_\_\_

\_\_\_\_\_

Explanation of response to the applicant's Appeal:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meeting with Executive Director requested?  Yes  No

Date and Result of Meeting with Executive Director: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Next Steps:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Applicant informed of final decision/Appeal closed:

\_\_\_\_\_

\_\_\_\_\_  
**Program Manager's** Signature      Date

\_\_\_\_\_  
**Executive Director's** Signature      Date



**[APPROPRIATE AGENCY LETTERHEAD]**

**READ FIRST:** Before you decide whether or not to let [Program/Agency Name] share some of your confidential information with another agency or person, an advocate at [Program/Agency Name] will discuss with you all alternatives and any potential risks and benefits that could result from sharing your confidential information. If you decide you want [Program/Agency Name] to release some of your confidential information, you can use this form to choose what is shared, how it's shared, with whom, and for how long.

I understand that [Program/Agency Name] has an obligation to keep my personal information, identifying information, and my records confidential. I also understand that I can choose to allow [Program/Agency Name] to release some of my personal information to certain individuals or agencies.

I, \_\_\_\_\_, authorize [Program/Agency Name] to share the following specific information with:  
name

<b>Who I want to have my information:</b>	Name:
	Specific Office at Agency:
	Phone Number:

The information may be shared:  in person  by phone  by fax  by mail  by e-mail  
 I understand that electronic mail (e-mail) is not confidential and can be intercepted and read by other people.

<b>What info about me will be shared:</b>	(List as specifically as possible, for example: name, dates of service, any documents).
<b>Why I want my info shared: (purpose)</b>	(List as specifically as possible, for example: to receive benefits).

Please Note: there is a risk that a limited release of information can potentially open up access by others to all of your confidential information held by [Program/Agency Name].

**I understand:**

- That I do not have to sign a release form. I do not have to allow [Program/Agency Name] to share my information. Signing a release form is completely voluntary. That this release is limited to what I write above. If I would like [Program/Agency Name] to release information about me in the future, I will need to sign another written, time-limited release.
- That releasing information about me could give another agency or person information about my location and would confirm that I have been receiving services from [Program/Agency Name].
- That [Program/Agency Name] and I may not be able to control what happens to my information once it has been released to the above person or agency, and that the agency or person getting my information may be required by law or practice to share it with others.

*Expiration should meet the needs of the victim, which is typically no more than 15-30 days, but may be shorter or longer.*

**This release expires on** \_\_\_\_\_  
Date Time

I understand that this release is valid when I sign it and that I may withdraw my consent to this release at any time either orally or in writing.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Time: \_\_\_\_\_

Witness: \_\_\_\_\_

**Reaffirmation and Extension (if additional time is necessary to meet the purpose of this release)**

I confirm that this release is still valid, and I would like to extend the release until \_\_\_\_\_  
New Date New Time

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_

# The Confidentiality Institute

*Protecting Privacy, Securing Safety*

Julie Kunce Field, J.D.

[www.confidentialityinstitute.org](http://www.confidentialityinstitute.org)

[julie@confidentialityinstitute.org](mailto:julie@confidentialityinstitute.org)

## CCADV PRIVACY AND CONFIDENTIALITY PROJECT

### Sample Client Document Retention Policy/Procedures<sup>®</sup>

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#### *Policies*

- ✓ No record of client involvement with [Agency Name] shall be retained beyond [recommended: one year or less] after the client's disengagement in services under the terms set out below.
- ✓ The destruction of all client records must be completed at a [Agency Name] facility by [Agency Name] employee.
- ✓ Non-personally identifying, aggregate information regarding services provided to clients, and non-personally identifying demographic data will be kept for not more than [ recommended: seven years or less], as may be required by any specific funder. Such non-personally identifying, aggregate data will not be maintained in any way that could inadvertently identify any individual client.

#### *Procedures*

##### **Emergency shelter and transitional housing clients:**

- ✓ Upon exiting the Safehouse or transitional housing program, [Agency Name] staff will retain the client's intake form, exit form, and signed Releases of Information.
- ✓ Retained documents will be stored in a locked file cabinet in the Safehouse.
- ✓ [Recommended: Three months or less] after the client's exit, all documents listed above will be shredded by a [Agency Name] employee.

##### **Outreach and legal advocacy clients:**

- ✓ During a client's participation in [Agency Name] outreach and legal advocacy programming, [Agency Name] staff will retain the client's

intake cover sheet, any signed Releases of Information, and case notes dating no more than [Recommended: three months or less] prior.

- ✓ Documents will be stored in a locked file cabinet in the Safehouse.
- ✓ [Recommended: Three months or less] from the date of the client's last involvement with [Agency Name] programs, all documents listed above will be shredded by a [Agency Name] staff member.

**Client Master List:**

- ✓ [Agency Name] will maintain a master list of all clients who have resided in the Safehouse for the previous twelve months.
- ✓ Each month, during the first week of that month, a [Agency Name] staff member will edit the list and delete all information for clients who exited the shelter more than [Recommended: twelve months or less] prior.

**Perpetrator Master List:**

- ✓ A list of the abusers of [Agency Name] clients will be maintained permanently by the shelter director. Such list will not reference any individual client/victim of such perpetrator.

**Funder-required information:**

- ✓ Non-personally identifying, aggregate information regarding services provided to clients, and non-personally identifying demographic data will be maintained by the shelter director.

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⊗ Thanks to Vicki Lutz, Esq. of Crossroads Safehouse, Fort Collins, CO who developed the original version of this form.

[APPROPRIATE AGENCY LETTERHEAD]

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It is important to consider the confidentiality of survivors in your program when sending any documents or payment with agency information. For some agencies, setting up a DBA (Doing Business As) may be beneficial so landlords do not know a tenant is a survivor being served by your agency.

Date

Landlord/Rental Property Name

Address

City, State

Zip code

Dear Landlord Name,

Program Name will pay \$amount per month for the next # of months towards the rent (as housing assistance) for the apartment rented by Participant Name. We will provide the check directly to you no later than the 1<sup>st</sup> of each month. The balance will be paid by the tenant.

These payments will end immediately if the lease is terminated by the landlord or the tenant. If the Program Name determines the tenant is no longer eligible for housing assistance, the program will notify the landlord within # of days or in a timely manner.

If you have any questions, please contact me at Program Number ext.000

Sincerely,

Program Manager Name

Title

Email



Created for adaptation by the National Network to End Domestic Violence in partnership with the Office on Violence Against Women.  
Revised November 2017

NNEDV

[APPROPRIATE AGENCY LETTERHEAD]

NOTE: Organizations are welcome to adapt these sample materials to fit your needs and the work you do. You may change wording to match the language your organization prefers (e.g., survivor or service participant). Before using this template, delete any notes in grey and be sure to replace all highlighted sections with your program-specific information.

