



Prevention Referrals

STEP 1:

Try to prep the person you are working with as best as possible. Include as many documents as possible, the enrollments and payments will be made faster if everything is included upfront:

Check list of items to encourage households to bring:

- IDs for anyone 18 and over
- Social Security Cards
- Proof of income
 - Social security statements
 - Pay stubs, including most recent
- Copy of lease
- Copy of eviction notice

*** if it is a payment request to an entity that a W-9 has not been collected, please send this link <https://www.irs.gov/pub/irs-pdf/fw9.pdf> to the entity and have them complete and return to dpackard4@unl.edu.

**You can verify if one has already been received by checking this link and add the name of the vendor needing payment:

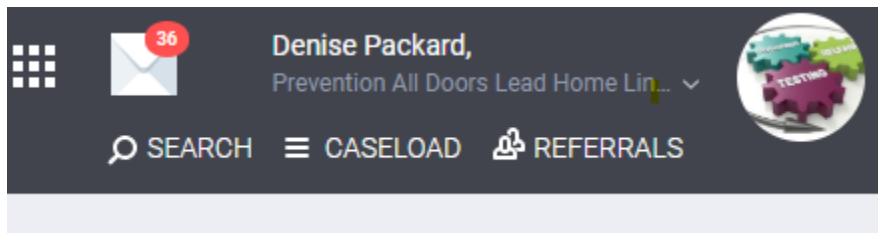
<https://docs.google.com/spreadsheets/d/1BfodBH9CAPoGz1sOaarm9ERYyooiXvygoT5kipQDOzEI/edit?usp=sharing>

Since income has to be verified, here is an Income Calculator that can be used (there is also a sheet showing income limits at end of this packe):

Income Calculator: <https://www.hudexchange.info/incomecalculator/>

STEP 2:

Log in and Select "Prevention All Doors Lead Home Lincoln" as the Agency.





STEP 3:

Select "Search" and search for you client by name, or create a new client if they do not already exist.

**** Follow the training you've been provided by your SA to do this. Including the HMIS ROI.**

STEP 4:

Complete the Profile page

STEP 5:

Have the head of household sign the ADLH ROI and if relevant – sign the COVID Declaration form (coming soon) Paper copies are acceptable.





STEP 6:

Upload any of the documents listed above. The prevention agency will have access to these documents, and they will be compared to ensure eligibility: ex- AMI and amount of funding used in past with funding source.

PROFILE **FILES** PROGRAMS ASSESSMENTS HISTORY SERVICES NOTES CONTACT LOCATION REFERRALS

CLIENT FILES ADD FILE

 **Finances and Income Utility Bill**
by Denise Packard on 15 Jun, 2020, 21.55 KIB
Lincoln Community Foundation 
MODIFY FILE | DELETE FILE

PROFILE **FILES** PROGRAMS ASSESSMENTS HISTORY SERVICES NOTES CONTACT LOCATION REFERRALS

UPLOAD A FILE

Category Finances and Income

Predefined Name Lease

File Trouble attaching files? Switch to the Basic Uploader

Private

SAVE CHANGES **CANCEL**

STEP 7:

Update or enter any contact information so the Prevention Agency can reach the household for further information.

PROFILE FILES PROGRAMS ASSESSMENTS HISTORY SERVICES NOTES **CONTACT** LOCATION REFERRALS

ADD CONTACT

Contact Type Client


Email

Phone (#1)

Phone (#2)

Active Contact

Private

Contact Date 

Note

SAVE CHANGES **CANCEL**



STEP 8:

Select "Programs" and enroll the household in the program.

Jazz Sweet

PROFILE FILES **PROGRAMS** ASSESSMENTS HISTORY SERVICES NOTES CONTACT LOCATION REFERRALS

PROGRAM HISTORY

There are no results to display

PROGRAMS: AVAILABLE

CSMIS Prevention

Active Clients

10 CLIENTS

0 % Families
100 % Individuals

Funding Source
HUD ESG - Homelessness Prevention

Availability
Full Availability

Include group members:
Olive Cyl

DOC REQUIREMENTS

ENROLL

STEP 9:

Complete the entire Enrollment page for ALL family members and select "Save & Next"

Enroll Program for client Jazz Sweet

Project Start Date 07/01/2020

Is the Client an Adult or Head of Household? Yes (Automatically Generated Response)

DISABLING CONDITIONS AND BARRIERS

Disabling Condition No

CLIENTS LAST PERMANENT ADDRESS

Prior Street Address

Prior City

Prior State Select

Zip Code of Last Address

SAVE & NEXT CANCEL



STEP 10:

Complete the Current Living Situation and 2020 ADLH Prevention/Rapid Response Assessments

PROGRAM: CSMIS PREVENTION

Enrollment History Provide Services **Assessments** Goals Notes Files Forms × Exit

Assessments LINK FROM ASSESSMENTS

Status Update Assessment	START
Annual Assessment	START
Current Living Situation	START
2020 ADLH Prevention / Rapid Response	START

ASSESSMENT HISTORY

STEP 11:

Upon completion of the 2020 ADLH Prevention/Rapid Response assessment, you will see a screen that shows which programs the household is eligible for and which programs they are NOT eligible.

If possible, if CAPLSC ESG is an option, please select that agency!

