

CSP# _____

**Unified Supportive Housing System (USHS)
Prospective Transfer Request Checklist
For Singles and Families**

Use the following checklist to ensure that all necessary documentation has been included before submission:

- ☐ Prospective Transfer Request Checklist
- ☐ Release of Information (ROI)
- ☐ Prospective Transfer Demographics
- ☐ Prospective Transfer Request*
- ☐ Copy of Original Prospective Applicant File (Formerly referred to as Indication of Interest [IOI])
- ☐ Income Verification
- ☐ Social Security card or verification of SSN printout from SSA.
- ☐ Original birth certificate or letter/form requesting birth certificate.
- ☐ Current State of Ohio issued photo ID or Driver's License with Franklin County address.
- ☐ Name on Social Security documentation, birth certificate and photo ID match or verification of legal name change included.
- ☐ Verification of VA benefits (If applicable)
- ☐ ODJFS printout (For family units Only)
- ☐ Verification of Pregnancy (For tenants who are currently pregnant)

*Please Note: In order to transfer units, Prospective Transfer must be approved for housing through CMHA. The Unified Supportive Housing Program Manager will complete all mandatory background checks to verify unit eligibility.

Tenant will receive deposit refund, in accordance with lease terms. Tenant is ultimately responsible for using deposit refund and/or personal funds to pay deposit to new Housing Provider and any move-related expenses. DCA funds cannot be utilized for this purpose.

**Unified Supportive Housing System (USHS)
Authorization for Release of Information**

Prospective Applicant Name: _____

The Unified Supportive Housing System (USHS) Prospective Applicant File collects information, which helps to determine preliminary eligibility for housing and community supports to assist with housing stability. USHS also requires additional information to be provided by other government agencies and service providers. In order for USHS to collect the information and process the form, your consent to release information is required.

- I. USHS understands that information about you, your health, employment/income, and housing history are personal, and we are committed to protecting the privacy of that information. Because of this commitment, we must obtain your written authorization before using or disclosing your protected health and personal information for the purposes described below. This form provides that authorization and helps us make sure that you are properly informed of how this information will be used or disclosed.
- II. **Purpose:** Provider Agency (name of agency assisting Prospective Applicant to complete this form) _____, Unified Supportive Housing System, Alcohol Drug and Mental Health Board (ADAMH), Community Shelter Board (CSB), Franklin County Children Services (FCCS), and the following housing providers: Amethyst, AIDS Resource Center of Ohio (ARCO), Columbus Area Integrated Health Services (CAIHS) Community Housing Network (CHN), Maryhaven, National Church Residences (NCR), Southeast, Inc., Volunteers of America of Greater Ohio (VOAGO), YMCA, YWCA, may use this authorization and the information obtained with it, to collect and share with agencies named above, the information about my household members and me outlined in Part III below. The purpose of collecting and sharing information is to determine preliminary eligibility for supportive housing.
- III. **Authorization:** For a period of six months from the date of my signature below, I authorize the above named organizations to obtain information about me or my family that is pertinent to my USHS file.
- IV. **Information Covered-Inquiries** may be made about: Physical and Mental Health records, Substance Abuse Treatment records, Child Care Expenses, Handicapped Assistance Expenses, Credit History, Identity and Marital Status, Criminal Activity, Medical Expenses, Family Composition, Social Security Numbers, Federal/State/Tribal/Local Benefits, Residences and Rental History, Homeless History, History with FCCS, Columbus Metropolitan Housing Authority (CMHA), ADAMH (current and previous service utilization and linkage with ADAMH Provider Agencies), CSB programs and Employment/Income/Pensions/Assets.
- V. **Individuals/Organizations that may Release Information:** Any individual or organization including any governmental organization may be asked to release information. For example, information may be requested from: ADAMH, CMHA, CSB, FCCS, housing providers mentioned in Section I above, Banks and Financial Institutions, Utility Companies,

Landlords, Employers – Present and Past, Courts, U.S. Dept. of Veterans Affairs, Welfare Agencies, Law Enforcement Agencies, Credit Bureaus, Schools or Colleges, U.S. Social Security Administration, Providers of: Alimony, Substance Abuse services, Case Management services, Child Care, Child Support, Credit, Handicapped Assistance, Medical Care (including mental health services), Pensions/Annuities, Emergency Shelters and Housing Services.

