

# Instructions for completing Twin City Mission Housing Services Rapid Re-Housing Application

- Application must be in applicant's own handwriting unless unable to complete application.
  - Write "N/A" on areas which are not applicable.
  - All forms should be filled out completely, including signatures and dates.
  - Please include front and back copies of all family members' drivers' licenses, ID cards and social Security cards.
  - Incomplete applications will not be processed and will slow down moving into housing.
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Any questions pertaining to Twin City Mission's Rapid Re-Housing program or this application packet should be directed to the Rapid Re-Housing Case Manager, David Stanley: 979-822-7511.

# Twin City Mission Housing Services Intake Application

<b>General Household Information:</b>		
Head of Household Name:		Telephone Number:
Legal Address (where you currently live):		
City:	State:	Zip Code:
Length of time at the place where you are currently staying:		
Mailing Address (where you currently receive mail – if different from legal):		
City:	State:	Zip Code:
<i>Note: If your mailing address or phone number changes, you must notify Twin City Mission Housing Services staff as soon as possible.</i>		

<b>Household Members:</b>	
How many adults are in the household? _____	How many members of household are under 18? _____
List the name of each household member:	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<i>A household member information sheet must be completed for each person listed above. The information sheets are part of the intake application.</i>	

<b>Answer the following questions if any member of the household is age 62 or older, <u>OR</u> if any member of the household is disabled:</b>	
____ Yes ____ No <b>Current Medical:</b> Does your household have any unpaid medical bills? List types and amounts of unpaid balances: _____	
____ Yes ____ No <b>Future Medical:</b> Do you anticipate medical expenses to be incurred in the next 12 months? List types and amounts: _____	
____ Yes ____ No <b>Medicare:</b> Does your household have Medicare coverage? What is the monthly premium amount? _____	
____ Yes ____ No <b>Insurance:</b> Does your household have medical insurance other than Medicare? List the name and address of the carrier, the policy number and monthly premium amount: _____ _____	
____ Yes ____ No <b>Disabled Household Members:</b> Does your household pay a care attendant <u>OR</u> for equipment for any disabled member in order to enable that person or another household member to work? If yes, provide name, address, phone number and pay of attendant and/or list the types and monthly costs of the equipment: _____ _____	

**Homelessness Information:**

Address prior to this homeless occurrence:

Zip code of last permanent address:

Extent of homelessness:

☐ First time homeless☐ Long term: 2 years or more☐ 1 – 2 times in the past  
(below)☐ Chronically homeless (see definition of chronically homeless)

Definition of chronically homeless:

*An homeless individual with a disability who has either been continually homeless for a year or more **OR** had at least 4 episodes in the past 3 years. The total months of the 4 homeless episodes must be 12 or more. The individual must have been living in a shelter or on the streets during the homeless periods.*

Please explain your homeless situation:

Are you currently fleeing or attempting to flee from domestic violence?

☐ Yes☐ No

Primary reason for your homelessness:

Secondary reason for your homelessness (if applicable):

Actual or pending eviction? ☐ Yes ☐ NoWas this eviction court ordered by a judge? ☐ Yes  
☐ No

If yes, date of eviction:

Are you currently living in a shelter? ☐ Yes  
☐ No

If yes, name of shelter:

**Previous Housing Assistance:** (Please note that receiving assistance in the past does not keep you from being eligible for rapid re-housing)

Have you ever received subsidized housing in the past?

☐ Yes☐ No

If you answered yes to receiving subsidized housing, please explain what agency was helping you and why you are no longer receiving the assistance.

**Emergency Contacts:**

Last Name:	First Name:
Phone: (     )	Relationship:
Last Name:	First Name:
Phone: (     )	Relationship:

**Applicant Certification:**

Household members age 18 and above must sign this application. I/We understand the information provide above is collected to determine if I/we are eligible to receive Twin City Mission supportive housing services. I/We hereby certify that all the information provided herein is true and correct. I/We understand that providing false statements or information is grounds for termination of supportive housing services and is punishable under federal law. I/We authorize Twin City Mission to verify all information provided on this application.

Signature of Applicant:	Date:
Signature of Applicant:	Date:
Signature of Applicant:	Date:
Signature of Applicant:	Date:

**Warning:** Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.

## Release and Exchange of Confidential Information

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

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

I, \_\_\_\_\_, hereby authorize Twin City Mission/Housing Services, its officers, employees and designees to access any and all information pertinent to my (our) case from service providers, such as the Department of Human Services, Child Protective Services, the Social Security Administration, BVCASA, Project Unity, the MHMR Authority, landlords and any law enforcement agency. I further agree to hold harmless and save Twin City Mission/Housing Services, its officers, employees and designees from any liability resulting from such exchange of information.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





## Twin City Mission Privacy Notice and Release of Information

### Notice Summary

**This notice describes how information about you may be used and disclosed and how you can get access to this information. It also includes your rights and our responsibilities. Please read it carefully.**

**Effective Date: December 2005**

### Privacy Notice: Brief Summary

This notice describes the privacy policy of Twin City Mission and the Brazos Valley Homeless Management Information System (HMIS) Continuum. We may amend this policy at any time. We collect personal information only when appropriate. It may be necessary to use or disclose your information to provide you with services or to comply with legal and other obligations. You can inspect the personal information that we maintain about you and ask us to correct inaccurate or incomplete information. You can ask us about our privacy policy or practices. We will respond to written questions and complaints in a timely manner. Read the full notice for more details. Anyone can have a copy of the full notice upon request.

### Release of Information

I, \_\_\_\_\_, hereby authorize Twin City Mission, its administrative staff, employees and designees to access and share any and all pertinent information about my case from and with other organizations including those in the Brazos Valley HMIS Continuum for purposes of improving services to me and/or my family and to complete the application process, governed by the policies set forth in the Privacy Notice. I further agree to hold harmless and save Twin City Mission, its administrative staff, employees and designees from any liability resulting from such exchange of information. This is a general release and does not include authorization to release information about substance abuse or medical diagnoses including HIV/AIDS or domestic violence situations.

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