This document may be useful if a survivor needs documentation that they are participating in your program. If your agency is releasing this document to another agency on behalf of a survivor, you must have a signed release of information. Your agency may provide a copy of this to the survivor for them to provide it to the agency/person needing the documentation.

Note: It is important to consider the confidentiality of survivors in your program when sending any documents or payment with agency information. For some agencies, setting up a DBA (Doing Business As) may be beneficial so landlords do not know a tenant is a survivor being served by your agency.

Date

To whom it may concern:

**Participant Name** is currently participating in the **Program Name** Transitional Housing Program.

The client enters into a lease with the landlord. The program provides rental assistance to support the client for up to 24 months. The amount is based on the client's need and is reviewed every **three months**. The subsidy is paid directly to the landlord.

The landlord will receive an initial letter from us stating the amount of the subsidy we will provide. If the lease is terminated by the landlord or the tenant, or if the **Program Name** determines the tenant is no longer eligible for housing assistance, the subsidy will end immediately.

The program will notify the landlord in a timely manner.

If you have any questions please feel free to contact me at **Program Number**.

Thank you,

**Program Manager Name**  
**Title**





## Guide for Policy and Form Creation or Revision

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### Purpose of this Guide:

- This guide was created to help OVW T-housing programs assess their internal policies and forms for consistency with the OVW T-housing model, which requires voluntary, trauma-informed services.
- This guide recognizes that different programs are responding to different local contexts and transitional housing models (for example, congregate, scattered site, or subleased housing). As such, it offers questions that help programs consider whether their local policies, housing application forms, intake forms, welcome packets, and goal planning documentation are consistent with national OVW standards for voluntary, trauma-informed housing and services.

### General things to consider before creating a policy to determine if needed:

- What does the policy intend to accomplish?
- Was this policy created in response to one incident? If so, is it fair to apply the policy to all current and future survivors in the program?
- Is it possible to apply this policy equally across all participants?
- Can and do staff enforce the policy?
- Does the policy allow for flexibility if a survivor has extenuating circumstances?
- Is the policy rooted in survivor-centered and trauma-informed advocacy?
- Does the policy comply with the Voluntary Services Model, which states that support services cannot be a requirement to access or maintain housing?
- Is the policy appropriate for survivors of sexual violence that has occurred outside of the context of domestic violence, as well as for survivors of stalking, dating violence, and human trafficking?

### Things to consider once the policy has been written:

- Review all the same questions listed above under the process for considering whether a policy should be created.
- Does it contain words, such as: “will,” “must,” “should,” “shall,” “obey,” “recommended,” “suggestion,” etc. Why?
- Does the policy leave space for a survivor to not participate if they choose not to? Does participation in programming reflect the Voluntary Services Model?
  - For example: does the policy state: “Community meetings are held once a week at 7 p.m. and all Transitional Housing residents should attend?”

- If it does, ask: if a survivor is working, or is unable to attend, what is the next step for the advocate and the survivor? If the next step is to create a space where the survivor can learn about what was in the meeting at a later date, perhaps the language of the policy could read: “Community meetings are held at 7 p.m. on Wednesdays. If this time does not work for you, your advocate can relay the meeting minutes to you whenever it is convenient for you. If you would like to attend, but the time does not work, please let us know and we can see if we can reschedule the weekly meeting to better accommodate your schedule.”

Things to consider when creating the Application:

**Does the form:**

**Consider:**

<p><b>Ask for identifying information of the applicant and their dependents?</b>  <i>Date of birth, social security number, birth certificate, abuser information, detailed information about when, where, or the type of abuse that occurred, work history, criminal or civil court history, citizenship or immigration status, income verification, etc.</i></p>	<p>In order to minimize the amount of personally identifying information collected and documented in a client file, it is recommended that programs only for ask information that is absolutely necessary in order to determine eligibility for the program.</p>
<p><b>Require that a survivor disclose sensitive information?</b>  <i>History of drug/alcohol use; history of trauma/immigration status/mental health/educational history/work history/history of homelessness; explicit details about the type of abuse that occurred</i></p>	<p>OVW supported transitional housing programs should align with best practices related to housing first and providing low-barrier housing for survivors.</p>
<p><b>Require that the survivor have experienced recent domestic violence in order to qualify?</b></p>	<p>The OVW T-Housing Model requires that housing be available to survivors of sexual assault, dating violence, stalking, as well as domestic violence. While OVW T-Housing supported programs may choose to specialize in providing services to survivors of a particular type of violence, it should be open to serving any survivor that seeks help from your program. Your program is required to provide any survivor seeking your assistance with available housing and services or with appropriate referrals to comparable services when they are in your housing.</p>
<p><b>Require that the survivor be literally homeless or coming from domestic violence or emergency shelter?</b></p>	<p>OVW T-Housing requires that the survivor be homeless or in need of transitional housing as a result of a situation of sexual assault, dating violence, stalking or domestic violence. This can include survivors who are currently housed but needing to leave that housing as a result of the applicable situations of violence.</p>

	Therefore, literal homelessness or a referral from a shelter should not be considered an eligibility criterion.
<b>Notify the survivor about the confidentiality of the contents of the documents and its limits within the OVW T-Housing program (either the victim services program that is receiving the OVW T-Housing grant or the OVW T-Housing program if the program is part of an umbrella organization)?</b>	It is part of a trauma-informed, voluntary services approach to inform survivors of confidentiality and its limits on all documents that they fill out.
<b>Ask case management/goal setting questions?</b> <i>Employment/work/housing plans; questions around how the applicant would use the time in Transitional Housing</i>	The OVW T-Housing Model dictates that Case Management is voluntary. Therefore, a survivor's intention to set/complete goals should not be considered an eligibility criterion and should not be included on the application.
<b>Require a reference check?</b> <i>From an employer, landlord, or shelter worker where the applicant might be staying</i>	OVW strongly advises against conducting these reference checks as impressions of survivors should not be taken into account when considering an applicant for transitional housing.
<b>Require the survivor to disclose a great deal of personal information without guarantee that there will be a spot for them in transitional housing?</b>	When offering an application, it must be considered that the applicant may not be housed by the program (either due to space, or not meeting the minimum requirements). Therefore, collecting as little information as possible is advised.
<b>Does the application outline the type of housing options and services that are available for the survivor?</b>	The application should be as transparent as possible to allow the survivor to make an informed choice in accepting the placement in the transitional housing.
<b>Allow room for the survivor to choose to not answer questions that are uncomfortable for them to answer?</b>	In order to reduce re-traumatizing questions or questions that may make survivors feel pressure to share information that they would rather keep private, it is suggested that advocates let survivors know that they only need to answer what they are comfortable answering.
<b>Require a background check or drug/alcohol screening?</b>	The OVW Transitional Housing grant program does not allow for a survivor to be denied services due to alcohol or drug use. Therefore, drug histories and drug screenings should not be collected and used as eligibility criteria.
<b>Is a credit check required in order to be considered for transitional housing program?</b>	The OVW grant does not allow for a credit score to be used as eligibility criteria.
<b>Require the survivor to submit identifying documents?</b> <i>Driver's licenses/Identification cards; birth certificates; immigration paperwork; leases; housing search and applications</i>	In order to preserve the confidentiality and privacy of all survivors accessing OVW T-Housing, it is best practice to refrain from asking that survivors submit these documents, and to refrain from storing these documents in the survivor's file. Lastly, requiring these documents may indicate to a survivor who is a recent immigrant that they do not qualify for the program, because they may not have these documents. However, immigration status should not be an eligibility criteria.
<b>Require the survivor to complete or have a particular score on a risk (also may be called "danger," "lethality") assessment?</b>	All assessments and services should be voluntary. Additionally, risk assessments that are developed for use with domestic violence victims in the criminal justice context are not always applicable in housing needs assessment settings for non-