ADLH Prevention PRE-SCREEN TOTAL 18

Category -- All Categories -- Agency -- All Agencies -- Availability -- All -- SEARCH

Community Programs

City of Lincoln CDBG - CV Lincoln Community Foundation	HOMELESS PREVENTION
City of Lincoln ESG-CV Prevention Lincoln Community Foundation	HOMELESS PREVENTION

INELIGIBLE PROGRAMS

a_CAPLSC ESG Prevention, Lincoln CAPLSC Community Action Partnership of Lancaster Saunders Counties	HOMELESS PREVENTION
a_CNCAAP ESG Prevention, BOS CNCAAP Central Nebraska Community Action Partnership	HOMELESS PREVENTION
BOS ADLH CE All Doors Lead Home Coordinated Entry	COORDINATED ENTRY
CSMIS ADLH CE All Doors Lead Home Coordinated Entry	COORDINATED ENTRY

CANCEL



STEP 12:

Hit the arrow on the right to begin the referral to Prevention. And Select "Make Referral"

Community Programs

City of Lincoln CDBG - CV
Lincoln Community Foundation

PROGRAM DESCRIPTION:
*Child Care Provider for under 80% of AMI and COVID related *Rent/Utility or Mortgage 3 months assistance max

Active Clients

1 CLIENT

0% Families
100% Individuals

Funding Source:
HUD ESG - Homelessness Prevention

Service Categories:
✓ Rental Assistance
✓ Financial

✓ Security Deposit

✓ Utility Payments

Availability
Full Availability

DOC REQUIREMENTS

MAKE REFERRAL

City of Lincoln ESG-CV Prevention
Lincoln Community Foundation

HOMELESS PREVENTION

STEP 13:

Feel free to notate anything the receiving agency would benefit being informed of. Select "Send Referral".

PROFILE FILES PROGRAMS ASSESSMENTS HISTORY SERVICES NOTES CONTACT LOCATION REFERRALS

REFER TO PROGRAM

Referred Program City of Lincoln CDBG - CV

Referred to Agency Lincoln Community Foundation

Referring Agency Prevention All Doors Lead Home Lincoln

Private

B *I* 1/2 1/4

SEND REFERRAL CANCEL



FY 2020 INCOME LIMITS DOCUMENTATION SYSTEM

HUD.gov [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

FY 2020 Income Limits Summary

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

FY 2020 Income Limit Area	Median Family Income Explanation	FY 2020 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
Lincoln, NE HUD Metro FMR Area	\$82,100	Very Low (50%) Income Limits (\$) Explanation	28,750	32,850	36,950	41,050	44,350	47,650	50,950	54,200
		Extremely Low Income Limits (\$)* Explanation	17,300	19,750	22,200	26,200	30,680	35,160	39,640	44,120
		Low (80%) Income Limits (\$) Explanation	46,000	52,600	59,150	65,700	71,000	76,250	81,500	86,750

NOTE: HUD generally uses the Office of Management and Budget (OMB) area definitions in the calculation of income limit program parameters. However, to ensure that program parameters do not vary significantly due to area definition changes, HUD has used custom geographic definitions for the **Lincoln, NE HUD Metro FMR Area**.

The **Lincoln, NE HUD Metro FMR Area** contains the following areas: Lancaster County, NE;

* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2020 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2020 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

[FY2019 Median Family Income and Income Limits for Lincoln, NE HUD Metro FMR Area](#)



City of Lincoln and Lincoln CoC COVID Declaration

Name _____

Please select on or more of the following regarding COVID 19:

I have experienced one of the following (select check box, and explanation below)

- a reduction in salary as a result of the coronavirus
- my hours reduced as a result of the coronavirus
- been furloughed as a result of the coronavirus
- been laid off as a result of the coronavirus
- been terminated as a result of the coronavirus
- been placed in alternate shelter as a result of health and safety, either self-isolation due to symptoms or to decrease shelter population as a result of coronavirus
- Experiencing homelessness (in shelter or unsheltered/place not meant for human habitation) and in need of assistance for the health and wellbeing of myself and others as a result of coronavirus.
- loss of income due to contracting or a family member contracting or being isolated after exposure to COVID19

Please briefly explain:

I certify that the information presented in this certification is true and accurate to the best of my knowledge, as is the information documented in the HMIS system. The undersigned further understand(s) that providing false representations herein constitutes an act of fraud. The information provided is subject to verification by the ADLH Coordinated Entry System or agency receiving the referral.

Signature

Date



HUD Income Verification and Asset Declaration

Income Verification

I, _____, currently have monthly income of \$_____. I know that I am responsible for informing my case manager of any changes in my income within 7 business days of the change, failure to do so could result in loss of services. My income currently comes from: **(Each adult must complete their own form)**

Income Category	Amount Received	How Often
Earned Income	\$	
Unemployment Income	\$	
Worker's Compensation	\$	
TANF	\$	
Social Security	\$	
Supplemental Security Income (SSI)	\$	
Social Security Disability Income (SSDI)	\$	
Child Support	\$	
Retirement Income	\$	
Pension	\$	
Veteran's Pension	\$	
Other (Specify):	\$	
Total Monthly Income		
Total Annual Income		

Currently employed? Yes No

If unemployed, looking for work? Yes No

If yes, employed, how many hours worked in the past week?

Status of employment? Permanent Temporary
 Seasonal Refused

Have you received income from any source in the last 30 days? Yes No

Select ALL non-cash benefits that you receive

- SNAP-Food Stamps Medicaid SCHIP WIC VA Medical Services
- TANF Child Care Section 8, public housing or other rental assistance Temporary Rental Assistance Veteran's Administration Other (specify)

Asset Declaration

Select ALL assets you have:

- Cash Checking Account Savings Account Retirement Account Other (Specify):

I certify that the information I am providing is true and could be subject to verification at any time by a third party.

NHAP/ESG Applicant Signature: _____ Date: _____