



# **Ryan White Housing Assistance Program Policy**

**Ryan White Part B Program  
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## Ryan White Housing Assistance Program Program Policy

**Purpose:** The purpose of the Ryan White Part B (RWPB) policy on behalf of the Ryan White Housing Assistance Program (RWHAP) is to ensure compliance with applicable Federal, State, and Local policies for the appropriate use of RWPB funding for housing assistance. This policy also defines the appropriate uses of housing assistance, processes, and limitations. For the purposes of this policy, **Housing Referral Services**, **Emergency Housing Assistance**, **Short Term Rent** and **Transitional Housing** is defined as transitional/temporary in nature to prevent homelessness or risk of homelessness to guide the client's linkage to permanent housing. It is also for the purposes of enabling a client or family to gain or maintain outpatient/ambulatory health services and treatment.

### **Housing Services Definitions:**

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

- 1) **Housing Referral Service:** defined as assessment, search, placement, and housing advocacy services as well as the fees associated with these services (e.g. non-refundable fees only such as application fees, background checks, and/or credit checks). Housing Referral Services must be provided by housing staff or other professional(s) who possess a comprehensive knowledge of local, state, and federal housing programs and how these programs can be accessed. Referrals and related activities must help the eligible individual obtain needed services including activities that help link the individual with medical, social and educational providers or other programs/housing providers and services that are capable of addressing identified needs to achieve goals specified in the client's care plan.
- 2) **Emergency Housing Assistance (14 day hotel/motel):** defined as an unforeseen event that jeopardized the household. The service provides temporary assistance to prevent homelessness and to gain or maintain access to medical care.
- 3) **Short-Term Rent (2 months):** defined as support for a person currently in housing (has a lease) but needing financial support for rent to gain or maintain medical care.
- 4) **Transitional Housing (up to 6 months - agency determines cap based on funding):** defined as support for temporary assistance that provides some type of core medical services such as substance abuse disorder services, mental health services and residential services (e.g. facility based services/halfway houses, etc.). Transitional Housing is to facilitate movement to independent living and to help participants to become self-sufficient. When entering service category in CAREWare, the service units should be entered in the subservice for rent assistance.

**\*Housing Services** must include some type of medical or supportive services under the Ryan White Part B Program; or 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 that must be certified and documented.

**\*Housing staff (CM) and/or Housing Medical Case Manager (MCM)** are crucial to the success of the client. Housing staff are to serve as housing experts and possess a comprehensive knowledge of all local, state and federal housing programs through participation in various housing meetings (e.g. RW Housing, HOPWA Housing, Section 8, low-income housing, shelter-plus care and homeless-COC services, etc.). Since RWPB funds are payor of last resort, it is important for the housing staff to coordinate their efforts to access a wide range of client-centered services; to link their clients with all available entitlement programs, subsidized and affordable housing programs. This is to ensure client self-sufficiency and success in obtaining and maintaining their housing.

### **Program Limitations:**

1. Housing assistance will be limited to a 24-month “Lifetime” CAP of cumulative (Housing Referral Services, Emergency Housing Assistance, Short-Term Rent and Transitional Housing) services for eligible individuals and must be documented and tracked.
2. Ryan White Part B Program is the payor of last resort. **Client must be ruled ineligible for all community resources including HOPWA prior to accessing RWPB Housing services.**
3. Housing funds cannot be in the form of direct cash payments to recipients for services and ***cannot be used for mortgage payments, rental/utility deposits or utility payments.***
4. Housing 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.**
5. Services are limited to Housing Referral Services, Emergency Housing, Short-Term Rent and Transitional Housing.
6. Funded agencies must have a mechanism in place to assess and document the housing status and housing service needs of new clients and at least annually for existing clients.
7. A person’s monthly rent must be less than 50% of the gross family/individual income in order to be eligible for Ryan White Part B Housing Assistance services.
8. Client is required to be Ryan White eligible and enrolled in RWES.
9. All housing services must be documented in CAREWare and REDCap.
10. Any extension request for Emergency Housing Assistance requires prior approval to include the submission of supporting documentation (e.g. Housing Intake Form, Housing Care Plan, Client Follow-Up Form, Budget Plan and Tracking Form, etc.).
  - i. Lead Agents - to approve initial extension request (1 to 14 days). An extension request is subject to individual assessment of client need and does not guarantee an automatic fourteen day extension.
  - ii. After approval of the initial extension, each subsequent extension request must be submitted to TDH for approval.
  - iii. Maximum stay for Emergency Housing Assistance cannot exceed 56 days.

### **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. Community Resources, Entitlement Programs, Affordable Housing Programs, HOPWA). **Client must be ruled ineligible for all community resources including HOPWA prior to accessing RWPB Housing services.**
2. Determine the client’s barriers to obtaining and maintaining long-term housing.
3. **Develop a housing plan that includes emergency, short-term and long-term goals to include objectives that are measureable in collaboration with the client and the client’s medical housing staff.**
4. Housing Staff are to arrange/coordinate their efforts with client to access a wide range of services (e.g. HOPWA, Housing Referral Services such as Section 8, Low Income Housing, Affordable Housing, Emergency Housing Assistance, Short-Term Rent or Transitional Housing).

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 completed rental/lease agreement must be in place and available for clients seeking transitional and short-term rental assistance. 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. A person's monthly rent must be less than 50% of the gross family/individual income in order to be eligible for Ryan White Part B Housing Assistance Services.
  - d. **If housing costs are more than 50% of their gross income, additional documentation must be submitted to include verification of support or assistance to supplement gross income.**
  - e. **If a client has no income, client must provide documentation of benefits and/or support (i.e. SSI/SSDI, food stamps, unemployment, Ryan White Part B Letter of Support, Ryan White Part B Confirmation of Non-support letter, Ryan White Part B Acknowledgment of Support Letter, etc.).**
8. Housing Staff must use the following TDH forms when completing client assessment(s): **Network Release Form** (Attachment 1), **Client Housing Plan Agreement & Client Compliance Agreement** (Attachment 2), **Rental/Lease Form** (Attachment 3), **Housing Intake Form** (Attachment 4), **Housing Care Plan** (Attachment 5), **Housing Care Plan – Client Follow Up, if applicable** (Attachment 6), **Housing Referral Form, if applicable** (Attachment 7), and **Housing Services Tracking Form** (Attachment 8) which documents the following:
  - a. Linking the client's housing assistance request to the client's ability to gain and/or maintain access to HIV-related medical care or treatment.
  - b. Proof of other avenues to provide housing assistance have been accessed to ensure that Ryan White Part B funding is payor of last resort.
  - c. Documented budget and goal plans to assist the client in identifying strategies and sources of funding to meet long-term housing needs (*A Housing Care Plan - Client Follow Up Plan and a Budget Plan is required each **additional** time a request for assistance is made*).  
REDCap and Tracking Form must be utilized to track date(s) of service, type of approved Housing Assistance and the total accumulation of 24 month housing assistance services utilized to date.
9. Housing funds cannot be in the form of direct cash payments to recipients for services and **cannot be used for mortgage payments, rental/utility deposits or utility payments**.
10. Payments on behalf of clients must be tracked and made directly to the client's landlord or the management company responsible for the residence. The request for rental assistance should be made by the client whose name is on the renters lease agreement. Where there is more than one adult living in the residence, requests for rental assistance may only be made for the client's proportionate share of the rent. Exceptions may be made only if it can be demonstrated that the full rent is considered an equal proportion of client's household responsibility.
11. The maximum monthly housing assistance **cannot exceed one month** of the renter's lease agreement.
12. The housing assistance provided is subject to termination based on agency funding or instances of fraud or abuse (e.g. property damage/damages).
13. Delinquent payments for rent cannot be more than 30 days past due.
14. The maximum housing assistance for Short-Term Rent is 2 months (requests for assistance may only be made every 6 months within a grant period).