	intimate partner sexual assault survivors, stalking survivors, dating violence survivors and even many domestic violence survivors.
<b>Require the survivor to complete or have a particular score on a housing assessment?</b>	While other housing funding may require a person to participate in certain housing assessments or obtain certain scores on housing assessments in order to be eligible for housing, OVW has no such requirement. Survivors should not be required to participate in housing assessments mandated by other funders or obtain certain scores on housing assessments for access to OVW housing and services.
<b>Available in languages and formats that are accessible to all survivors?</b>	If a survivor prefers not to read and write in English as a primary language, programs should create meaningful language access. (For example, making materials available in other languages or formats like written Spanish, Korean, Braille; recorded spoken English or other languages)

## Things to consider when creating the Intake Document:

**Does the form:**

**Consider:**

<b>Allow room for the survivor to choose to not answer questions that are uncomfortable for them to answer?</b>	In order to reduce re-traumatizing questions, or ask questions that may make survivors feel pressure to share information that they would rather keep private, it is suggested that the form state that survivors only need to answer what they are comfortable answering and that housing is not contingent upon their answers. In addition advocates should let survivors know that they only need to answer what they are comfortable answering.
<b>Create a space for conversation—one that can be completed in more than one sitting over time in pace with the survivor’s comfort?</b>	In general, it is best practice to allow the intake to take place at the survivor’s pace. If the survivor wants to share information, then it should be done within their comfort level. It is also best practice to create the form as a dialogue to foster communication and not create a sense that the form is a series of check-boxes.
<b>Ask case management/goal setting questions?</b> <i>Employment/work/housing plans; questions around how the applicant would use the time in Transitional Housing</i>	The OVW T-Housing Model dictates that Case Management is voluntary. Therefore, a survivor’s intention to set/complete goals should not be woven into processes unless the survivor wants to participate in these services.
<b>Require the survivor to disclose a great deal of personal information?</b>	When conducting the intake, we suggest not requiring that the survivor to share personal information that is not necessary to orient them into the program and provide them services.
<b>Require the survivor to submit identifying documents?</b>	In order to preserve the confidentiality and privacy of all survivors accessing OVW T-Housing, it is best practice to refrain

<i>Driver's licenses/Identification cards; immigration documents; birth certificates; leases; housing search and applications</i>	from asking that survivors submit these documents, and to refrain from storing these documents in the survivor's file. Lastly, requiring these documents may indicate to a survivor who is a recent immigrant that they do not qualify for the program, because they may not have these documents. However, immigration status should not be an eligibility criteria.
<b>Require the survivor complete a certain risk or danger assessment or have a certain score on a risk (also may be called "danger" or "lethality" assessment that are linked to requirements for certain services?</b>	All assessments and services should be voluntary. Additionally, risk assessments that are developed for use with domestic violence victims in the criminal justice context are not always applicable in housing needs assessment settings for non-intimate partner sexual assault survivors, stalking survivors, dating violence survivors and even many domestic violence survivors.
<b>Require the survivor to complete or have a particular score on a housing assessment?</b>	While other housing funding may require a person to participate in certain housing assessments or obtain certain scores on housing assessments in order to be eligible for housing, OVW has no such requirement. Survivors should not be required to participate in housing assessments mandated by other funders or obtain certain scores on housing assessments for access to OVW housing and services.
<b>Notify the survivor about the confidentiality of the contents of the documents and its limits within the OVW T-Housing program (either the victim services program that is receiving the OVW T-Housing grant or the OVW T-Housing program if the program is part of an umbrella organization)?</b>	It is part of a trauma-informed, voluntary services approach to inform survivors of confidentiality and its limits on all documents that they fill out.
<b>Available in languages and formats that are accessible to all survivors?</b>	If a survivor prefers not to read and write in English as a primary language, programs should create meaningful language access. (For example, making materials available in other languages or formats like written Spanish, Korean, Braille; recorded spoken English or other languages)

## Things to consider when creating the Welcome Packet:

**Does the form:**

**Consider:**

<b>Include language that gives the tone that services are voluntary, and that the survivor is in control of their journey?</b>	Replacing words like "encouraged," "suggested," or "recommended" with "available," "optional," or "offered."
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<b>Include language that states or implies that a survivor has to follow certain rules or they may face consequences if they don't?</b>	Determining if the policy fits within the terms that OVW outlines when a survivor can be asked to leave the transitional housing program (violence, illegal behavior, use of illegal drugs on-site). Participants cannot be asked to leave if they do not participate in case management; do not pay program fees; refuse to disclose personally identifying information; do not return by curfew or request overnights; disclose the location of the transitional housing units; have visitors; disclose drug/alcohol use.
<b>Outline what the survivor can expect from staff?</b>	Including language that explains the importance placed on confidentiality, respect, participant autonomy, and an array of services that are available for survivors to use whenever they want to.
<b>Does the policy require certain practices in the name of confidentiality?</b>	Reworking language and policies that state: survivors cannot have visitors, require that survivors are picked up and dropped off a certain distance away, require that a survivor not use technology while on-site.
<b>Require a fee, rental payments, or a graduated step-down assistance plan?</b>	The OVW grant does not require that participants have or acquire an income while they reside in the Transitional Housing program. As a result, any budgeting, fees or rental payments should be done with the survivor's financial situation in mind. The survivor should share with the program how much of their income, if any, they are able to give toward program fees/rent.
<b>Are the policies inclusive for all survivors?</b>	VAWA requires that service providers offer equitable services to all survivors of violence regardless of gender, race, ethnicity, sexual orientation, or religion. All policies should be inclusive, and not imply that you only serve women in heterosexual relationships.
<b>Require or impose participation in an in-house savings program?</b>	Finding alternative options for the survivor if they are interested in opening a bank account or operating a savings plan. It is recommended that programs do not collect money directly from survivors for savings plans.
<b>Available in languages and formats that are accessible to all survivors?</b>	If a survivor prefers not to read and write in English as a primary language, programs should create meaningful language access. (For example, making materials available in other languages or formats like written Spanish, Korean, Braille; recorded spoken English or other languages)

