

Family Unification Program

Referral Process
April 2023



Family Unification Program

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Overview

The Family Unification Program (FUP)

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Federal Housing Choice Voucher rental assistance

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local case management resources to stabilize
housing for eligible families and youth

Overview

In 2017, the Vermont State Housing Authority (VSHA) and Department for Children and Families (DCF) revised the FUP process to:

- Expedite access to the program
- Address low utilization rates, particularly among the eligible youth population
- Better prioritize families and youth for whom the program is *most* appropriate
- Track the effectiveness of case management and housing stability

Partnering to Administer

Department for Children and Families

- Refers and prioritizes families and youth for determination of eligibility for rental assistance
- Ensures supportive services are provided to families and youth receiving the rental assistance from VSHA

Vermont State Housing Authority

- Determines if household meets HUD eligibility requirements
- Process and issue federal *Section 8 Housing Choice Vouchers*

Key Contacts

AHS/DCF

- AHS.DCFFUReferrals@vermont.gov

Amanda Churchill, FSD

Christine Dorer, ESD

Lily Sojourner, OEO

Department for Children and Families

VSHA

- Sara Cressey, Mark Weber, Elizabeth Whitmore
Vermont State Housing Authority

DCF Referring Agencies

- Family Services Division
- Family Supportive Housing
- Reach Up (Economic Services Division)
- Youth Development Program
- Via Coordinated Entry



Read the [FUP Appendix](#) for further details about the process, priorities and definitions

Referring to DCF Central Office

- Identify youth & families who may be eligible and interested
- Complete initial screen for eligibility
- Make sure required housing case management is in place
 - At least 12 months for families
 - 36 months for youth
 - For full details on housing case management see the [FUP Appendix](#).

Referring to DCF Central Office, cont.

- Complete the following forms (available [here](#)):
 - *Program Referral*
 - *Inadequate Housing Form*
 - *Pre-Application for Family Unification Voucher*

(For fillable forms, open in Internet Explorer or Google Chrome)

Referral form must be signed by program supervisor or district director.

Typed signatures will NOT be accepted. Ensure signatures are handwritten or electronic with time/date stamp (PDF stamp, DocuSign, etc.)

- Email completed forms to AHS.DCFFUVReferrals@vermont.gov



Referring to DCF Central Office, cont.

- All forms needed for the FUP referral process can be found on the OEO website at: <https://dcf.vermont.gov/o eo/partners/FUP>
- Please note that the full *Housing Choice Voucher Program: Application for Assistance* should not be completed at the time of referral to the centralized FUP list.

Eligibility

FAMILY

- Must be involved with FSD, FSH or Reach Up **AND**
- 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

Eligibility

YOUTH

- Must be involved with YDP, **AND**
- Left foster care at age 16 or older (or will leave within 90 days)
- Are currently between ages of 18 and 24 **AND**
- Are homeless/at risk of becoming homeless

Foster Youth To Independence Voucher (FYI)

- New voucher available for youth with experience in foster care and connected with the [Youth Development Program](#).
- This population is no longer prioritized for FUP vouchers
- For more info or to make a referral contact:

Youth Development Program

YDP@wcysb.org

FUP and Rapid Re-Housing Vouchers

- Families who have a Rapid Re-Housing Vouchers (including COC Rapid Re-Housing Vouchers, HOME Project Vouchers, Vermont Rental Subsidies) are eligible to apply for FUP
- When sending a referral for a client with Rapid Re-housing, indicate the following on the *Documentation of Inadequate Housing* form (example form shown on slides that follow)
 - Note that the client has a Rapid Re-housing Voucher (specify which kind of voucher) in the description of housing situation
 - Mark that the client is “Literally Homeless” and “Lives in a publicly or privately operated shelter that provides temporary living arrangements.”
- Having a Rapid Rehousing Voucher does not affect prioritization on the FUP list

FUP and Emergency Rental Assistance

- VERAP/RUERA is emergency rental assistance administered by VSHA and Economic Services (ESD) and available to eligible households
- Households who were homeless and re-housed with VERAP/RUERA are FUP eligible, as VERAP/RUERA is temporary rental assistance.
- Households who were not homeless when they started using VERAP/RUERA are not FUP eligible



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.

