

# The Society of St. Vincent de Paul

## Homelessness Prevention Guidelines

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Homelessness Prevention (HP) is a ministry program of The Society of St. Vincent de Paul (SVdP) managed in Family Services (FS) located at 2211 S. 3<sup>rd</sup> Drive, Phoenix, AZ 85003. FS and HP work in cooperation with the Diocesan St. Vincent de Paul Conferences to deliver housing and utility payment assistance to needy households that meet program requirements. Funding made available through HP comes from public and private sector grants/donations to help families meet basic housing needs. Considering skyrocketing rental rates, the incredible demand for assistance and limited funds, HP sometimes relies on the partnerships with SVdP Conferences to deliver meaningful assistance to families and households that need short term assistance.

The Family Services HP Manager is Laurie Sobel who also manages other programs offered by SVdP. HP also includes services of the more familiar Family Assistance Ministry (FAM). Clients can access HP assistance in one of two ways: 1) directly through a SVdP Help Line or 2) indirectly through an assistance request submission made by a SVdP Conference.

- 1) Clients living in the greater metropolitan Phoenix area can contact HP directly to initiate an assistance request. This usually happens after a client has made contact with a conference and the client is directed or referred in this manner. The contact is made by calling the SVdP phone line (Call in number (602) 850-6948) where the caller leaves a voice mail message providing specified callback information detail. We encourage a Conferences to refer clients this way if no Conference financial assistance is being extended.

FS staff/volunteers retrieve these messages, return calls to clients, explain the details for submitting necessary documentation, requirements, perform pre-screening, and will complete the process in providing assistance from this point forward. No other conference involvement is usually needed after this point, however, there is a rigorous lineup of documentation needed and usually takes several days to fulfill before assistance can be provided

- 2) A Conference can also help clients by taking a more active role to client reviews. This is another way that HP assistance can be provided to clients within the Phoenix Metro area.. This is made by submitting Conference gathered client details via a Conference Intake Form when a conference is offering co-funding assistance.

Household assistance funds from HP will be granted if approval is made. HP will strive to help commensurate with an amount requested but grant funding may not always be available. A Conference is required to submit documentation supporting the client crisis and request. A Conference has an advantage of obtaining needed information by pre-screening households during a Home Visit. The following information and material will help the Conference during its screening process to gather information and to provide Conference guidance in submitting documentation to HP.

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- An electronic “Conference Intake Form” (see copy below) is required to be completed by the conference requesting assistance. If the conference needs this form please call the Conference HP/FAM phone number (602-261-6856) and request a Conference Intake Form. It is a form that can easily be completed electronically. The conference should fill-in the form after the Home Visit. The Conference is required to submit via email a completed Conference Intake Form. The email address for this mailing is [HP@svdpaz.org](mailto:HP@svdpaz.org) and is noted on the form.

The Conference email address specified as the “Conference Email To Use For Communication” should be used for submitting the completed Conference Intake Form. This helps to assure communication continuity between HP and the Conference. Please send the completed Intake document using this “Conference Email To Use For Communication” the Conference supplies. Of course the Conference can note other email addresses in the email CC line to keep other conference members informed.

A return email will be sent back to the Conference with a link to use to upload the remaining documents via the SVdP Uplift portal. These remaining documents represent required documentation needed to allow HP to access various grant funds to help clients. The link will have the list of needed documents and are described as follows:

- Client Affidavit form (see copy below). The form should be completed and signed by the client. It represents the client truthful responses about their crisis. It usually is completed on the conference home visit. This completed client form will be requested to be uploaded into the SVdP computer system via the Uplift portal.
- Picture identification for adult household members listed on the lease
- Current/ active Lease Agreement in the client’s name with signatures. For Mortgage Assistance requests, a copy of the Mortgage Statement is needed.
- If Utility assistance is requested,
  - A copy of the current Utility bill showing the client’s name and account number.
  - A completed Utility Release form (see copy below) is required for any utility assistance provided. During a Home Visit the Conference team usually requests permission to review billing details if any Utility assistance is requested. A Utility Release form is provided to obtain this permission

As previously identified, the conference will receive a link for the listed client. This link is to be used by the conference to upload all the required documents specified above. Please note that SVdP staff will reach out to the Conferences if documentation is not complete.

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The remaining administrative detail that follows is intended to help Conferences complete the Conference Intake Form below and provides the basis to explain why the information needed. The conference should determine whether the client has previously received assistance through HP before documentation is completed as clients may be found ineligible if prior assistance has already

The Conference Intake Form is divided into three sections.

A) Client Information – Specific information about the client, details of their crisis and future sustainability. The section labeled “Description of Crisis w/ Confirmation & Sustainability Statement” should be used to document and explain the client's position and the conference position toward helping the client. We rely on the conference to be an active participant since we are not calling the client to the Family Services office to be interviewed at this time. Conference members who have made client contact are the primary lead for this client assistance review and would likely be the person to complete the form. We would like to review the Conference support describing reasoning in deciding to assist clients to help with our decision-making process. We rely heavily on this detail.

B) Assistance Request Details – Information for the amounts owed and amounts requested

C) Conference Information – Conference details including name, contact, Email address for HP communication purposes and Conference notes and position for helping the client.