## Things to consider when creating the Goal Planning sheet:

**Does the form:**

**Consider:**

<p><b>Include language that gives the tone that services are voluntary, and that the survivor is in control of their journey?</b></p>	<p>Replacing words like “encouraged,” “suggested,” or “recommended” with “available,” “optional,” or “offered.”</p>
<p><b>Include time-frames or language that recommends another meeting be conducted in the next 30, 60, or 90 days to check the survivor’s progress?</b></p>	<p>We strongly suggest that programs allow the survivor to dictate a time-frame, if that is something that the survivor wants to explore. Time-frames can discourage a survivor from pursuing the goal if the time-frame has passed or is fast approaching and the survivor hasn’t yet completed the goal.</p>
<p><b>Offer suggestions or topic areas for a survivor to choose from?</b></p>	<p>It is recommended that the goal sheet be as empty as possible, as to allow the survivor the opportunity to describe and list any goals they have. A survivor may choose to pursue a goal that is entirely unrelated to housing, employment, or education, and that is okay.</p>
<p><b>Does the form suggest that case management is mandatory, or necessary in order for the survivor to be successful?</b></p>	<p>Case management is considered a voluntary and optional service that is offered as needed at the survivor’s request.</p>
<p><b>Notify the survivor about the confidentiality of the contents of the documents and its limits within the OVW T-Housing program (either the victim services program that is receiving the OVW T-Housing grant or the OVW T-Housing program if the program is part of an umbrella organization)?</b></p>	<p>It is part of a trauma-informed, voluntary services approach to inform survivors of confidentiality and its limits on all documents that they fill out.</p>
<p><b>Available in languages and formats that are accessible to all survivors?</b></p>	<p>If a survivor prefers not to read and write in English as a primary language, programs should create meaningful language access. (For example, making materials available in other languages or formats like written Spanish, Korean, Braille; recorded spoken English or other languages)</p>





## Best Practice Template: PERSONAL PLANNING GUIDE

- **Purpose:** This template gives a survivor space to record their plans for themselves while they are in the program. This template is not used to mark progress. It shouldn't be used to decide a survivor's length of stay in the OVW TH program.
- **How to use this template:** You may adapt this template to fit your needs and the work you do. You may change the wording to match the language used in your program. Before using this template with a housing applicant, please delete this instructions page. Also, please delete any notes in grey. Be sure to replace all highlighted text with your program's information.
  - Survivors can fill out this vision planning sheet with or without the help of an advocate. The sheet is meant to help a survivor shape the program to best fit their needs. It is best not to make a survivor keep this sheet in their file. It is also best not to use this sheet to decide a survivor's length of stay or grant extensions.

**TEMPLATE**

**Personal Planning Guide**

What is your “vision” for your time in this program? In other words, what do you see yourself doing while you are here? What goals do you have? What do you need to help you move forward? How do you want to feel by the time you leave? What do you want to be able to do?

The [Transitional Housing Program’s] main goal is to give you the space, tools, and any help you need to build your vision for the time you spend in this program. This worksheet will not be used to judge your progress. It can simply be used as a guide to work through your vision of your stay with us. You have the right to choose whether or not you want to use this guide. You also can choose whether or not you want an advocate to help you fill it out. You can use this sheet to plan for anything you might want to work through while here. There are no right or wrong answers.

This is *your* personal planning guide. This is for you to keep and make notes on. We will not keep a copy of this guide in your file, unless you want us to.

Starting Date for Vision Planning Guide:

Big vision: \_\_\_\_\_

Steps I might take to reach vision:

---

---

---

---

---

Paperwork/Records I might need:

---

---

---

---

People I might want to contact for help reaching my goals:

---

---

Things I can ask my advocate for help with:

---



## Best Practice Template: GRIEVANCE PROCESS & FORM

### INSTRUCTIONS FOR TEMPLATE USE:

- **Purpose:** This template outlines how a survivor might follow the program's grievance process.
- **How to use this template:** You may adapt this template to fit your needs and the work you do. You may change wording to match the language used in your program. Before using this template with a housing applicant, please delete this instructions page. Also, please delete any notes in grey. **Be sure to replace all highlighted text with your program's information.**

## **BEGINNING OF TEMPLATE**

**[AGENCY LETTERHEAD]**

### **GRIEVANCE PROCESS**

#### **What Is a Grievance?**

- In any place where people live together, conflicts, complaints, and concerns may arise. Such problems are known as grievances. They might arise between one person and another. They might arise within families or with staff. They might have to do with a policy or rule.
- The grievance process allows you to formally report your complaint or concern. It lets you be heard. And it gives you a chance to solve the problem.

#### **What Are Your Rights?**

During the grievance process, you have the following rights:


- To have your concerns taken seriously. To have them answered in a fair and timely manner;
- To privacy in all related communications (written and spoken, including e-mail). To have your confidentiality protected at all times;
- To get copies of all records related to your grievance (written and recorded);
- To ask for help from outside groups such as advocacy groups for:
  - civil rights,
  - tenants' rights,
  - anti-discrimination in housing and social services; and
- To know that you will not have to move out or lose services just for taking part in the grievance process.

#### **Exceptions:**


- We ask that all written grievances are reported by a single person, not by a group. However, survivors are welcome to meet as a group with advocates to talk about the same concerns.
- In order to best respond to any urgent safety concerns, we may not strictly follow the steps below.

## Grievance Process: With Other Members of the Program

**Step One:** Try to speak one-on-one to the person you are having a problem with. If this doesn't solve the problem, move on to Step Two.



**Step Two:** Speak to your advocate or to the program manager about the problem. Program staff might set up a "mediation." That is a meeting with all people involved. The meeting also includes a "third party," or someone who is not part of the problem. The third party will help the two sides try to solve the matter. A mediation may be set up with all parties within 3 business days of talking to program staff. If this doesn't solve the problem, move on to Step Three.



**Step Three:** The matter will be sent to the executive director for review. The director will set up a meeting with you to talk about how to solve the problem.

## Grievance Process: With Program Policies or Staff

**Step One:** Speak with the program staff about your concern. If your concern is with your advocate, please talk to their boss.



**Step Two:** The staff member and boss will respond to your concern. They will do so within 3 business days of getting your grievance. If this doesn't solve the problem, move on to Step Three.



