



SUPPORTIVE HOUSING PROGRAM
CUSTOMER APPLICATION

"In Partnership with the County of Lycoming"

Which SHP level are you applying for? TIER I _____ TIER II _____

Applicant's Name and address with ZIP code

Home Phone _____ Work or Message Phone _____ Cell Phone _____

I certify that this property is my primary home. *Please initial: _____

HOUSEHOLD COMPOSITION:

Please list all members of your household – including yourself:

NAME	BIRTHDATE	SOCIAL SECURITY NUMBER	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Gender: Male _____ Female _____ Other _____

Ethnicity (optional): White _____ Black _____ Hispanic _____ Other _____

Are you the Head of Household? Yes _____ No _____

Total number of persons living in the home: _____

Does a household member have a permanent physical, mental, or emotional disability? Yes _____ No _____

Does this disability limit access to and use of the dwelling unit? Yes _____ No _____

****The disability will require verification by a certified/licensed professional and/or by other governmental source. (Paperwork for verification of disability will be sent to you by our office)**

****For homes that have children six years of age and under.**

Were the children ever tested for lead poisoning? _____

If **yes**, do any of the children have elevated blood levels? _____

INCOME INFORMATION:

HUD defines income as money or nonmonetary sources which go to the family or are provided on behalf of the family, head or spouse or to any other family member, or that is anticipated to be received from a source outside the family during the 12-month period following this application.

Please list each person in the household who is receiving any source of income

Sources of Income include: Net wages from employment or self-employment, income after business deductions, welfare/ cash assistance, Social Security, SSI, unemployment, workers' compensation, strike benefits, VA benefits, alimony, pension and annuity payments, training allowances and income from rent, estate, royalties, dividends and interest and child support.

NAME OF PERSON	LIST SOURCE(S) OF INCOME	Amount Received After Deductions
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ACTIONS TAKEN (OR PLANNED) BY YOU OR YOUR REFERRAL PARTNER TO RESOLVE YOUR PROBLEM:

RESIDENCE INFORMATION:

Are you currently homeless? Yes _____ No _____

If Yes, are you registered with the 211/Coordinated Intake? _____

If not homeless, please answer the following:

Type of dwelling: Single Family _____ Duplex _____ Apartment _____ Condominium _____

Manufactured/Mobile Home _____ If a mobile home, do you also own the property? Yes _____ No _____

Do you receive Subsidized, Section 8, or HUD Housing? Yes _____ No _____

How long have you lived at your current address? _____

If less than 1 year, what is your previous address? _____

What do you currently pay for your rent/mortgage? _____

Are you behind on your rent/mortgage? Yes _____ No _____ If yes, how far behind? _____

If Mortgage, do you owe back taxes? Yes _____ No _____ If Yes, how much? _____

Do you currently have an eviction notice? Yes _____ No _____

Was your residence constructed/manufactured **prior to 1978**? Yes _____ No _____

Regarding your current residence, which of the following documents do you possess?

Deed, Mortgage, Article of Agreement: _____

Rental Agreement _____

Other _____

Do you currently have?

Homeowner's insurance? Yes _____ No _____

Flood insurance? Yes _____ No _____

Renter's insurance? Yes _____ No _____

Name, address and telephone number of your Landlord (if applicable):

Name, address and telephone number of your Mortgage Holder (if applicable):

YOUR ADDITIONAL NEEDS — beyond rental assistance, security deposit assistance, utility assistance:

YOUR SIGNATURE BELOW REPRESENTS AGREEMENT TO THE FOLLOWING:

Warning: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to a Department or agency of the United States as to any matter within its jurisdiction.

I certify that the information I have provided is complete and true to the best of my knowledge. I understand that omission of pertinent information and willful or serious misrepresentation in the application procedure can result in my ineligibility for participation in STEP's Supportive Housing Programs.

I understand that in signing this application, I authorize STEP, Inc. to obtain verification of the above information for the processing and approval of my eligibility for STEP's Supportive Housing Program.