15. Housing staff are required to collect the Social Security# or Tax ID of the landlord, so a FORM1099- MISC can be issued to the landlord at the end of the fiscal year the rental assistance payment was received.
16. The maximum assistance for Emergency Housing is 14 days hotel/motel stay (you may request assistance every 6 months within a grant period).
17. Ryan White Part B Housing Assistance is available to clients who are in subsidized housing (e.g. Section 8). Client is required to provide documentation from the agency providing their subsidy to verify client's portion of rent.

**\*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 age 19 or up to age 24 if still enrolled fulltime in school and dependent on the individual for support. Client must provide verification of full-time enrollment of school or college for adult dependents. Enrollment must be within the specified time period of the housing service request.

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.

## Emergency Action Plan

In the event of contingency operations, please refer to your agency Emergency Action Plan.

Emergency Action Plan			
Daily/Weekly/Monthly Activities			
Action Steps			Staff Assignments
Daily	Weekly	Monthly	
			Who:
			What:
			When:

**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.**



## Network Release Form

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I, \_\_\_\_\_, (DOB) \_\_\_\_\_ authorize appropriate staff of the following:

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ Other (Please Specify): \_\_\_\_\_

To release/share information regarding services I have received, my financial situation and housing status among those same agencies for the purpose of determining eligibility for housing services related to my current or future needs. I understand that information regarding the above may be maintained in electronic data management systems. These systems have been explained to me, and I grant permission for them to be utilized to provide services for me. Furthermore, I understand the agencies named above may communicate with one another regarding housing services that may be available to me in order for the most appropriate service to be accessed.

No agency above may condition treatment or enrollment in housing services on whether the client or guardian signs this form.

This consent may be revoked at any time in writing or by informing the agency holding the original form; except to the extent that action has already occurred in reliance thereupon. I understand that I may add other specific agencies to this form by listing and signing below. I understand that this authorization for the release of information will automatically expire after ONE YEAR or \_\_\_\_\_ days after the date on this release, unless otherwise indicated below.

Date of expiration: \_\_\_\_\_ Reason and date of earlier expiration: \_\_\_\_\_

\_\_\_\_\_  
**Client or Guardian's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Representative's Signature**

\_\_\_\_\_  
**Date**

**Client has a right to receive a copy of this authorization upon request.**

**Prohibition Against Re-Disclosure:** This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure). You are not authorized to disclose any information without the specific, written, and informed release of the individual to whom it pertains, or as otherwise permitted by state law.



Ryan White Housing Assistance Program  
**Client Housing Plan Agreement/Client Compliance Agreement**

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In order to receive housing assistance through a monthly rent subsidy from the Ryan White Part B Program, I \_\_\_\_\_, agree to 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 Housing Staff.*
3. *Provide a copy of a viral load and CD4 count lab result at least once a year to my Ryan White Part B Housing Staff.*
4. *Not be receiving HOPWA rental assistance 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/or medical housing staff 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 Housing Staff

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Housing Staff

\_\_\_\_\_  
Date





## Rental/Lease Form

Date of Housing Intake \_\_/\_\_/\_\_

Eligibility Expiration Date: \_\_/\_\_/\_\_

### Client Contact Information

\_\_\_\_\_ is currently renting a \_\_\_\_\_  
 (Name of Tenant) (House, Room, Apartment, etc.)

Located at \_\_\_\_\_  
 (Street Address of Tenant's Unit)

The above named individual(s) have rented this unit since \_\_/\_\_/\_\_ (Date or Anticipated Start Date) and is currently residing at this address. The unit has \_\_\_\_\_ bedrooms and a description of the space used by the tenant is as follows:

- ☐ Entire unit
- ☐ One (1) Bedroom and use of common areas
- ☐ Other - please specify \_\_\_\_\_

Monthly Rent: \$ \_\_\_\_\_ Deposit: \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Landlord's Taxpayer Tax ID or Social Security Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 (Street Address) (City, State, Zip)

Telephone Number: \_\_\_\_\_  
 (Area Code) Number

Is this unit HUD subsidized ☐ Yes ☐ No

Landlord's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Tenant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Ryan White Housing Assistance Program Housing Intake Form

Date of Intake: \_\_\_\_/\_\_\_\_/\_\_\_\_

RWPB Eligibility Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Client Contact Information

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

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

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

RWES #: \_\_\_\_\_

CAREWare URN: \_\_\_\_\_

Gender Identity: ☐ Male ☐ Female ☐ Transgender (MTF) ☐ Transgender (FTM)

Home Address (including city, state, and zip code): \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Method(s) of Contact (check all that apply):

☐ Mail ☐ Phone ☐ E-mail

May confidential messages be left on voicemail?

☐ Yes ☐ No

### Housing Status Information

What is the client's current living situation?

Unstable Housing:

- ☐ Homeless/Street  
☐ Homeless/Emergency Shelter  
☐ Jail/Prison  
☐ Hotel/Motel  
☐ Other: \_\_\_\_\_

Temporary Housing:

- ☐ Transitional Housing  
☐ Living with Relative/Friend  
☐ Hospital/Medical Facility  
☐ Substance Abuse Treatment Facility  
☐ Other: \_\_\_\_\_

Stable Housing:

- ☐ Permanent Supportive Housing  
☐ Renting Unsubsidized Apartment  
☐ Renting Subsidized Apartment  
☐ Owning House/Apartment  
☐ Other: \_\_\_\_\_

### Vocational Information

What is the client's highest level of education completed?