- Identify families & youth who may be eligible for & interested in this program.
- Do an initial screen for eligibility. To be eligible:
 - The family/youth must be involved with YDP, FSD, FSH or Reach Up.
 - 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
- Make sure required case management is in place (i.e., at least 12 months for families and 36 months for youth).
- Complete this form, the *Documentation of Inadequate Housing and Pre-Application for Family Unification Voucher* available at <http://dcf.vermont.gov/oeo/FUP>.
- Have the appropriate supervisor/district director/district manager sign this form to confirm categorical eligibility.
- Make sure all adult family members sign the *Pre-Application for Family Unification Voucher*.
- Email the completed forms to AHS.DCFUReferrals@vermont.gov

DCF Central Office staff:

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

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

Email your completed form to AHS.DCFUReferrals@vermont.gov

Revised 3/9/2023

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:	<input type="text"/> Number of adults	<input type="text"/> Number of children under 18	
URGENCY SCORE			
Check <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> 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:		

Email your completed form to AHS.DCFUReferrals@vermont.gov

Revised 3/9/2023

Family Unification Program Documentation of Inadequate Housing

Name of eligible family/youth: _____

Brief description of housing situation (required):

THE FAMILY/YOUTH REFERRED FOR ASSISTANCE MUST HAVE A HOUSING SITUATION THAT MEETS ONE OF THE FOLLOWING DEFINITIONS.

1. Substandard or Dilapidated Housing. Check ✓ all that apply.

The housing unit where the family or youth lives:

- Does not have indoor plumbing that works
- Does not have a working flush toilet in the unit for the family/youth's exclusive use
- Does not have a working bathtub or shower in the unit for the family/youth's exclusive use
- Does not have safe or adequate electricity
- Does not have safe or adequate heat
- Does not have a kitchen
- Has been declared unfit for habitation by an agency or government unit
- Endangers their health, safety or well-being in its present condition
- Has one or more critical defects or a combination of intermediate defects in sufficient number or extent to require considerable repair or restoration

2. Displacement. Attach documentation if you check ✓ the box below.

- A family or youth is living in a unit where the presence of a household member with certain characteristics (i.e., conviction for certain criminal activities) would result in the imminent placement of the family's child/children in out-of-home care or the delay in the discharge of the child/children to the family from out-of-home care.

3. Overcrowded¹ Housing. Check ✓ all that apply.

- The youth lives in an overcrowded unit
- The family lives in an overcrowded unit — a condition that could result in the imminent placement of the child(ren) in out-of-home care OR
- The family's housing unit would become overcrowded if a child/children currently in out-of-home care returns to the parent's home

1. VSHA will determine whether the unit is "overcrowded" in accordance with VSHA Section 8 Administrative Plan, Chapter 6: Income and Subsidy Determinations.

4. Accessible Housing. Attach documentation if you check ✓ the box below.

- A family or youth is living in housing not accessible to the family's child(ren) with a disability or the youth due to the nature of the disability.

5. Homelessness.

The family or youth is:

