

Family Unification Program (FUP)

Program Referral

Referring Agency - Youth Development Program (YDP), Family Services Division (FSD), Family Supportive Housing (FSH), Reach Up or through Coordinated Entry.

1. Identify families & youth who may be eligible for & interested in this program.
2. Do an initial screen for eligibility. To be eligible:
 - A. The family/youth must be involved with YDP, FSD, FSH or Reach Up.
 - B. The applicant may be a:
 - Family - if the lack of adequate housing is a factor in their child being:
 - Placed in out-of-home care *OR*
 - Able to return home from out-of-home care
 - Youth - if they:
 - Left foster care at age 16 or older (or will leave within 90 days)
 - Are currently between the ages of 18 and 24 *AND*
 - Are homeless or at risk of becoming homeless
3. Make sure required case management is in place (i.e., at least 12 months for families and 36 months for youth).
4. Complete this form, the *Documentation of Inadequate Housing* and *Pre-Application for Family Unification Voucher* available at <http://dcf.vermont.gov/oeo/FUP>.
5. Have the appropriate supervisor/district director/district manager sign this form to confirm categorical eligibility.
6. Make sure all adult family members sign the *Pre-Application for Family Unification Voucher*.
7. Email the completed forms to AHS.DCFFUVR referrals@vermont.gov

DCF Central Office staff:

1. Email the referring agency and signing authority confirming receipt of the referral.
2. Place the family/youth on the *Centralized Referral List*.

Read the *FUP Appendix* for further details about the process, priorities and definitions.

Family Unification Program Referral Form

HOUSEHOLD INFORMATION			
Head of household:	First & last name:	Date of birth (mm/dd/yyyy)	Last 4 digits of SSN
People in the household:	___ Number of adults	___ Number of children under 18	
URGENCY SCORE			
Check ✓ which of the following factors apply:		Multiple episodes of homelessness OR experiencing a period of homelessness one year or longer	
<input type="checkbox"/> AHS/HUD definition of homeless	<input type="checkbox"/> Child under 6		
PROGRAM INVOLVEMENT			
Check ✓ which programs the family/youth are involved with:			
<input type="checkbox"/> Family Services Division <input type="checkbox"/> Family Supportive Housing <input type="checkbox"/> Reach Up <input type="checkbox"/> Youth Development Program			
Confirmation of categorical eligibility <i>I (FSD district director, Reach Up supervisor, FSH program manager or YDP program manager) confirm that the youth/family named on this form is involved with our program and eligible for FUP.</i>			
Name: _____ Title: _____ District: _____ Signature: _____ Date: _____			
HOUSING CASE MANAGEMENT			
Name of organization that will be providing case management			
Contact name	Contact phone	Contact email	
Signature of housing case manager		Date	
AGENCY & PERSON MAKING THIS REFERRAL			
Agency Name & Location: _____			
Contact name: _____		Title: _____	
Phone number: _____		Email: _____	