**Step Three:** Please send a written grievance to the program manager or executive director. You can also dictate your grievance. *Dictate* means you speak and someone writes down your words. You will hear back within 5 business days. If this doesn't solve the problem, move on to Step Four.



**Step Four:** You can report your grievance again. If this doesn't solve the problem, move on to Step Five.



**Step Five:** You can file an appeal. The appeal should be written or dictated.



**Step Six:** An appeal meeting will be held within 10 business days of getting the appeal. You are welcome to bring a support person with you to this meeting. If this doesn't solve the problem, move on to Step Seven.



**Step Seven:** You may go to outside groups for further support in solving the grievance.



**GRIEVANCE FORM**

*Please write your answers or speak your answers for program staff to write down.*

Today's date: \_\_\_\_\_

Name: \_\_\_\_\_

Safe way we can contact you: \_\_\_\_\_

What kind of grievance do you have? Is it with a person, a rule, a staff member?

\_\_\_\_\_

Date of the event or timeline of events that led to this grievance:

\_\_\_\_\_

\_\_\_\_\_

Is this your first formal grievance about this problem? If no, how did you report your grievance before? What was the response?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly explain the grievance (please note if more pages are attached):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have been given a copy of the program's Grievance Process. I have had the chance to ask any questions that I have about the process .

\_\_\_\_\_  
Signature of Person Reporting Grievance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advocate or Other Staff

\_\_\_\_\_  
Date

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\_\_\_\_\_  
Supervisory Staff or Director

\_\_\_\_\_  
Date

Signature of

**PROGRAM RESPONSE:**

Date of response: \_\_\_\_\_

Explain the response to the reported grievance, and to all people involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes from meeting with program member:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Next steps and timeline for action(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINAL ACTIONS AND RESPONSE:**

Explain the final response and how the problem will be solved, to all people involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Person Reporting Grievance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Advocate or Other Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisory Staff or Director

\_\_\_\_\_  
Date

## Important Phone Numbers and Contact Information

### **Agency**

- [Agency] Crisis Line/24-hour line:
- Your advocate
  - Name:
  - Phone:
  - Email:
- Residential Supervisor
  - Name:
  - Phone:
  - Email:
- Residential Director
  - Name:
  - Phone:
  - Email:
- Executive Director
  - Name:
  - Phone:
  - Email:

### **Housing Related**

- Maintenance
  - Phone
  - Email
- Landlord
  - Phone
  - Email

### **Community Resources**

In case of emergency call: 9-1-1

Non-Emergency Police Department:

**[Others?]**

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## **Best Practices Template: REQUEST TO LENGTHEN HOUSING STAY**

### **INSTRUCTIONS FOR TEMPLATE USE**

- **Purpose:** Use this template to record the process for survivors who ask to stay longer than 24 months. The OVW TH Program is meant to last for 6-24 months. Some survivors are not able to find permanent housing within that time.
  
- **How to use this template:** You may adapt this template to fit your needs and the work you do. You may change the wording to match the language used in your program. Before using this template with a housing applicant, please delete this instructions page. Also, please delete any notes in grey. **Be sure to replace all highlighted text with your program's information.**
  - As a basic rule, information that identifies a person should not be collected and stored in a survivor's file. Program files can be court ordered and/or the confidentiality or privacy of files can be breached. That means collected information can have a harmful effect on a survivor's life. We suggest keeping as few notes as you can.

**BEGINNING OF TEMPLATE**

**[AGENCY LETTERHEAD]**

**Request to Lengthen Stay (Waiver of 24-Month Time Limit):**

Fiscal Year **20** OVW Transitional Housing Assistance Grant Program

Anyone in the OVW TH Program can get housing/rental support for at least 6 months and for as long as 24 months. Survivors may ask for an added 6 months of support if they've tried to find permanent housing but need more time to do so.

Housing Program Grantee Name (Agency Name):

\_\_\_\_\_

Initials/Client number of program member:

\_\_\_\_\_

Date program housing/rental services were set to end: \_\_\_\_\_

Requested new housing/rental services end date: \_\_\_\_\_

\*\*\*\*\*For Office Use\*\*\*\*\*

Date waiver was granted: \_\_\_\_\_

New program service end date: \_\_\_\_\_

If waiver was not granted, please choose the reason why:

- Program grant term ends on \_\_\_\_\_ and there may no longer be funds
- Other:

\_\_\_\_\_

## Best Practice Template: WELCOME PACKET

### INSTRUCTIONS FOR TEMPLATE USE:

- **Purpose:** This template will tell a survivor what to expect while they are part of your OVW TH Program. It will also outline what they can expect from support services. The Welcome Packet can play a key role in offering trauma-informed housing and services. The policies and information in this packet can help a survivor make informed choices about which services to take part in.
- **How to use this template:** You may adapt this template to fit your needs and the work you do. You may change the wording to match the language used in your program. Before using this template with a housing applicant, please delete this instructions page. Also, please delete any notes in grey. **Be sure to replace all highlighted sections with your program's information.**
  - The policies outlined in this packet can be changed. But, we strongly suggest that programs avoid policies that interfere with a survivor's autonomy or safety. Autonomy is the freedom to make choices for oneself. Trauma-informed housing is based on building a survivor's autonomy. We want to support their freedom to make choices about their stay.

## **BEGINNING OF TEMPLATE**

**[AGENCY LETTERHEAD]**

### **WELCOME to Our Program!**

Over the next 6-24 months, we will be here to give you the support, resources, and services that you decide will be most helpful.

We promise to offer supports that are meaningful and useful to you. As you read through this packet, please feel free to ask questions or offer feedback. This program is for you. We want to respond to your needs. We look forward to working with you.

### **Table of Contents**

Who We Help and What We Do

Support Services

Our Duty to You and Your Rights

Grievance Process

Program Guidelines

Confidentiality Policy

Leaving the Program





## Who We Help and What We Do

### Who do we help?

- Survivors of:
  - domestic violence
  - sexual violence
  - dating violence
  - stalking
- Survivors' children and/or dependents
- Safe parents, guardians, caretakers of a survivor of sexual assault who is under the age of 18 and is not an emancipated minor

### What do we offer?

- Safe, low-cost housing
- Emotional support
- Money aid
- Housing aid
- Advocacy
- Referrals
- Any support you believe would be helpful

We believe in offering services that you want and need. Please tell your advocate if there is a service that you think we should offer. We will do our very best to add it. We aim to help you meet your goals.

### How long can we help?

- For 6-24 months
- In some cases, longer

## Support Services

**Who can use the program's support services?** You and/or your dependents.

**When can I use support services?** Any time you wish.

**Do I have to use support services to belong to the program?** Not at all.

**What if I change my mind and want to use support services later?** You and/or your children can ask to use support services at any point during your stay. You can choose which services you use. You can choose when and how often you use them. You can choose not to use them.