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Some High School   | <input type="checkbox"/> High School Diploma | <input type="checkbox"/> GED               | <input type="checkbox"/> Some College    |
| <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Graduate Degree |

Is the client currently:

Enrolled in school  
 Employed  
 Retired

☐ Yes ☐ No  
☐ Yes ☐ No  
☐ Yes ☐ No

Enrolled in job training ☐ Yes ☐ No  
 Seeking employment ☐ Yes ☐ No

If the client is employed, average number of hours worked/week: \_\_\_\_\_

Ryan White Housing Assistance Program  
Housing Intake Form (pg. 2)

**Requested Service Information**

**What service assistance does the client need?** (check all that apply)

- ☐ Housing Referral Services ☐ Short-Term Rent ☐ Emergency Housing ☐ Transitional Housing  
☐ Application Fee ☐ Housing Case Management

**Community Resource Assistance Information**

1. Have community resources been exhausted enabling Ryan White Part B Housing Assistance Program to be the payor of last resort? ☐ Yes ☐ No

If YES:

List resources: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If NO: The Ryan White Part B Housing Assistance Program is responsible for assisting the client with locating other financial resources prior to accessing Ryan White Part B Housing Assistance.

2. Has the client been screened for HOPWA and determined ineligible enabling Ryan White Part B Housing Assistance Program to be the payor of last resort? ☐ Yes ☐ No

If YES:

Please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If NO: The Ryan White Part B Housing Assistance Program is responsible for assessing the client for HOPWA prior to accessing Ryan White Part B Housing Assistance.

**Client Agreement**

I \_\_\_\_\_ agree that all of the information documented above is accurate and true.

Client Signature: \_\_\_\_\_

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

Housing Case Manager Signature: \_\_\_\_\_

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



## Ryan White Housing Assistance Program Housing Care Plan

☐ New   ☐ Update/Recertification

Date of Housing Plan: \_\_/\_\_/\_\_

Housing Plan Expiration Date: \_\_/\_\_/\_\_

### Client Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### Presentation of Problem

Describe the client's circumstances and the reason for the request for assistance.

### Housing Goals (check all that apply)

#### Housing Services:

- ☐ To obtain temporary shelter      ☐ To obtain permanent housing  
☐ To obtain emergency financial assistance to maintain current housing  
☐ Other

#### Emergency Financial Assistance:

- ☐ Utility payment      ☐ Rent      ☐ Other

#### Housing Case Management:

Enroll in: ☐ Housing Assistance Programs   ☐ Utility assistance programs   ☐ Establish and follow a new budget  
 Establish a payment plan with ☐ Landlord   ☐ Utility Company   ☐ resolve tenant/landlord issues  
☐ other \_\_\_\_\_

Goals	Action Steps		Target Date	Attainment
	Client	Housing Staff		
Emergency Housing				<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved
a.			__/__/__	
b.			__/__/__	
Short-Term Housing				<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved
a.			__/__/__	
b.			__/__/__	
Transitional Housing				<input type="checkbox"/> Achieved <input type="checkbox"/> Not Achieved
a.			__/__/__	
b.			__/__/__	

## Ryan White Housing Assistance Program

### Housing Care Plan (pg. 2)

Date of Housing Plan: \_\_/\_\_/\_\_

Housing Plan Expiration Date: \_\_/\_\_/\_\_

#### Client Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

#### Approved Service Information

What service assistance is the client approved to receive (check all that apply)?

☐ Rent ☐ Utility ☐ Housing Case Management

Amount Approved: \$\_\_\_\_\_ Units Approved: ☐1 ☐2 ☐3

Company Name: \_\_\_\_\_ Company Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_

Address (including city, state, and zip code): \_\_\_\_\_

Amount Approved: \$\_\_\_\_\_ Units Approved: ☐1 ☐2 ☐3

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

Company Phone Number: (\_\_\_\_)-\_\_\_\_

Address (including city, state, and zip code): \_\_\_\_\_  
 \_\_\_\_\_

#### 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: \$\_\_\_\_\_

## Ryan White Housing Assistance Program

**Housing Care Plan (pg. 3)**

Date of Housing Plan: \_\_/\_\_/\_\_

Housing Plan Expiration Date: \_\_/\_\_/\_\_

**Client Contact Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**Referrals**

Agency Name/Address	Agency Phone	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 staff has explained this plan to me. I agree to follow this plan and to tell my housing staff if anything changes. I agree to stay in contact with my housing manager.

Client Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Housing Staff Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_



Ryan White Housing Assistance Program  
**Housing Care Plan – Follow Up**

*Complete this form if the client has previously received Housing Assistance, has completed an **initial** Housing Intake Form and **initial** Housing Care Plan*

**Client Contact Information**

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

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

RWES Client ID#: \_\_\_\_\_

CAREWare Client ID#: \_\_\_\_\_

Current housing situation: \_\_\_\_\_ Number in household: \_\_\_\_\_

**Housing Plan Update: (Leave blank if this is the first Individual Housing Plan)**

i. Date of this follow-up: \_\_/\_\_/\_\_ Housing Staff's Name: \_\_\_\_\_

**Were goal(s) achieved (check one):**

☐ Achieved

☐ Minimal Achievement

☐ Not Achieved

Please describe:

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ii. Date of this follow-up: \_\_/\_\_/\_\_ Housing Staff's Name: \_\_\_\_\_

**Were goal(s) achieved (check one):**

☐ Achieved

☐ Minimal Achievement

☐ Not Achieved

Please describe:

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Ryan White Housing Assistance Program  
**Housing Care Plan – Follow Up (Pg. 2)**

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*Complete this form if the client has previously received Housing Assistance, has completed an **initial** Housing Intake Form and **initial** Housing Care Plan*

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iii. **Date of this follow-up:** \_\_/\_\_/\_\_ **Housing Staff's Name:**\_\_\_\_\_

**Were goal(s) achieved (check one):**

☐ Achieved

☐ Minimal Achievement

☐ Not Achieved

Please describe:

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**My Signature below indicates my commitment to comply with this Housing Care Plan. I recognize that with my consent, my housing staff may revise this Housing Care Plan over time.**

Client Signature:\_\_\_\_\_Date:\_\_\_\_\_

Housing Staff:\_\_\_\_\_Date: \_\_\_\_\_





## Ryan White Housing Assistance Program Housing Referral Form

Complete all sections of the referral form and send it via secure email to agency client is being referred to. Include the client's most recent Housing Intake Form and Housing Network Release Form. Incomplete forms may be returned to the referral source.