Once the Intake form is submitted, HP staff/volunteers will review the Intake document, setup the SVdP Portal and send a link to the Conference enabling the Conference to upload the remaining documents for the particular client. This usually will be completed within 24 hours following the Intake receipt but could be as long as 48 hours from Intake receipt.

HP staff/volunteers will review the submission documentation for completeness and accuracy. If documentation is missing or inaccurate, HP will contact the Conference to get the remaining documentation necessary to process the submission. An HP review will be made once complete information is received. Contact with the conference will be made after the review has been completed and decision made. If approved, the conference payment typically will be a direct reimbursement to the conference as the check payee but could also involve payment to the landlord or utility company. The check will be mailed to the conference within 7 to 14 days of this approval notification.

### **HOW TO REQUEST ASSISTANCE**

**Email a completed Conference Intake Form to [HP@svdpaz.org](mailto:HP@svdpaz.org)**

**Call the HP Referral Line at 602-261-6856 and leave a message if guidance needed**

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Form A

SVdP Conference Rent/Mortgage/Utility Assistance Application													
A) Client Information													
Name:				DOB			Today's Date						
Address:						Gender (Male/Female):							
City:			AZ	ZIP Code:		Email							
Household:		How Many Adults?		How Many Children?		Phone #							
Life Event Generating the Crisis (Mark "X" to all that Apply to this Crisis)													
Household Change			Income Change					Unexpected Expense					
Birth/New Custody	Divorce/Separation	Household Death	Job Loss	Job Hours Reduced	Work Related Injury	Bridge between jobs	Health Issue	SSI/SSDI Change	Medical bills	Rent Increase	Car Repair	Other	
Description of Crisis w/ Confirmation & Sustainability Statement (how will client pay bills going forward):													
B) Rent/Utility Assistance Request Details													
Requesting Assistance for:			Rent		Mortgage		APS		SRP		SWG		Other/
Client Requested Amount:													
Mthly Rent/ Mort. Amt.		Total Amt. Currently Due			Amt. Client Can Pay		Conference Co-fund Amount		Conf. Amount Requested				
Landlord / Mortgage Company Name				Landlord Contact Name				Contact Phone					
Utility Assistance (list all that you need assistance with) Note: Applicant must reside at address													
Utility Name:						Account #							
C) Conference Information													
Conference:				Contact Name:			Contact Phone:			Email used for Communication:			
Application Request Notes & Client Visit Notes:													
Please email this completed Conference Assistance Application to: <a href="mailto:HP@svdpaz.org">HP@svdpaz.org</a> . The Conference will be sent a link by email to upload the following listed documents into the SVdP Computer System. A decision will be made after all documentation is uploaded and review is completed. Notification of approval/disapproval will be sent to the Conference email address listed above.													
For Rent:		Full Lease Agreement (Must be current, signed by Client and Landlord) or Mortgage Statement											
For Utility		Most recent copy of the Utility Bill in the client's name & Completed Utility Release form											
For Rent or Utility		Client's Picture ID											
For Rent or Utility		Completed Client Affidavit and signed by client											
*** PLEASE DO NOT PAY RENT TO LANDLORD UNTIL WE DETERMINE AVAILABILITY OF FUNDS													



## AFFIDAVIT

I, \_\_\_\_\_, solemnly swear, under penalty of perjury, by my signature below, that the following statements regarding my eligibility for services and benefits are true and correct to the best of my knowledge.

*Please provide a brief description of the reason you are seeking assistance*

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### Household Members:

Name	SS#	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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

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

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Form C

UTILITY INFORMATION RELEASE AUTHORIZATION

- Arizona Public Service Acct # \_\_\_\_\_  City of Phoenix Acct# \_\_\_\_\_  
 Salt River Project Acct # \_\_\_\_\_  Other \_\_\_\_\_ Acct # \_\_\_\_\_  
 Southwest Gas Acct # \_\_\_\_\_

By signing this form, I authorize the above names utility provider(s) (indicated by check box) to release my historical and future utility bills, account information (such as, but not limited to, name, service address, account number, balance, payment history) and other information concerning or related to energy consumption and costs to any and all of the agencies/persons listed on this form ( Authorized Parties ). This release is granted in connection with my household s request for and/or receipt of assistance from the community agency listed below.

I understand and agree that the utility information released may be compiled and analyzed (both on an individual household and combined basis) by one or more of the Authorized Parties. I further understand and agree that the utility information released, as well as any statistical or other analysis, may be released by the Authorized Parties to a third party for reporting purposes related to assistance received, and no information released shall be made public in such a manner that my dwelling or my household occupants can be identified.

I further agree to release and hold harmless the above named utility provider(s) from (i) any claims, damages, liability or expenses resulting from the user or disclosure of information based on this Authorization; (ii) the unauthorized use of disclosure of the information by any of the Authorized Parties; and (iii) any actions taken by any of the Authorized Parties based on this Authorization.

Name of agency determining assistance: The Society of St. Vincent de Paul

Signature of Account Holder/Customer of Record: \_\_\_\_\_

Print Account Holder/Customer of Record: \_\_\_\_\_

Signature of Joint Account Holder/Customer of Record: \_\_\_\_\_

Print Joint Account Holder/Customer of Record: \_\_\_\_\_

Service Address: \_\_\_\_\_

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