### What support services does the program offer?

Our support services include:

- Emotional support for you and your children
- Advocacy: explain what this means in your program (landlord referrals, etc.)
- Safety planning and safety equipment for your home
  - You can meet with your advocate to make or change a safety plan at any time. Your advocate can help brainstorm ways to improve your safety plan.
- Information for school enrollment (for you and your children): (explain what this involves)
- Counseling
- Housing aid
  - Communal/Clustered Living: We offer housing in a communal, or group, living model (explain your model)
  - Scattered Site: We offer housing in a scattered site model, (explain your model)

- Support and referrals for transportation, childcare, household furnishings, etc.
- Self-care and holistic healing: yoga, art classes, movie tickets, etc.
- Check-in meetings: We can meet with you at any time over the next 6-24 months. You can talk about anything you would like to with us. Maybe you have thoughts about how we can improve our program. Maybe you want to talk about how we can help you more. Maybe you want to brainstorm your plans and goals. We are here for anything you want to talk about. You do not have to meet with us to stay in the program. But, we are here to meet as often as you would like. These meetings can take place anywhere you feel safe and at ease. Maybe that's at the office or in a coffee shop. Maybe that's at the supermarket. You choose. You can change a meeting time, place, or date if your needs change.
- Children's services: Entering this program might have been a huge change for you. It might have been a huge change for your children too. While you are in the program, your children can choose to take part in the following services:
  - List the Services here:
  - Other services...
- Follow-up services: You can use these services for at least three months up to twelve months after you have moved. Follow-up services are a little different from the services you get while living in Transitional Housing.

## **Our Duty to You**

Your advocate, all staff, and volunteers have the duty to respect your rights as follows:

- To treat you, your children, and your pets with respect and dignity
- To listen to what you tell us
- To think carefully about any feedback you offer

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- To help you, your children, and your pets stay safe
- To support your safety and healing while helping you keep your housing.

Please let us know if anyone commits the following acts against you, your dependents, or your visitors:

- sexual violence
- sexual harassment
- stalking
- dating violence
- domestic violence

### **Your Rights:**

- You have a right to live free from sexual violence or sexual harassment in your housing. If any kind of sexual harassment or sexual violence happens to you in your housing, we can look for ways to ensure your safety while keeping your housing. If anyone connected to your housing program has committed sexual violence or harassment, you can speak to the executive director or a board member.
- You have full power to choose what services and help you want. You also control how often and when you use those services.
- The information you give us will be protected. It will be shared only with your consent and say-so. You can learn more details in the section titled “Confidentiality Policy.”

### **Grievance Process**

**What are grievances?** In any place where people live together, conflicts, complaints, and concerns might arise. Such problems are known as grievances. They might arise between one person and another. They might arise within families or with staff. They might have to do with a policy or rule.

**What can I do if program staff, volunteers, or other tenants fail to respect my rights?** You can use our grievance process. It is a clear set of steps you can follow.

**Why should I use the grievance process?** It allows you to formally report your complaint or concern. It lets you be heard. And it gives you a chance to solve the problem.

**How do I file a grievance?** Your advocate will talk to you about the process at any time. They will tell you the steps you need to take.

## **Program Guidelines**

We are not here to control your daily life. We are not here to judge your choices. But, we do ask that you follow the guidelines below. Doing so will protect the privacy and safety of other survivors. It will also help the program meet its duties under the law.

### Visitor Guidelines:

**Are visitors allowed?** Visitors are welcome while you are staying here.

**What if someone forces their way into my home?** Please tell your advocate as quickly as you can. We will work on safety planning with you.

**Do visitors have to follow any rules?** Yes. We ask that they follow the same policies about violence and illegal activity that you do.

**What if my visitors don't follow the policies about violence and illegal activity?** We may ask that they do not return.

### Household Member Guidelines:

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## **Can members of my household get money to help pay housing costs?**

Our funding requires that only you and your dependents get money and housing aid.

**Who are my dependents?** Anyone who depends on you for nearly all their money needs. They might include:

- children in your full-time or part-time care
- elderly parents or grandparents
- grown children who are disabled

Please speak with us if you have questions about who counts as a dependent.

**What if I want to live with a roommate?** That might be alright. Please let your advocate know. We may ask the roommate to pay part of the rent. That's because our funds can only pay for you and your dependents.

Please offer any feedback you might have about these guidelines. We are always looking for ways to improve our program.

## **Confidentiality Policy**

**Is my information safe with you?** We take pride in keeping all of your information confidential.

**Should I be careful about sharing information?** We ask that you do your best not to share certain information with people outside of the program. Please try not to talk about the lives of others in the program. Please try not to share information that might identify a fellow survivor to someone who is not in the program.

**Will you share or repeat things that I tell you?** We will protect your privacy and confidentiality in all ways. Information you share with staff will not be repeated or shared without your stated permission.

**What information do you keep in my file?** We collect as little information in your file as we can. We do this to protect your privacy and confidentiality.

**Can I see what is in my file?** You can read your file or ask for a copy at any time.

**Are there any limits to confidentiality?** Yes, there are a few.

- Sometimes an official court order or state law might require us to share your information.
- In this state, there are [redacted] exception(s) to confidentiality, based on state law.
  - First is when there is a valid court order. (explain your agency's subpoena and court order policy here)
  - Second is mandated reporting. *Mandated* means *required by law*. Note: Not all advocates are mandated reporters. Please check your local statutes, and include any important language about mandated reporting laws here.
  - Third is our reporting requirements. Our funders will ask us to submit reports with nameless data (age, gender, ethnicity, etc.). We will not share information that could identify you. You have the right not to answer questions about age, gender, ethnicity, etc.

## Leaving the Program

**What if I want to leave the program?** You have the right to leave at any time.

**Do I have to stay in the program for 24 months?** No. You choose how long you stay.

**What if I feel ready to leave?** Let your advocate know when you feel ready. They can help you with anything related to moving. That includes moving costs, buying some household items, and other things.

**What happens after I choose to leave?** You can get up to 12 months of after-care. After-care services include but are not limited to: advocacy, case management, and emotional support.

**What if I have a problem with a person or policy while I'm in the program?** In any place where people live together, conflicts, complaints, and concerns may arise. We know and understand that fact. We have a process in place to help solve problems. You can read more about it in the section titled "Grievance Process."

**Will I be asked to leave if I have a problem in the program? Will I lose my housing aid?** We will always try to solve a problem before taking such steps. We decide how to solve each problem on a case-by-case basis. We keep in mind your specific needs, resources, and concerns.

