



Ryan White Part B Program Policy

Housing Referral Services and Short Term or Emergency Housing Needs

**Ryan White Part B Program
Andrew Johnson Tower, 4th Floor
710 James Robertson Parkway
Nashville, Tennessee 37243**



Ryan White Part B Program Policy Housing Referral Services and Short Term or Emergency Housing Needs

Purpose: The purpose of the Ryan White Part B policy on housing referral and short-term emergency housing needs is to ensure compliance with applicable Federal, State, and Local policies for the appropriate use of Part B funding for housing assistance. This policy also defines the appropriate uses of housing assistance, processes, and limitations of housing assistance. For the purposes of this policy, **Short Term and Emergency Housing Assistance** is defined as transitional in nature and for the purposes of moving or maintaining an individual or family into a long-term stable living situation. This assistance cannot be permanent and must be accompanied by a strategy to identify, relocate, and/or ensure the individual or family is secure enough to maintain a long-term stable living situation.

Program Definition:

The goal for all Ryan White HIV/AIDS Program funds is to ensure that eligible HIV-infected persons and families gain or maintain access to medical care. Funds received under the Ryan White HIV/AIDS Program (Title XXVI of the Public Health Service Act) may be used for the following housing expenditures:

- 1) Housing referral services defined assessment, search, placement, and advocacy services must be provided by case managers or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed.
- 2) Short-term or emergency housing defined as necessary to gain or maintain access to medical care and must be related to either:
 - a. Housing services that include some type of medical or supportive services under the Ryan White Part B Program; or
 - b. Housing services that do not provide direct medical or supportive services, but are essential for an individual or family to gain or maintain access and compliance with HIV-related medical care and treatment; necessity of housing services for purposes of medical care must be certified or documented.

- 3) The housing assistance will be limited to a 24-month “Lifetime” CAP for eligible individuals.
- 4) The Ryan White Part B Program is the payer of last resort.

Housing Services Process:

1. Assess client’s need for housing assistance and client’s eligibility for other housing services funded by other programs (e.g. HOPWA).
2. Determine the client’s barriers to obtaining and maintaining long-term housing.
3. Develop a housing plan that includes both short-term and long-term goals in collaboration with the client and the client’s medical case manager.
4. Arrange housing assistance for eligible clients.
5. Clients eligible for housing services must meet and maintain eligibility criteria per the Ryan White Part B Policy “Client Eligibility” and other programmatic standards.
6. A written legal lease must be in place and available. The applicant for housing services must be listed on the lease.
7. Eligible clients must demonstrate a need for housing assistance. This must also include the need to gain or maintain access to medical care.
 - a. Clients will be required to provide documentation to substantiate need, verification of income and a copy of the current lease.
 - b. In situations where funding is requested so that client can make payment(s) elsewhere (e.g. medical bills, etc.) client must submit documentation/proof of payment prior to assistance granted. Approvals based upon contingencies are not allowable.
 - c. If housing costs are more than 50% of their gross income, client must provide documentation of what their income was used to pay.
 - d. If client has no income, there must be documentation that they have made application to SSI/SSDI, food stamps, unemployment, etc. (as appropriate).
8. Case Managers must ensure that through the utilization and submission of the **(Client Housing Plan Agreement/Housing Intake Form)** the following:
 - a. The client’s housing assistance is essential to the client’s ability to gain and/or maintain access to HIV-related medical care or treatment.
 - b. All other avenues to provide housing assistance have been accessed to ensure that Ryan White Part B funding is payer of last resort.
 - c. A plan has been implemented and documented in the client’s file to assist the client in identifying other sources of funding to pay for long-term housing needs. The client then is notified of qualification for the housing assistance.
 - d. A housing plan and budget is required every time a client request assistance.

9. Housing funds cannot be in the form of direct cash payments to recipients for services and **cannot be used for mortgage payments**.
10. Payments on behalf of clients must be made directly to the client's landlord or the management company responsible for the residence.
11. Where there is more than one adult living in the residence, it is expected that requests for rental assistance will be made for the proportionate share of the client's rent. Exceptions may be made only if it can be demonstrated that paying the full rent is considered an equal proportion of client's household responsibility.
12. The maximum monthly housing assistance **cannot exceed one month** of the renter's lease agreement.
13. The housing assistance provided is subject to termination based on agency funding or instances of fraud or abuse.
14. Delinquent payments for rent and utilities cannot be more than 30 days past due.
15. The maximum housing assistance for short-term and/or emergency housing is 60 Days (you may request assistance every 6 months within a grant period).
16. Case Managers are required to collect the SS#/tax ID of the landlord, so they can issue a 1099 to the landlord at the end of the fiscal year that they received rent payments.
17. The maximum assistance for emergency housing at Extended Stay Hotel(s) is 14 days (you may request assistance every 6 months within a grant period).
18. The Ryan White Part B housing assistance will be available to clients who are in Section 8.

***Household** is defined as the individual Ryan White applicant and anyone who is claimed as a dependent on the individual's federal tax return. If the individual does not file a tax return and is not claimed as a dependent on a tax return, the household is the individual and the following (if they live with the individual):

- Spouse
- Natural, adopted and/or stepchildren under 19 or up to 24 if still enrolled fulltime in school and dependent on the individual for support.