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

### Referral Source Information

Name of Professional: \_\_\_\_\_ Agency Name: \_\_\_\_\_  
Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*By signing this form, I verify that all client eligibility information has been properly reviewed and documented per Ryan White Part B Housing policy.*

Signature of Referring Professional (required): \_\_\_\_\_

Client's Ryan White Part B Eligibility Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ryan White Part B Network Release Form Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Client Contact Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender Identity: ☐ Male ☐ Female ☐ Transgender (MTF) ☐ Transgender (FTM)

Home Address (including city, state, and zip code): \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Preferred Method(s) of Contact (check all that apply): ☐ Mail ☐ Phone ☐ E-mail

May confidential messages be left on voicemail?

### Client Housing Information

1. Monthly Income: \$ \_\_\_\_\_

2. Source of Income (e.g. SSI, SSDI, employment): \_\_\_\_\_

*If the client has no source of income:*

3. Is there a plan to gain income, e.g. employment, application for benefits?

*If YES:* 3a. Provide a brief description of the status of the plan: \_\_\_\_\_

## Ryan White Housing Assistance Program Housing Referral Form (pg. 2)

**4. What is the client's current living situation?**

*If OTHER:* **4a. Indicate the client's living situation:** \_\_\_\_\_

**5. What is the total number of individuals in the household?** \_\_\_\_\_

**6. Does the client receive a housing subsidy and/or other form of financial assistance to pay rent?**

*If YES:* **6a. What assistance does the client receive?** *(check all that apply)*

☐ Section 8 ☐ HOPWA ☐ FEMA ☐ Other: \_\_\_\_\_

**7. Does the client have, or at risk of receiving, an eviction notice?**

**8. Does the client have, or at risk of receiving, a utility disconnection notice?**

### Request Information

**9. What assistance does the client need?** *(check all that apply)*

- ☐ Housing Case Management: *(check all that apply)*
- ☐ Benefits Assistance
  - ☐ Budgeting
  - ☐ Mediation Services
  - ☐ Obtaining Housing
  - ☐ Other: \_\_\_\_\_

- ☐ Financial Assistance: *(check all that apply)*
- ☐ Rent \$ \_\_\_\_\_ x \_\_\_\_\_ months
  - ☐ Mortgage \$ \_\_\_\_\_ x \_\_\_\_\_ months
  - ☐ Utility \$ \_\_\_\_\_ x \_\_\_\_\_ months
  - ☐ Application Fee \$ \_\_\_\_\_

**10. Describe the unexpected financial hardship experiences arising from the client's HIV health condition or change in economic circumstances.**

*If rent, utility, and/or mortgage assistance is requested:*

**11. Describe how the client will maintain their housing following receipt of financial assistance, if approved.**

Ryan White Housing Assistance Program  
**Housing Referral Form (pg. 3)**

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**12. Has the client attempted to access assistance to address their need?**

*If YES:* **12a. Please explain, e.g. indicate the agency(ies) contacted and if the client did this independently or with the assistance of a professional.**

*If YES:* **12b. Briefly explain the outcome of the effort to obtain assistance.**

#### Additional Information

**13. Preferred Language:**\_\_\_\_\_

**14. Is an interpreter needed?**

**15. Is transportation needed for housing services?**

**16. Does the client have any mental health/substance abuse concerns that may impact housing services?**

*If YES:* ☐ Mental health concern/diagnosis **16a. Please explain:**\_\_\_\_\_

☐ Substance abuse concern **16b. Please explain:**\_\_\_\_\_

**17. Provide any additional information regarding the client.**

Ryan White Housing Assistance Program  
**Housing Referral Form (pg. 4)**

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**OFFICE USE ONLY**

**Referral Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Was Information Missing?** ☐ Yes ☐ No

**Describe Missing Information/Interaction w/Referral Source:** \_\_\_\_

**Request for Missing Information:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Missing Information Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**E-mail Confirmation of Receipt of Referral to Referral Source:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Determination of Housing Service Provider:**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> RWPB Housing         | <input type="checkbox"/> HOPWA                       | <input type="checkbox"/> Community Resources                  |
| <input type="checkbox"/> Entitlement Programs | <input type="checkbox"/> Affordable Housing Programs | <input type="checkbox"/> Emergency Financial Assistance (EFA) |

**Referral Forwarded:** \_\_\_\_/\_\_\_\_/\_\_\_\_ or ☐ NA

**Referral Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_ or ☐ NA

**Assigned Housing Case Manager:** \_\_\_\_\_

**Housing Case Manager Contact Information E-mailed to Referral Source:** \_\_\_\_/\_\_\_\_/\_\_\_\_

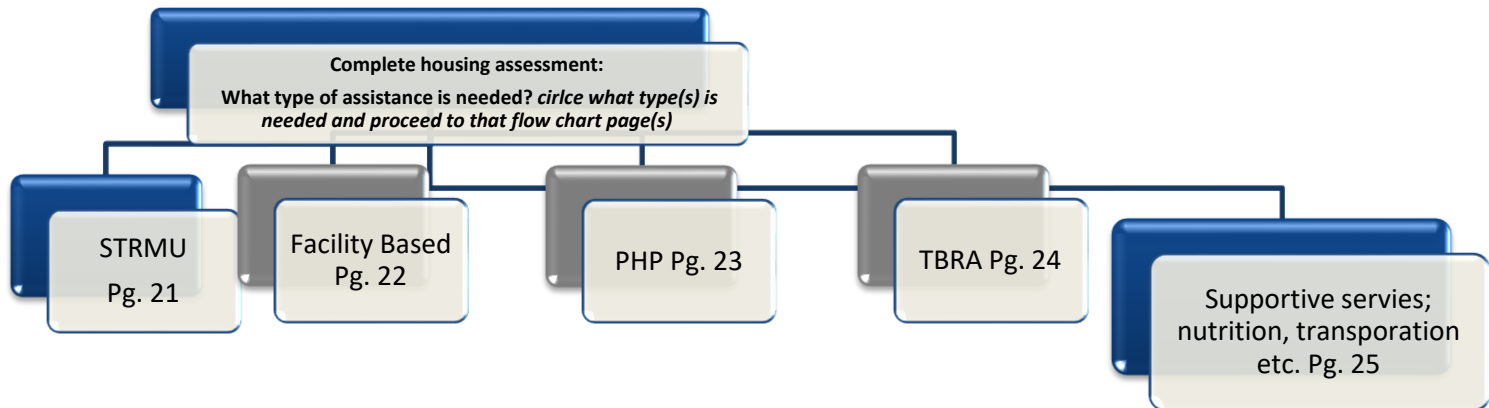


Ryan White Housing Assistance Program  
**24 Month “Lifetime” CAP**  
**Housing Services Tracking Form**