**Can you ask me to move out of the program?** There are only a few reasons why we might ask you to leave.

- Violence/Threatening Behavior: We ask that you do not verbally or physically threaten or abuse other survivors in the program, your dependents, or staff and volunteers.
- Illegal Activity: We ask that you do not take part in any and all illegal acts while you belong to this program.



**What happens if I act violently or threaten someone? What happens if I do something illegal?** We may have to ask you to leave the program. Again, we hope this will not happen, and we commit to working with you.

**What happens if I am asked to leave the program?** We will help you find other housing. We also will help with some moving costs. Again, we hope this will not happen, and we commit to working with you.

**What if there is a safety concern or imminent danger?** We will meet with you right away to talk about next steps.

## Important Phone Numbers and Contact Information

### **Agency**

- [Agency] Crisis Line/24-hour line:
- Your advocate
  - Name:
  - Phone:
  - Email:
- Residential Supervisor
  - Name:
  - Phone:
  - Email:
- Residential Director
  - Name:
  - Phone:
  - Email:
- Executive Director
  - Name:
  - Phone:
  - Email:

### **Housing Related**

- Maintenance
  - Phone
  - Email
- Landlord
  - Phone

- Email

## **Community Resources**

In case of emergency call: 9-1-1

Non-Emergency Police Department:

[Others?]

## Best Practices Template: INTAKE GUIDE

### INSTRUCTIONS FOR TEMPLATE USE

- **Purpose:** This template can guide an advocate through their first talk with a survivor accepted into the OVW TH Program. The goal of this talk is to learn about the survivor's most-pressing needs. You will also want to offer a welcoming space for the survivor to get to know you and understand your role.
- **How to use this template:** You may adapt this template to fit your needs and the work you do. You may change the wording to match the language used in your program. Before using this template with a housing applicant, please delete this instructions page. Also, please delete any notes in grey. **Be sure to replace all highlighted text with your program's information.**
  - As a basic rule, information that identifies a person should not be collected and stored in a survivor's file. Program files can be court ordered and/or the confidentiality or privacy of files can be breached. That means collected information can have a harmful effect on a survivor's life. We suggest keeping as few notes as you can.

**BEGINNING OF TEMPLATE**

**[AGENCY LETTERHEAD]**

**Learning How We Can Support You During Your Stay**

**Part One: How Can We Best Serve You?**

1) What are your most pressing needs today? What parts of your life would you like to talk about first?

---

---

---

---

2) How can we best serve you? Please share any information that you want us to know.

---

---

---

**Part Two: Safety Planning**

3) Have you made a safety plan lately?  Yes  No

Do you feel that it meets your safety needs?  Yes  No

Would you like to make a new one?  Yes  No

4) Do you want to talk about any other concerns? Are you worried about the safety of your dependents, pets, or anyone else?

---

---

5) Is there anything else you would like to tell us about people or things that have caused you harm? Please share that here.

---

### **Part Three: Meeting Your Basic Needs or Money Needs**

6) Beyond housing, do you have any other basic needs, money needs, or goals that you have to meet right away?  Yes  No

### **Part Four: Other Support**

7) When you feel more at ease, we are here to talk about any support that you want us to help you with.

These are some of the things we can help you find:

- permanent housing,
- work,
- education,
- legal support and referrals,
- childcare,
- budget help, etc.

We are here to support you with any goal or project you hope to complete during your stay. When you are ready, please let us know.

## Best Practice Template: HOUSING APPLICATION

### INSTRUCTIONS FOR TEMPLATE USE

- **Purpose:** This template will help you decide if a survivor meets the guidelines for the OVW TH Program.
- **How to use this template:** You may adapt this template to fit your needs and the work you do. You may change the wording to match the language used in your program. Before using this template with a housing applicant, please delete this instructions page. Also, please delete any notes in grey. **Be sure to replace all highlighted text with your program's information.**
  - As a basic rule, vital documents and information that identifies a person should not be collected and stored in a survivor's file. Program files can be court ordered and/or the confidentiality or privacy of information in files can be breached. That means collected information can have a harmful effect on a survivor's life. We suggest keeping as few notes as you can.

## **BEGINNING OF TEMPLATE**

**[AGENCY LETTERHEAD]**

### **HOUSING APPLICATION**

#### **Instructions**

#### **Do You Need Help With This Application?**

- We offer this form in languages other than English.
- We offer a plain-English glossary of hard words used in this form.
- You can ask any staff member at **[insert your program name]** to help you fill out this form.
- You can tell us your answers and ask us to write them down.
- Let us know if you need any special accommodations (interpreters, mobility aids, etc.). We will do our best to meet your needs.

#### **About Our Program:**

We are glad you want to apply for **[insert your program name and information about the mission.]** Be aware that **[Program Name]** may not offer 24-hour support. Our normal business hours are: **[insert hours]**.

We run the **[information about the housing model whether congregate living, scattered site, or another model]**. We are happy to answer any questions you have about our program or any other services we offer. Please contact **[insert contact name and info]** to learn more.

#### **Who Can Apply?**

Housing will be offered on a case-by-case basis, depending on our funding.

To apply, you must be:

- A survivor of domestic violence, sexual assault, dating violence, and/or stalking;



- Homeless or in need of housing because of domestic violence, sexual assault, dating violence, and/or stalking;
- At least 18 years old or a (legally) emancipated minor
- People who use a Personal Care Attendant (PCA) are welcome to apply for housing. They will not be refused services for this reason.

### **Services We Offer:**

- Housing and utility aid for up to 24 months. You can apply for 6 months of added aid.
- Advocacy, case management, counseling, and more
- Ongoing safety planning and equipment for your home
- Help with transportation, child care, and household furnishings
- After-care services for at least 3 months and up to 1 year
- [Add any others]

### **What Are Voluntary Services?**

You have a say in which services you take part in and which services we offer. You do not have to take part in our services in order to stay with us. Please let us know about any services that would be helpful to you. We will do our best to add them.

### **How to Fill Out This Application:**

This application helps us decide if you meet the guidelines for the OVW Transitional Housing Program.

Please know:

- You have the right not to answer any of the questions in this form.
- You have the right to be treated with dignity and respect in this process. If you are not, please tell us.

- We want to protect your privacy. Tell us how you would like to send in your application. Then we will work with you to do so in a private way.

Please fill out this form and return it to us at a time that is easy for you.

Once we get your application, we will review it. Then we will contact you to talk about next steps. [Explain how long it takes to process applications and who they can expect to hear from.]

**Thank You!** Thank you for your interest in our program. We look forward to hearing from you soon!

[AGENCY LETTERHEAD]

**Application**

Today's date: \_\_\_\_\_

Your name: \_\_\_\_\_

How do you want us to contact you?