I have listed above the total current income received by every member of my household.

I have read the application packet and understand the materials provided explaining the eligibility criteria and objectives of the applicable programs.

Application and Release of Information Signature

The information provided in this application packet is complete and accurate to the best of my ability. I authorize STEP, Inc. to exchange, with other agencies and STEP programs, any information that is pertinent to the delivery of services requested. A photostatic copy of this authorization shall be considered valid.

APPLICANT/OWNER/TENANT: _____ DATE: _____

Signature of Applicant _____

CO-APPLICANT/OWNER/TENANT: _____ DATE: _____

Signature of Co-Applicant _____

REFERRAL PARTNER—Applicant’s sponsoring agency

Agency _____

Primary Contact Person: _____

Address: _____

Length of time involved with this agency: _____

Are you willing to continue working with this client in partnership with STEP, Inc.? Yes _____ No _____

REFERRAL PARTNER: _____ DATE: _____



2138 Lincoln Street
Williamsport, PA 17701

SERVICE NAVIGATION General Registration Form

Success Through Engagement & Partnership

Service/Referred by: _____

Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____

Date of Birth _____ Phone _____ Phone _____ Fax _____

Social Security # _____ E-mail _____

Housing

- Own
- Rent
- Homeless
- Other

Gender: Male Female

(Optional) **Ethnicity:** Hispanic or Latino Not Hispanic or Latino

(Optional) **Race:** _____

of Individuals in Household : _____

Are you a U.S. Armed Forces **Veteran?** Yes No

Do you have **Health Insurance?** Yes No

Do you have a Disability? Yes No

What grade did you complete in high school? _____

What level of training/college did you participate in after high school/GED? _____

Are you currently working with children and youth services? Yes No

Are you currently working with the juvenile probation office? Yes No

Source of Income (entire Household)*:

- No Income
- TANF
- SSI
- Social Security Disability
- Social Security
- Pension
- General Assistance
- Unemployment Insurance
- Employment + Other
- Employment
- Other: _____

Family Type

- Single
- Single Parent Female
- Single Parent Male
- Two Parent Household
- Two Adults / No Children
- Other: _____

Application and Release of Information Signature

The information provided in this application packet is complete and accurate to the best of my ability. I authorize STEP, Inc. to exchange, with other agencies and STEP programs, any information that is pertinent to the delivery of services requested or potentially available. A photostatic copy of this authorization shall be considered valid.

Date: _____ Signature of Applicant _____

This release is effective while receiving services through Service Navigation not to exceed one year.

GRIEVANCE PROCESS

If you are determined ineligible through the Service Navigation General Registration (Community Service Block Grant) and disagree with this decision, you have the right to appeal. To appeal this decision, please submit your reason for disagreement along with your name, address, and telephone number in writing to Raelyn Jackson, at 2138 Lincoln Street, Williamsport, PA 17701 or rejackson@stepcorp.org. Your appeal must be mailed within 14 calendar days of being notified that you are not eligible for services. A written response to your appeal will be mailed within 14 calendar days of receipt.

Current Service Provision

Are you currently receiving services through STEP?

Yes

No

If yes, what service?

Are you currently receiving services through another agency in the community?

No

Yes

What agencies are you receiving services through?

Family Circumstances

Are you able to pay your monthly bills with your current income?

Yes - I am able to meet my monthly expenses

No - I occasionally am unable to meet my monthly expenses

No - I am unable to meet my expenses on a regular basis

Do you receive cash assistance, medical assistance, or food stamps?

No

Yes

Are you in need of safe, reliable child care that you can afford?

No - I am not in need of child care

Yes - I have difficulty paying for my current child care

Yes - I am unable to obtain employment due to not having child care

Are you expecting a child?

No

Yes

Do you have children living in your home age 5 years or younger?

No

Yes

Do your children have needs that prevent you from working?

No

Yes

Household Member #2

Are you the caregiver of someone age 60+ who is living in your home?

No

Yes

Are you or anyone in your family experiencing problems while living in a long term care facility?