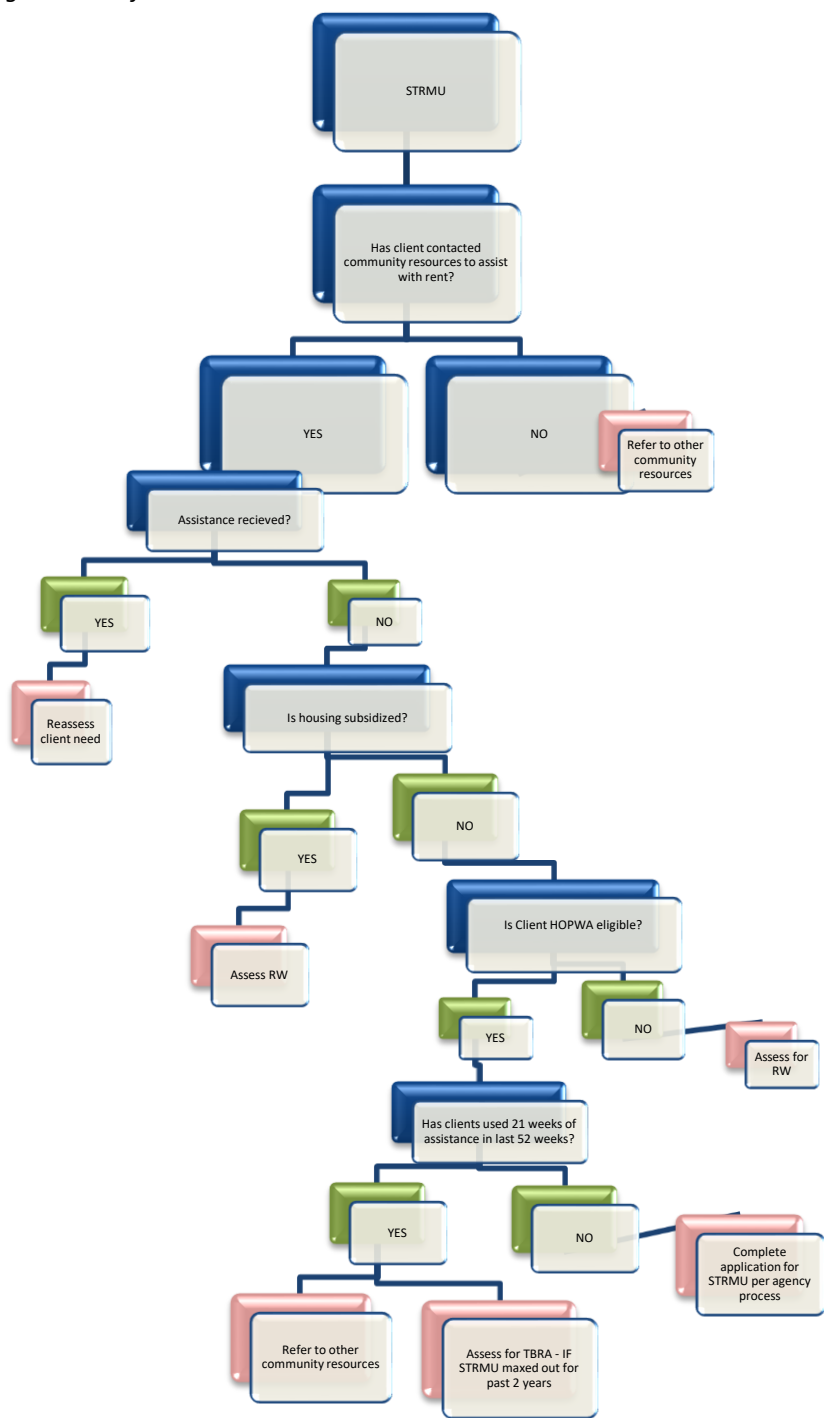
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Dates of Service	What Type of Service (i.e., Emergency Housing (hotel/motel), Short Term Rent (STR), Transitional Housing (TH))	Days	Weeks	Months
Yearly Cumulative: Financial Assistance/Service		0	0	0