If the applicant is a child, then the household is natural, adopted, and/or step-parents and siblings/step siblings

Domestic partners and unmarried couples are not included in the household definition.

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The HRSA/HAB Fiscal and Program Monitoring Standards for Ryan White Part B Grantees (Monitoring Standards) will guide the oversight of Supportive Services by the State of Tennessee Department of Health (TDH). The annual fiscal and programmatic monitoring is required by regulation, both internally and by the TDH.



HIV/STD PROGRAM
RYAN WHITE PART B SERVICES
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NASHVILLE, TENNESSEE 37243

Client Housing Plan Agreement/ Client Compliance Agreement

In order to receive housing assistance through a monthly rent subsidy from the Ryan White Part B Program, I _____, agree to all the housing requirements and I understand I must:

1. *Make all efforts towards achieving these goals and completing these action steps to keep my housing assistance.*
2. *Discuss my success(es) and/or difficulty (ies) with achieving any of the goals or accomplishing any of the action steps with my Ryan White Part B Case Manager.*
3. *Provide a copy of a viral load and CD4 count lab result at least once a year to my Ryan White Part B Case Manager.*
4. *Not be receiving HOPWA rental assistance, Housing Choice Voucher (formerly known as Section 8), or any other housing assistance.*
5. *In order to continue receiving housing assistance and remain eligible for services and care; I must adhere to all scheduled doctor and medical case manager appointments.*

Printed Name of Applicant

Signature of Applicant

Date

I, _____, have determined that Ryan White housing assistance will be essential for the above client, to access and maintain HIV-related medical care and treatment.

Printed Name of the Case Manager

Date

Signature of the Case Manager

Date

Ryan White Part B – Housing Intake Form

Date of Intake ___/___/___ New Update/Recertification
 Eligibility Expiration Date: ___/___/___

Client Contact Information

First Name: _____ Last Name: _____
 RWES #: _____ CAREWare URN: _____ Date of Birth: ___/___/___
 Gender Identity: Male Female Transgender (MTF) Transgender (FTM)
 Home Address (including city, state, and zip code): _____
 Phone Number: (____)-____-____ Email: _____
 Preferred Method(s) of Contact (check all that apply): Mail Phone Text Email
 May confidential messages be left on: **Voicemail?** Yes No **TEXT?** Yes No

Requested Service Information: What service assistance does the client need? (Check all that apply)

Rent Utility Housing Case Management

Housing status Information: What is the client’s current living situation?

Unstable Housing	Temporary Housing	Stable Housing
<input type="checkbox"/> Homeless/Street	<input type="checkbox"/> Transitional Housing	<input type="checkbox"/> Permanent Supportive Housing
<input type="checkbox"/> Homeless/Emergency Shelter	<input type="checkbox"/> Living with Relative/friend	<input type="checkbox"/> Renting Unsubsidized Apartment
<input type="checkbox"/> Jail/Prison	<input type="checkbox"/> Hospital/Medical Facility	<input type="checkbox"/> Renting Subsidized Apartment
<input type="checkbox"/> Hotel/Motel	<input type="checkbox"/> Substance Abuse Treatment	<input type="checkbox"/> Owning House/Apartment
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Community Resource Assistance Information

Has the client sought emergency financial assistance to meet the emergency financial need? yes No
 If the client has sought emergency financial assistance, provide information below:

Agency Name	Service Requested	Service Received	Date

Vocational Information

Is the client currently: Enrolled in school Yes No Enrolled in job training Yes No
 Employed Yes No Seeking employment Yes No
 Average number of hours worked/week: _____

Client Agreement

I, _____, agree that all of the information documented above is accurate and true.

Client Signature: _____ Date: _____

Housing Case Manager Signature: _____ Date: _____

Budget Information

	Old Budget	New Budget		Old Budget	New Budget
Rent/Mortgage	\$	\$	Medical Insurance	\$	\$
Home/Rental Insurance	\$	\$	Public Transportation	\$	\$
Electricity	\$	\$	Car Payment	\$	\$
Gas	\$	\$	Car Insurance	\$	\$
Phone	\$	\$	Auto Fuel/Maintenance	\$	\$
Water/Sewer/Trash	\$	\$	Credit Card Payment	\$	\$
Cable/Internet	\$	\$	Pet Care	\$	\$
Food	\$	\$	Clothing	\$	\$
Child Care	\$	\$	Other:	\$	\$

Monthly Income: \$ _____ Total Old Budget Expenses: \$ _____ Total New Budget Expenses: \$ _____

Referrals

Agency Name/Address	Agency Phone Number	Service(s) Provided

Client Agreement

I acknowledge I have helped make this plan and understand I am responsible for parts of this plan. My housing case manager has explained this plan to me. I agree to follow this plan and to tell my housing case manager if anything changes. I agree to stay in contact with my housing manager.

Client Signature: _____ Date: _____

Housing Case Manager Signature: _____ Date: _____

