



VHSP Rapid Re-housing Program Participant Eligibility Requirements

This form is required for all VHSP rapid re-housing assistance.

Head of Household Full Name: _____

Date Completed: _____

Program participants must identify all subsidy or assistance received within the past six months. VHSP assistance must not be provided in the same cost category when subsidies by any other source (e.g., Section 8) are being provided.

Participant is receiving tenant or project-based rental assistance, excluding rental arrearages, through other public sources for the same time period and/or cost type **(document in client file--ineligible for VHSP assistance)**

Participant is **NOT** receiving tenant or project-based rental assistance through other public sources for the same time period and/or cost type **(document in client file)**

Comments/Notes:

Overall Minimum Requirements

In order to receive rapid re-housing financial assistance or services funded by VHSP, individuals and families must meet the following minimum requirements. Please check if applicable:

Completed Initial Evaluation/Intake

The household meets both of the following circumstances:

No appropriate subsequent housing options have been identified; **AND**

The household lacks the financial resources and support networks needed to obtain immediate housing or remain in its existing housing; **AND**

Meets at least one of the following risk factors:

Living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local government programs); **OR**

Sleeping in a place not meant for human habitation, such as cars, parks, abandoned buildings, streets/sidewalks; **OR**

Exiting an institution for 90 days or less and was sleeping in an emergency shelter or other place not meant for human habitation (cars, parks, streets, etc.) immediately prior to entry before entering that institution; **OR**

Fleeing or attempting to flee domestic violence (must meet one of the above mentioned risk factors as well)



All supporting documentation for project participant eligibility must be readily available in client records and case notes. Third-party verification must be provided and is the preferred method of certifying homelessness for an individual who is applying for VHSP assistance.

Determination of Program Eligibility Completed By (name of staff):

PRINT NAME OF STAFF PERSON

STAFF PERSON SIGNATURE

I certify that the information above and any other information I have provided in applying for VHSP assistance is true, accurate and complete.

PRINT NAME OF PROGRAM PARTICIPANT

PROGRAM PARTICIPANT SIGNATURE

Date : _____