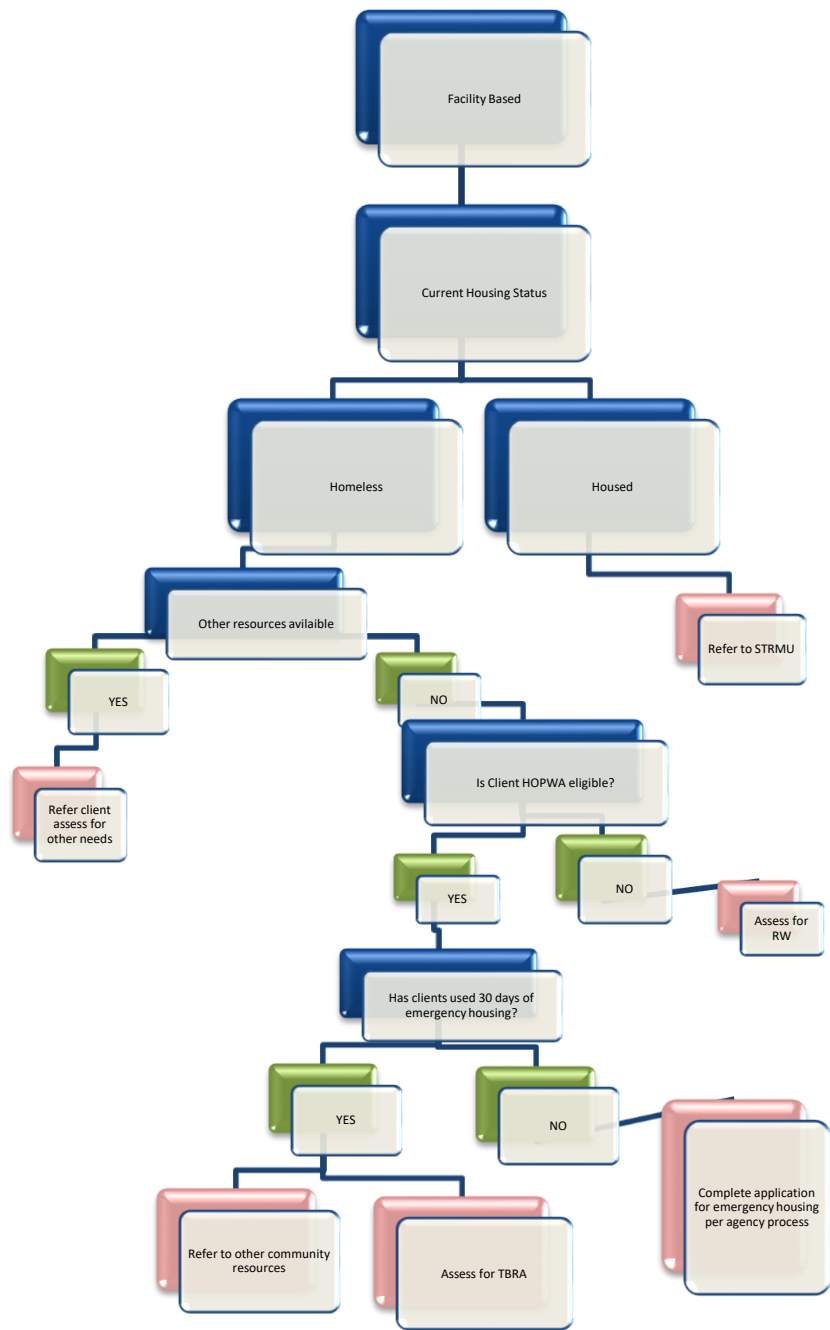
## Housing Services Flow Charts



**STRMU (Short Term Rent Mortgage Utility) Scenario:** Client contacted their case manager reporting that they had missed work and needed assistance with paying their rent for next month. Client lives alone and has no other resources.

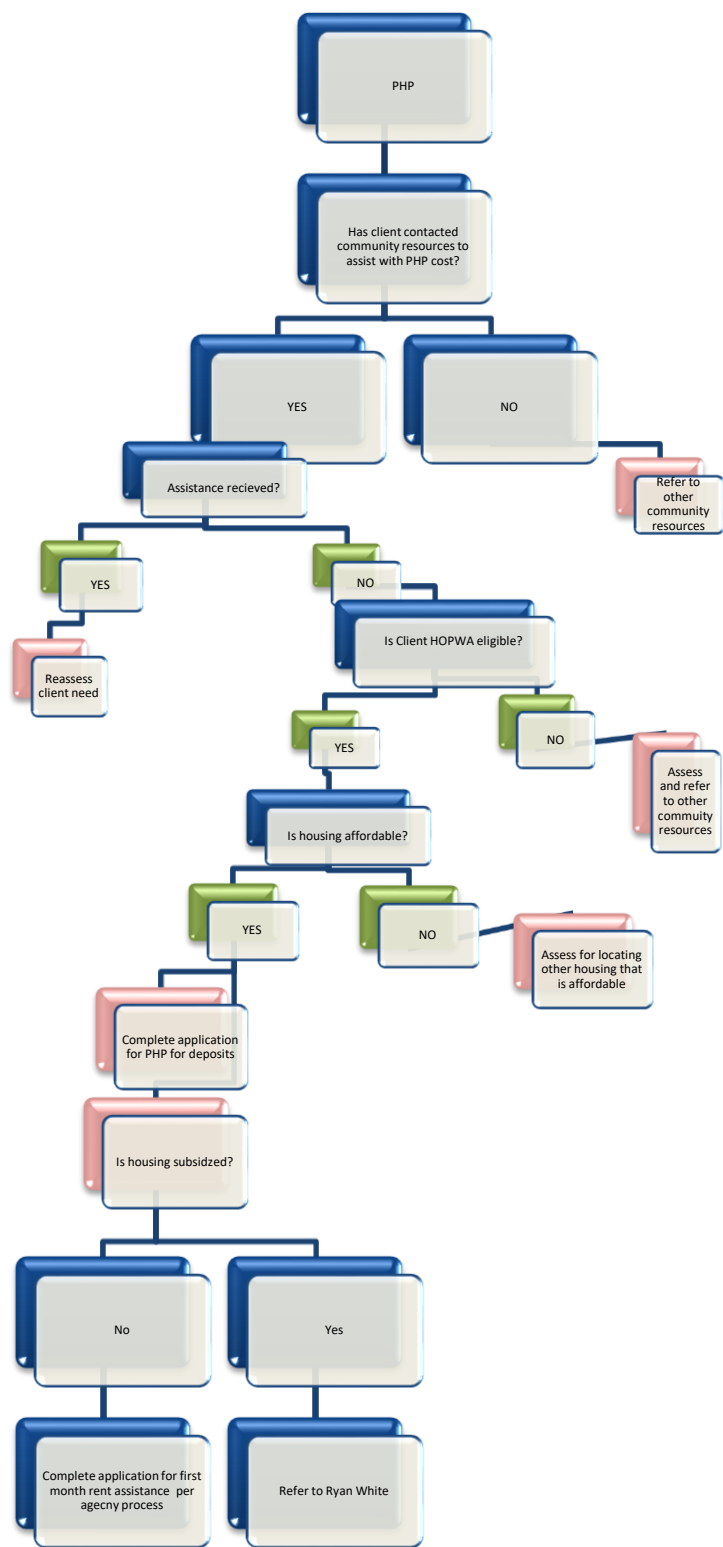


**Facility Based Scenario:** A homeless client has been hospitalized with pneumonia and is being discharged from the hospital with nowhere to go. The local shelter cannot take them because they are contagious.