- Literally homeless - they lack a fixed, regular, and adequate nighttime residence.
If you checked the box above, check ✓ ONE of the following.
 - Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings (e.g., a car, park, abandoned building, bus or train station, airport, or camping ground)
 - Lives in supervised publicly or privately-operated shelter that provides temporary living arrangements (e.g., congregate shelters, transitional housing & hotels/motels paid for by charitable organizations or federal, state or local government programs).
 - Is leaving an institution where they lived for 90 days or less and they lived in an emergency shelter or place not meant for human habitation immediately before entering that institution.
- At imminent risk of homelessness - they'll imminently lose their primary nighttime residence.
Check ✓ the box above if ALL of the following are true:
 - Residence will be lost within 14 days of the date of application for homeless assistance;
 - No subsequent residence has been identified; AND
 - The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing.
- Homeless under other federal statutes - they don't otherwise qualify as homeless.
Check ✓ the box above if ALL of the following are true:
 - They are defined as homeless under the *Runaway and Homeless Youth Act* (42 U.S.C. 5732a, section 387), the *Head Start Act* (42 U.S.C. 9832, section 637), the *Violence Against Women Act of 1994* (42 U.S.C. 14043e-2, section 41403), the *Public Health Service Act* (42 U.S.C. 254b(h), section 330(h)), the *Food and Nutrition Act of 2008* (7 U.S.C. 2012, section 3), the *Child Nutrition Act of 1966* (42 U.S.C. 1786(b), section 17(b)) or *McKinney-Vento Homeless Assistance Act* (42 U.S.C. 11434a, section 725);
 - They've not had a lease, ownership interest or occupancy agreement in permanent housing at any time during the 60 days immediately before the date they applied for homeless assistance;
 - They experienced persistent instability as measured by two or more moves in the past 60 days; AND
 - They can be expected to continue in such status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse including neglect, the presence of a child or youth with a disability or two or more barriers to employment (e.g., the lack of a high school degree or GED, illiteracy, low English proficiency, a history of incarceration or detention for criminal activity and a history of unstable employment).
- Fleeing/ Attempting to Flee Domestic Violence
Check ✓ the box above if the following is true:
 - An individual or family is fleeing/attempting to flee domestic violence, dating violence, sexual assault, stalking or other dangerous or life-threatening condition that relates to violence against the individual or a family member including a child and took place in the individual's or family's primary nighttime residence OR made them afraid to return to their primary nighttime residence.

I _____ CERTIFY that the family/youth listed on this form is currently living in inadequate housing as defined above.

Name of agency, shelter or government official

Signature

Address

Date

RECERTIFICATION *(if form is more than 60 days old when the voucher is issued):*

I certify that the information on this form is still accurate AND the family/youth is still involved with

FSD FSH Reach Up YDP

Name of agency, shelter or government official

Date

Pre-Application for Family Unification Voucher



Vermont State Housing Authority
Pre-Application for Rental Assistance
1 Prospect St. Montpelier VT 05602



Phone: (802) 828-1991 • Message: 1-800-820-5119 • TTY: 1-800-798-3118

HEAD OF HOUSEHOLD INFORMATION

Full name:		Email:	
Physical address (street, town/city, state & zip code):			
Mailing address (if different from above):			
Home phone:	Cell phone:	Work phone:	
Social Security number:	Date of birth:	Gender:	
Are you living with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you speak English? <input type="checkbox"/> Yes - well <input type="checkbox"/> Yes - not well <input type="checkbox"/> No - not at all	Do you speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one(s):	
Have you ever served in the U.S. Armed Service (Army, Navy, Air Force, Marine Corps, Coast Guard, National Guard or Reserves)? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, do you give VSHA permission to share your name with the Veterans Administration Medical Center? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/ethnicity (check all that apply): <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			

Warning: Title 18 US Code Section 1001 states that a person is guilty of a felony for knowingly and willingly making a false or fraudulent statement to any department or agency of the United States. If this form contains false or incomplete information, you may be required to repay all overpaid rental assistance you received; fined up to \$10,000; imprisoned for up to 5 years; and/or prohibited from receiving future assistance.