No

Yes

Are you in need of supports for a family or household member to remain at home?

No - I am not in need of supports

Yes - I need supports to help care for a family or household member

Yes - I'm concerned that a family or household member may need more care than I can provide

Parenting Support

If pregnant or caring for a newborn, would you want assistance understanding your baby's developmental needs?

No

Yes

N/A - I am not pregnant or caring for a newborn

Are you interested in parenting classes?

No

Yes

N/A

Are you divorced or separated with children?

- No
- Yes

Is cooperative parenting a concern?

- No
- Yes
- N/A

Is your child having a hard time accepting a new stepparent?

- No
- Yes
- N/A

Housing/Living Arrangement

Are you currently homeless or in danger of losing your home?

- No - I have housing
- Yes - I rent and am in danger of being evicted
- Yes - I own my home and am in danger of foreclosure
- Yes - I am currently homeless

Does your home require repairs that you cannot afford?

- No - I am able to afford repairs needed to my home
- Yes - My home is safe but is in need of some repairs that I cannot afford
- Yes - I cannot afford repairs needed to my home, making it unsafe for myself or family
- N/A

Does your residence need to be weatherized?

- No
- Yes
- N/A

Are you concerned that there are choking hazards or other safety hazards in your home that could harm your children?

- No
- Yes
- N/A

Do you need assistance with food?

- No - I have enough food to feed myself and my family
- Yes - I don't have enough food on occasion
- Yes - I regularly don't have enough food

Do you need assistance with utilities or fuel?

- No - I am able to pay my utility and fuel bills
- Yes - I have difficulty paying my utility and fuel bills
- Yes - I have a shut off notice or I am out of fuel

If yes, do you need PPL Electric help?

- Yes
- No
- N/A - I do not have PPL Electric

If yes, do you need UGI Gas help?

- Yes
- No
- N/A - I do not have UGI Gas

Transportation

Do you need dependable transportation?

- No - I have dependable transportation
- Yes - I do not have dependable transportation

Check all that apply:

- I am unable to work due to no transportation or unreliable transportation
- I am unable to attend medical appointments due to no transportation or unreliable transportation

Education

Do you have a high school diploma or GED?

- No
- Yes

Are you seeking education funding for current student loans or future education expenses?

- No
- Yes

Are you interested in improving your reading, writing, math, or digital literacy skills?

- No
- Yes

Are you interested in attending either college or a vocational training program?

- No
- Yes

Employment

Are you currently employed?

- No
- Yes

Do you have income to pay your bills?

- No
- Yes - I am not employed but have income to pay my bills (example: retirement, Social Security, etc.)

Would you like to improve your skills to obtain a different job?

- No
- Yes

Are you over the age of 55 and seeking employment?

- No
- Yes

Are you planning to seek employment in the next year or two?

- No
- Yes

Do you want to build or enhance your resume?

- No
- Yes

Are you interested in learning more about the services provided by CareerLink?

- No
- Yes

Do you or anyone in your home have a disability and want to work or are struggling to maintain employment?

Yes

No

Are you interested in learning more about the services provided by the Office of Vocational Rehabilitation (OVR)?

Yes

No

Health Care Providers

Are you in need of a primary care provider?

No

Yes

Are you in need of a dental provider?

No

Yes

Independent Living (age 60+, skip if not age 60+)

Are you 60 years or older?

No

Yes

Are you at risk of financial exploitation?

No

Yes

Are you in need of a responsible caregiver?

No

Yes

Are you experiencing health care issues?

No

Yes

Do you want to participate in activities with others?

No

Yes

Do you need help to prepare your own meals?

No
Yes

Do you need help with personal care or housekeeping?

No
Yes

Do you need adaptations to your home due to disabilities?

No
Yes

Do you want to participate in exercise with your peers?

No
Yes

Would you benefit from support services to maintain your independence?

No
Yes

Other

Are you looking for volunteer opportunities?

No
Yes

Do you have any additional needs which were not discussed within this questionnaire?

No
Yes

What are those additional needs?