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**Hands of Hope Housing Project**

**Marion, OH**

*To Empower and Equip clients to be self-sufficient.*

**Referral Form / Application**

Hands of Hope/Joyce A. Rogers Resource Center aims to provide homeless and low-income families with community resources and/or low income housing accompanied by intensive coursework in order to rapidly transition homeless families into housing and to prevent low-income families from becoming homeless. At the same time, these services will support families in achieving housing independence along with financial literacy, thereby realizing their full potential.

The subsidy and supportive services are available for **6 months** (with possible extensions up to a maximum of one year). During the subsidy period, case managers will help families pursue opportunities to either increase their income or remove barriers to permanent affordable housing (i.e. securing stable employment). Since the subsidy is time-limited, families will need to either have increased their income to the point that they can afford the rent on their own OR will need to be accepted into permanent affordable housing during the subsidy time period.

The assistance may end at any time if a family is not complying with case management services, is not making sufficient progress towards increasing their income or obtaining permanent affordable housing, abuses drugs/alcohol, domestic violence, or loses custody of their children (and does not have a reunification plan). In addition to this, the assistance may also end if a client(s) fail to complete drug testing, fails a drug test, and/or fails to complete the financial literacy coursework.

The following are the **minimum eligibility requirements** for a family to be considered for the Hands of Hope Housing Project:

* Custody of a child under the age of 18 at least 51% of the time, pregnant in the 3rd trimester, or awaiting imminent reunification with their child through Child Protective Services
* Homeless *OR* meet the HUD definition of very low or extremely low income *and* be at risk of becoming homeless
* Current resident of Marion County, Ohio
* Have sufficient income that they are able to afford to cover basic living expenses.

**Good Candidates For This Program:**

* + Are motivated
  + Already have plans for how they could increase their income and/or are already on the waiting list for permanent affordable housing programs

**Plans to increase income must:**

* + 1. Be a career or education that the client is committed to.
    2. Have goals that are documentable and measurable with specific steps and timelines.
    3. Be 3-6 months in length (on a case by case basis plans up to 12 months in length may be considered)
    4. Result in a concrete outcome of:
       - Removing a barrier to work
       - Increasing skills
       - Increasing income-earning potential

… and ultimately result in an increase in actual income

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date applied/referred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Language:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referring worker/agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of adults\_\_\_\_\_\_\_\_\_\_\_\_ Number of children \_\_\_\_\_\_\_\_\_\_\_Children’s ages \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total monthly income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Source(s) of income: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current living situation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current rent: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current apartment size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sq. Ft.

Plan for self improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Steps involved: When would step be completed?

|  |  |
| --- | --- |
| 1. |  |
| 2. |  |
| 3. |  |

Job or situation that will be achieved at end of subsidy period:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The referral process consists of four steps:**

1. Completion/submission of the referral form
2. An eligibility pre-screening over the phone
3. An in-person interview by the HOH Board of Directors. If a family is accepted, they will be assigned to an HOH case manager, with whom they will meet informally on a monthly basis for the duration of the subsidy.
4. Signature of Agreement to “House Rules”

Families will need to have the following documents ready for an in-person eligibility interview:

|  |  |
| --- | --- |
| **Proof of custody for children (one of the following):**   * Proof of pregnancy * Legal custody documentation * Birth certificates * Verification of situation * Certification of homelessness * Letter of support or documentation   of risk of homelessness | **Income verification (include all of the following):**   * Child Support verification * SSI or Unemployment Benefits award letter * Photo ID for all adults * Last two pay stubs (If employed)   Record of bank deposits for cash-paying jobs (If available)   * Letter from employer stating   ages/deductions (If employed) |

**Referrals can be emailed or mailed to:**

Michelle Howard – President HOH

OR

Bishop Cory Rogers

New Hope Baptist Church

603 Euclid Ave. Marion, OH 43302

740-382-2181

handsofhopemarionohio@gmail.com