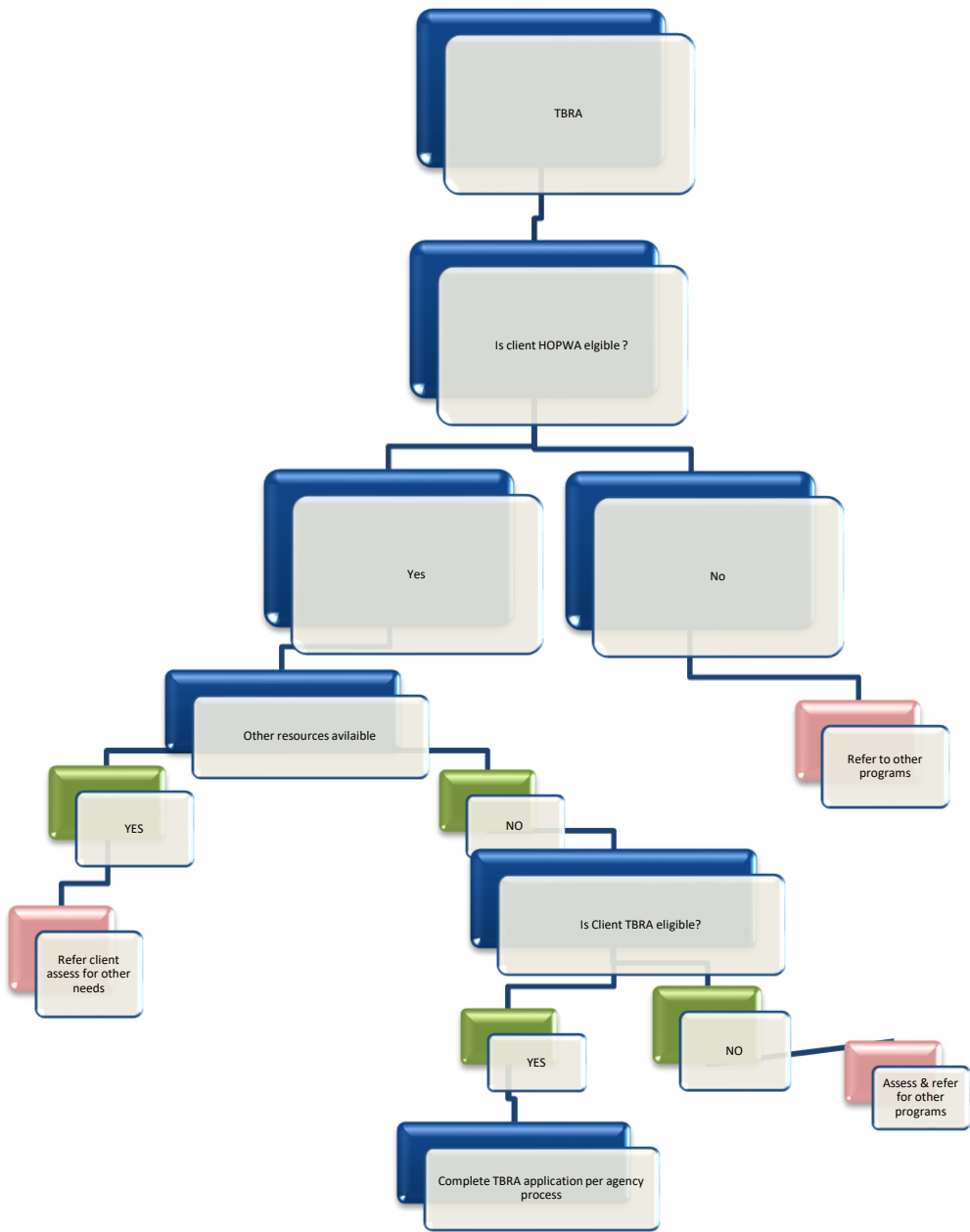




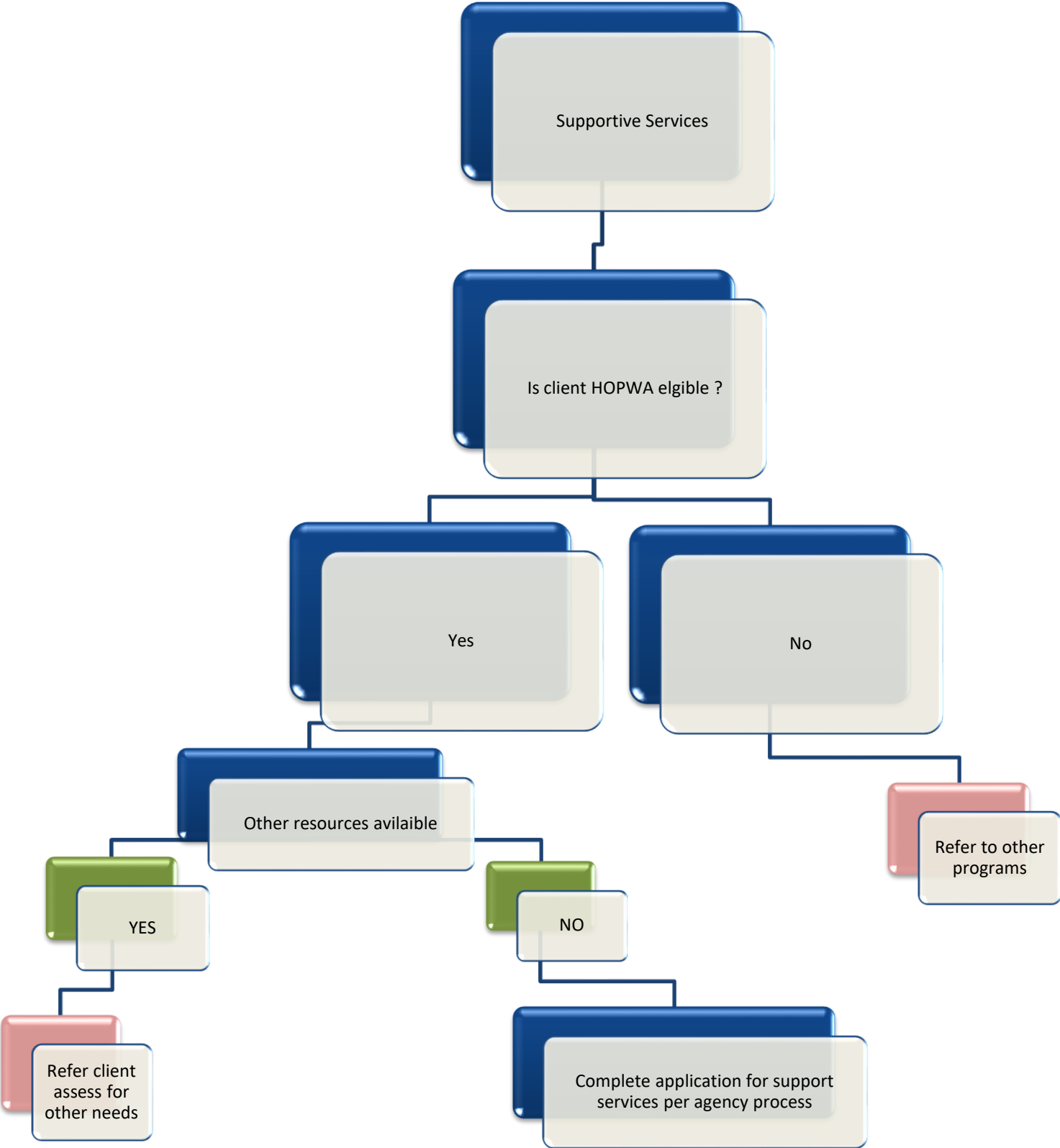
**PHP (Permanent Housing Placement) Scenario:** A client has been living with family and has found independent housing and needs assistance to move in.