\_\_\_\_\_

If we contact you by phone, is it safe to leave a message?  Yes  No

If no, when would be the best day and time to call?

\_\_\_\_\_

Are there any special instructions for sending messages, via phone or e-mail? In other words, are there certain words we should not use? Are there certain times of day when we should not leave a message?

\_\_\_\_\_

How did you hear about our program?

\_\_\_\_\_

**Tell Us About Yourself:**

Are you at least 18 years of age or a legally emancipated minor?  Yes

No

Are you the parent, guardian, or caretaker of a minor dependent?

Yes  No

Gender (how you identify): \_\_\_\_\_

Pronouns used: \_\_\_\_\_

What language do you prefer to use? \_\_\_\_\_

Are you able to understand (spoken and/or written) English?  Yes

No

Who will live with you? Please tell us the gender, age, and any special needs for all other people who will live with you. This will help us better serve your family.

*(Please note: Our funding requires that we offer housing only to survivors of domestic violence, sexual violence, dating violence, and/or stalking, and their dependents. A dependent is anyone who depends on you for nearly all their money needs. That might include:*

- children in your full-time or part-time care
- elderly parents or grandparents
- grown children who are disabled

Please speak with us if you have questions about who counts as a dependent.)

Number of dependents/household members: \_\_\_\_\_

Age/gender of dependents/household members:

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Do you have a pet or service animal(s)?  Yes  No

Do you have other animals that you are worried about and that might need short-term housing?  Yes  No

If yes, please let us know the kind of pet (dog, cat, etc.) you have. Please tell us any other important information about each animal.

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**Where Are You Living Now?**

Are you now homeless because of domestic violence, sexual violence, dating violence, and/or stalking?

Yes  No

Are you in need of housing because of domestic violence, sexual violence, dating violence, and/or stalking? For example, do you need to relocate from your current housing due to safety concerns relating to domestic violence, sexual violence, stalking, or dating violence?

Yes  No

Are you willing to move to another neighborhood?  Yes  No

If yes, are there any neighborhoods where you cannot or will not live?

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**Safety**

We are here to help you make, change, and update safety plans during this application process.

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Would you like to talk to an advocate about safety planning?  Yes  No

**Do You Have Any Questions For Us?**

You can ask us anything in the space below!

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**Local Resources**

Let us know if you need other local resources. We will do our very best to connect you with resources that meet your needs.

*Please note that this is an application. Filling it out does not mean that you are accepted into our housing program. If you meet the guidelines, we will set a follow-up meeting. At that time, we may ask for more information.*  
*Thank you!*

\*\*\*\*\*

**Office Use Only**

Accepted into program?  Yes  No

If yes, date applicant was informed: \_\_\_\_\_

Date accepted/move-in: \_\_\_\_\_

If no, date applicant was informed: \_\_\_\_\_

Reason for denial: \_\_\_\_\_

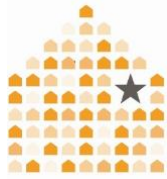
Was applicant given information about how to appeal?  Yes  No

Other referrals/support given?

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## Glossary for TH Toolkit Documents

**Accommodations:** services or equipment that help people with special needs (wheelchair ramps, shower railings, etc.).

**Advocate:** a person who works with another person to help them complete a task or goal.

**Advocacy:** help, aid, and support on behalf of another person.

**Anti-discrimination:** the belief that everyone should be treated the same, no matter what their background, race, gender, etc.

**Appeal:** a request to change a decision, often asked of a person in charge.

**Application:** form you fill out to join a program, get a job, rent an apartment, etc.

**Autonomy:** the freedom to make choices for oneself.

**Case management:** a type of appointment where an advocate and a participant meet to talk about goals, needs, and anything else they want to talk about.

**Communal living:** a housing style where two or more un-related people live together. This living arrangement may include sharing some living spaces like bathrooms, kitchens, and living rooms.

**Clustered Living:** a housing style where participants live on the same property but in different apartment units. This living arrangement usually means that un-related families are not sharing any spaces like living rooms, kitchens, or bathrooms.

**Communications:** ways of sharing information, including talking, writing, emailing, texting, etc.

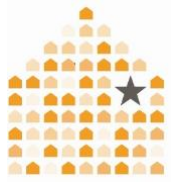
**Confidentiality, the right to privacy:** is the legal protection of personally identifying information and service participation of a person who is receiving services from an agency.

**Counseling:** a set time to talk through anything relating to trauma and mental health with a licensed mental health provider.

**Dependents:** Anyone who depends on you for most of their money needs. That might include children in your full-time or part-time care. It might include elderly parents or grandparents. It might include grown children who are disabled.

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## Glossary for TH Toolkit Documents

**Dictated:** words spoken out loud and written down by someone who listens.

**Dignity:** a person's right to be valued and treated ethically.

**Exceptions:** cases that don't follow a given rule.

**Extension:** a longer time span.

**Grievances:** conflicts, complaints, and concerns.

**Holistic Healing:** supporting clients in all parts of their life.

**Identify:** let others know who someone is.

**Illegal activity:** acts that break a law.

**Imminent danger:** danger or harm that could happen very soon.

**Legally Emancipated Minor:** is a person who is under the age of 18, but has completed the legal process of being recognized as an adult by the courts in their state and are then legally separated from their parents and can make all decisions for themselves.

**Mandated:** ordered by law, required.

**Mediation:** the act of helping two sides settle a problem, often with the help of a person who is not part of the problem.

**Permanent:** something that is fixed, and is unlikely to change .

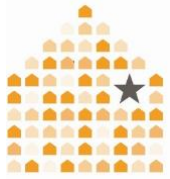
**Permission:** giving consent for someone to do something.

**Policies:** guidelines that are asked to be followed.

**Privacy:** the right not to share information, to keep matters to yourself.

**Referrals:** names and contacts for other groups, programs, or people who may be of help.

**Resources:** information that can help you in some way.



## Glossary for TH Toolkit Documents

**Scattered Site Living:** a living arrangement where a person in the program rents a housing unit from a landlord in the community. In this living arrangement, no areas of the home would be shared with any other non-related participant in the housing program.

**Survivor:** a person who has lived through something that put them in danger or caused them harm.

**Transitional:** not lasting forever, a time span between leaving something old and starting something new.

**Transitional housing:** temporary housing provided for 6-24 months.

**Transportation:** way of getting from one place to another place (car, bus, subway, plane, etc.).

**Trauma-Informed Housing and Services:** a guiding philosophy for survivor services that is based on understanding a person's history and previous trauma in order to best help them.

**Valid:** lawful.

**Vision:** what you see for yourself, your goals, your dreams.

**Voluntary:** your choice.

**Voluntary Support Services:** helpful services that you can choose to use or not use.

**Waiver:** a form that states it is alright for a person not to follow a given rule.