HOUSEHOLD INFORMATION

Gross annual household income (before tax income for all household members for the year): \$	Name of spouse or co-head of household:		
REQUIRED: include income above even if it's zero.			
Provide details below for all people who will live in the unit, except the head of household:			
Full name:	Relationship to head:	Gender:	Date of birth:
Full name:	Relationship to head:	Gender:	Date of birth:
Full name:	Relationship to head:	Gender:	Date of birth:
Full name:	Relationship to head:	Gender:	Date of birth:
Full name:	Relationship to head:	Gender:	Date of birth:
Full name:	Relationship to head:	Gender:	Date of birth:
Full name:	Relationship to head:	Gender:	Date of birth:
Full name:	Relationship to head:	Gender:	Date of birth:

SIGNATURES OF ALL ADULTS

_____ Head of Household	_____ Date	_____ Spouse, Co-head, Other Adult	_____ Date
_____ Other Adult	_____ Date	_____ Other Adult	_____ Date
_____ Other Adult	_____ Date	_____ Other Adult	_____ Date

Centralized Referral List

DCF CENTRAL OFFICE STAFF

1. Emails the referring agency, signing authority and housing case manager confirming receipt of the referral
2. Place the family/youth on the *Centralized Referral List*
3. Emails referring agency and housing case manager *Client Information Letter*

Prioritization by DCF Central Office

Prioritization order

1. Family Services Division prioritization & urgency factor score
2. Urgency factor score
3. Date of referral

Urgency factor (one point for each factor)

- Meets the AHS/HUD definition of homelessness
- Multiple episodes of homelessness
- At least one child under the age of six

Vouchers Available

VSHA notifies DCF Central Office that FUP vouchers are available.

DCF Central Office staff:

1. Selects appropriate number of names from the *Centralized Referral List* – According to priority
2. Reviews to ensure households are still eligible and a priority

Vouchers Available, cont.

3. Referring agency recertifies [paperwork](#) and completes HUD and VSHA releases of information

- PRE-APPLICATION FOR FAMILY UNIFICATION VOUCHER
 - If there are no changes and the form is more than 60 days old, case manager may confirm with household via phone, note, sign and date at bottom of form.
 - If there are changes regardless of the timeframe, the household must complete and sign a new form.
- INADEQUATE HOUSING FORM
 - If the housing situation has not changed, recertify if more than 60 days old.
 - If the housing situation has changed regardless of timeframe, complete and submit a new form.
- PROGRAM REFERRAL FORM
 - Ensure the housing case management info is still accurate
- HUD Supplemental Contact Information
- VSHA Release of Information

Vouchers Available, cont.

4. DCF Central Office Staff send the Centralized Referral list and application material for families/youth being referred to VSHA
5. Case managers with households not referred will get a status email informing them that their clients will remain on the list until more vouchers are available

HUD Eligibility and Issuance

VSHA STAFF

1. Ask client to submit the full [VSHA HOUSING CHOICE VOUCHER PROGRAM: APPLICATION FOR ASSISTANCE](#) with verifications and releases. (Note: the [FAMILY UNIFICATION PROGRAM CHECKLIST](#) , is a great resource for checking that the application is complete).
2. Determine if the youth/families meet all HUD eligibility requirements

HUD Eligibility and Issuance

VSHA STAFF (Continued)

4. Notify youth/families, referring agencies/organizations, case manager and DCF Central Office whether the household is eligible
5. If eligible, issue federal *Section 8 Housing Choice Voucher*
6. Conduct all other processes relating to voucher administration

Reporting Income and Assets

- To ensure that applications are processed accurately, please disclose all income sources and assets requested on the [VSHA HOUSING CHOICE VOUCHER PROGRAM: APPLICATION FOR ASSISTANCE](#)
- More information is better: if in doubt, include it
- Providing incomplete information can hold up the voucher application process for families

Appeal of Eligibility Determination

- Applicants denied notified in writing by VSHA of right to appeal
- Denied applicants may submit a written request for an informal appeal and supporting documentation (self-statements, letters of recommendation, etc.) to VSHA
- VSHA could waive one or more eligibility restrictions based on:
 - The nature of the information presented
 - Mitigating factors, and
 - Plans developed to address past issues

Family Unification Program

Referral Process
March 2023