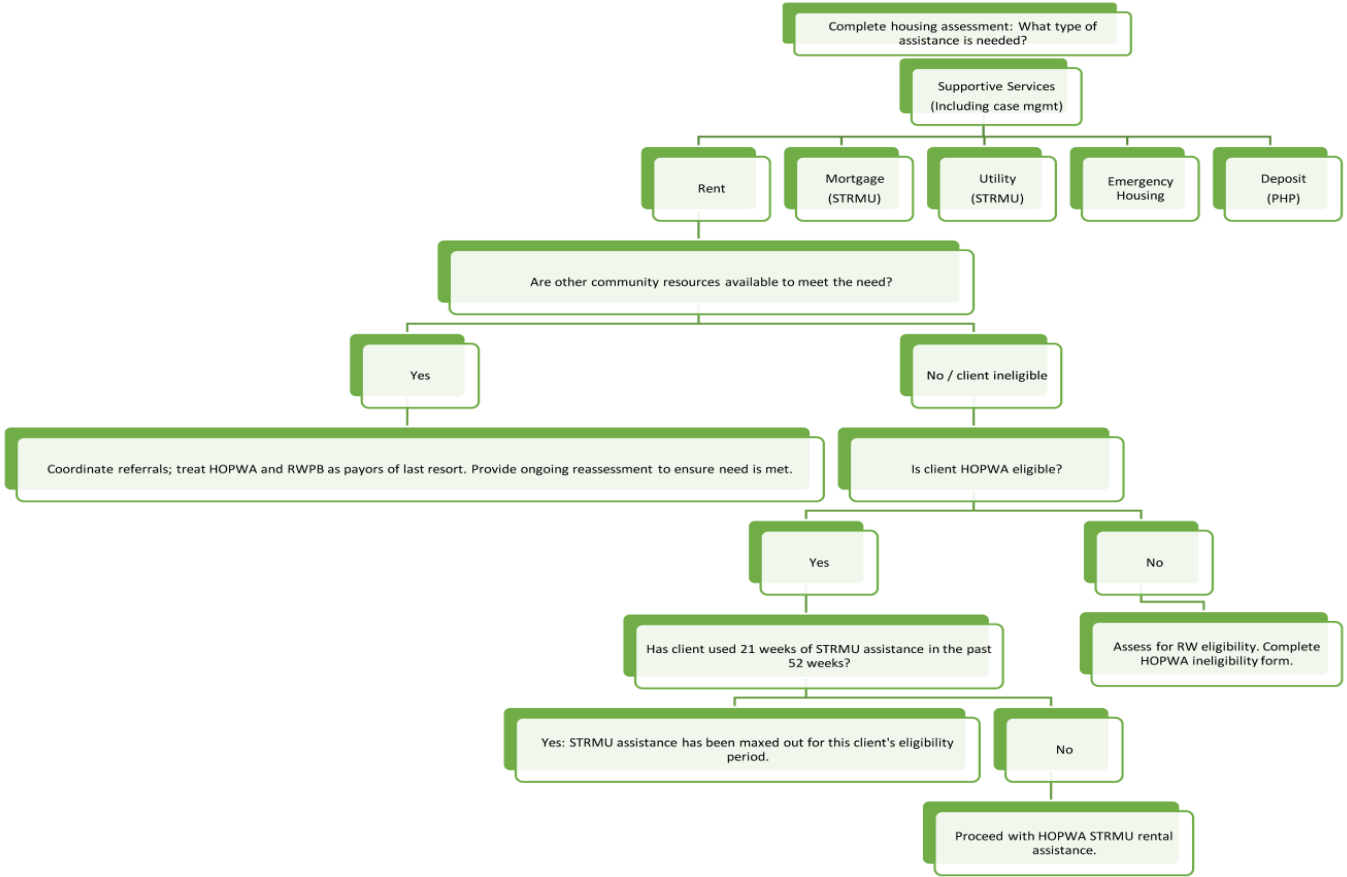
**TBRA (Tenant Based Rental Assistance) Scenario:** A client who has been on disability and has been living in housing that they cannot afford on their fixed income and who has accessed STRMU assistance multiple times in the last year to pay rent and utilities contacts their case manager requesting long term assistance.



**Supportive Services:** During housing assessment client identifies related supported service needs.



**Scenario 1:** Client's hours were cut at work, leaving them with only enough money to cover food and utilities. They are requesting assistance with their rental payment. A housing assessment is completed, and the case manager confirms that the client is renting a privately-owned unsubsidized apartment. The CM assesses the client for HOPWA eligibility: the client brought documentation of positive HIV status, income (paystubs), documentation of medical necessity, and residency (lease). A HOPWA intake is completed, and the CM discovers that the client has already attempted to get help from outside agencies, but was unsuccessful. The client is new to the HOPWA program and has not used any HOPWA assistance in the past year, so the CM is able to proceed with STRMU rental services.



**Scenario 2:** A client comes into the office seeking assistance with mortgage payment. Their only vehicle broke down and incurred costly repairs last month, which left the client without the money to pay their mortgage. The client is HIV positive and has brought in proof of positive and medical necessity documentation. The CM confirms that the client is HOPWA eligible. The CM identifies an outside-agency resource that could be utilized. The CM provides a referral to the other agency. If the other agency is unable to assist the client with their mortgage payment, the CM will reassess.



# Ryan White Part B Housing Sites

## West Tennessee Legal Services

210 West Main Street  
Jackson, TN 38301  
(731) 423-0616



## Frontier Health- HOPE for TN

1570 Waverly Road  
Kingsport, TN 37664  
(423) 224-1300

## Positively Living

1501 E 5th Ave  
Knoxville, TN 37917  
(865) 525-1540

## Friends For Life Corp

43 N Cleveland St.  
Memphis, TN 38104  
(901) 272-0855

## Hope House

23S Idlewild St.  
Memphis, TN 38104  
(901) 272-2702

## Nashville CARES

633 Thompson Lane  
Nashville, TN 37204  
(615) 259-4866

## Street Works

520 Sylvan St.  
Nashville, TN 37206  
(615) 259-7676

## CEMPA

1000 East 3rd St., Suite 300  
Chattanooga, TN 37403  
(423) 265-2273

## Choice Health Network

1212 McCallie Avenue  
Suite 150 Chattanooga, TN 37404  
(423) 803-2580

## CHI Memorial Infectious Disease Associates

721 Glenwood Drive  
Suite W552  
Chattanooga, TN 37404  
(423) 653-1972



### **Lead Agent:**

Shelby Co. Gov. on behalf  
of Division of Community  
Services (901) 222-8994



### **Lead Agent:**

United Way of Metropolitan  
Nashville (615) 780-2445



Agency Site  
Locations



### **Direct Contract:**

Tennessee Department of Health  
(615) 532-3126

