

# HOUSING AUTHORITY OF WASHINGTON COUNTY

Address: 111 NE Lincoln Street, Suite 200-L, Hillsboro, OR 97124-3082

## FOSTER YOUTH TO INDEPENDENCE (FYI) VOUCHER REFERRAL APPLICATION

Applicants must be at least 18 years and not more than 24 years of age; —see attached definition. Incomplete applications will be rejected.

### PART 1: FOSTER YOUTH INFORMATION

NAME OF BIRTH PARENTS:

Name:		Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	SSN:	Veteran?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date of birth:	What is your primary language:		Home Phone:	Cell Phone:	
Physical address:		City:	State:	ZIP Code:	
Mailing address:		City:	State:	ZIP Code:	
Email:		<input type="checkbox"/> I would like to receive correspondence via email		Are you Homeless: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you qualify for a reasonable accommodation due to a disability: <input type="checkbox"/> Yes <input type="checkbox"/> No			If Yes, further info to follow at intake interview.		

Race (check ALL that apply):		<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Black/African American	Ethnicity (check ONE box):		<input type="checkbox"/> Hispanic/Latino
Racial & ethnic data for statistical purposes only		<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> Other			<input type="checkbox"/> Non-Hispanic/Latino

### PART 2: HOUSEHOLD INFORMATION

List information for adults first, including yourself, then children under age 18. Use "F" or "M" to indicate sex. The definition of disabled is on page two (2). **List only persons who will be living with you when you receive housing assistance.**

First Name	Last Name	Social Security #	Date of Birth	Sex (M/F/Other)	Disabled (Y/N)	Race	Ethnicity	Relationship to Head of Household
								HEAD OF HOUSEHOLD

### PART 3: FAMILY INCOME

List total gross income (before taxes) and payments received by each family member age 18 and older for wages, military pay, pensions, social security, SSI, welfare, child support, unemployment, business, profession or any other source. Include payments made to family members 18 or older on behalf of other family members under age 18.

First Name	Gross monthly income	List source or list employer if income is from wage
	\$	
	\$	
	\$	
	\$	

### PART 4 U.S. CITIZENSHIP NOTIFICATION AND CERTIFICATION

Housing may be contingent upon the submission and verification of evidence of citizenship or eligible immigration status and criminal background check prior to the time housing is made available. Based on the evidence submitted at that time, assistance may be prorated, denied or terminated following appeals and informal hearing processes.

I certify that the information on this form is true and complete to the best of my knowledge and belief. I understand that I can be fined up to \$10,000, or imprisoned up to five years if I furnish false or incomplete information.

Signature of applicant:	Date:
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## Part 5. ELIGIBILITY

### 5a. Are you referring a youth?

**YOUTH:** The population eligible to be assisted with funding under this notice are youth certified by a PCWA as meeting the following conditions:

- Has attained at least 18 years and not more than 24 years of age.
- Left foster care, or will leave foster care within 90 days, in accordance with a transition plan described in section 475(5)(H) of the Social Security Act.
- Is homeless or is at risk of becoming homeless at age 16 or older.

### 5b. Does Applicant Meet Minimum FYI Voucher Eligibility Criteria?

- No one in the household with lifetime registration a sex offender.
- No one in the household has conviction for manufacturing meth on federally assisted premises (e.g. housing operated or funded by HUD).
- At least one member of family (adult or child) is in the country legally (verification of citizenship/alien status with INS).

## Part 6. Supportive Services

### 6a. Supportive Services

- ❖ Once accepted to FYI and issued a housing voucher, participants will receive supportive services from DHS and/or a Community Partner with whom DHS has verified commitment to provide case management.
- ❖ The youth is eligible to receive 36 months of supportive services.
- ❖ The supportive services will be delivered by; please name organization(s)  
\_\_\_\_\_

### 6b. Services Provided/Coordinated by DHS (check all that apply):

- Life Skills; money management, budgeting, bank accounts
- Life skills; housekeeping, meal preparation, nutrition, grocery
- Adherence to rental lease requirements, fees, education on security deposits, utility hook-ups with fees.
- Health care access, personal health
- Employment preparation, retention
- Education and career advancement, GED, financial aid
- Health Services
- Informed of public support systems; SNAP, TANF, WIC, etc.
- Entitlements (SSI, WIC)
- Other \_\_\_\_\_

**Part 7. CERTIFICATION STATEMENT**

**I certify that I have confirmed all of the information in this referral form to be true and complete.**

Employee of the Department of Human Services

\_\_\_\_\_  
**Signature**                      **Date**

\_\_\_\_\_  
**Print Name**

**Organization Providing Third Party Verification:**

\_\_\_\_\_  
**Print Name**