- VI. Minor Children:** If I am a custodial parent of a minor child, I also give my authorization for the following children:

First Name	Middle Name	Last Name	Date of Birth
1.			
2.			
3.			
4.			
5.			

- VII. Revocation:** I understand that I have the right to revoke this authorization at any time by notifying the USHS Project Manager in writing at: 111 Liberty St., Suite 150, Columbus, OH 43215. I understand that the revocation is only effective after it is received and logged by USHS. I understand that any use or disclosure made prior to the revocation of this authorization will not be affected by the revocation and the revocation will not apply to disclosures made in reliance on the authorization. I understand that after the information is disclosed, federal or state law might not protect it, and the recipient might re-disclose it.

- VIII. Database Matching Notice /Consent:** I agree that the above named organizations using my information can conduct computer matching with other government agencies including Federal, State, Tribal or Local agencies. The government agencies include: Ohio Departments of Mental Health, Alcohol and Drug Addiction Services, Job and Family Services, U.S. Office of Personnel Management, U.S. Social Security Administration, State Employment Security Agencies, and State Welfare and Food Stamp Agencies.

I also agree that the above named organizations may enter personal information on members of my household and me and may research my information in Columbus ServicePoint (CSP), the database which is used by agencies providing shelter and housing-related services in Franklin County, MACSIS, the database which is used by agencies in the Mental Health system and SHARES, the database which is used by agencies funded by the Alcohol, Drug and Mental Health Board of Franklin County.

- IX. Conditions:** I agree that photocopies of this authorization may be used for the purposes stated above. If I do not sign this authorization or if I sign this authorization and later revoke it, I understand that my USHS file will not be processed. This release of information is valid for six months from the date of signing.

Signature, Head of Household

Date

For USHS Use Only

Rcvd By _____ Date of Revocation: _____

CSP# _____

Unified Supportive Housing System (USHS) Prospective Applicant Demographics			
Unified Supportive Housing System (USHS) Prospective Applicant Demographics			
Last Name	First Name	Middle Initial	Suffix
Alias/Maiden Name			
Date of Birth			
Social Security Number			
Phone Number			
Navigator/Outreach Provider Name (if applicable):			
Race (Voluntary-Please Select One or More):			
<input type="checkbox"/> White <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black/African American Native <input type="checkbox"/> Other <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
Ethnicity (Voluntary):			
<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			
Are you a US citizen or Legal US Resident?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Marital Status:			
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____ <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Domestic Partnership/Common-Law			
Gender:			
<input type="checkbox"/> Male <input type="checkbox"/> Transgendered Female <input type="checkbox"/> Other _____ to Male <input type="checkbox"/> Female <input type="checkbox"/> Transgendered Male to			

Female		
Are you Currently Pregnant?		If yes, what trimester are you in?
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<input type="checkbox"/> 1 st (1-3 months) <input type="checkbox"/> 2 nd (4-6 months) <input type="checkbox"/> 3 rd (7-9 months)
Fulltime Student?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you or a Member of your Family Require Special Accommodations?		If yes, please check yes and below which accommodation(s) you need:
<input type="checkbox"/> Yes <input type="checkbox"/> No		<div> <input type="checkbox"/> Wheelchair Accessible <input type="checkbox"/> Hearing disability </div> <div> <input type="checkbox"/> No Steps <input type="checkbox"/> Grab bars and Handrails </div> <div> <input type="checkbox"/> Few Steps <input type="checkbox"/> Modification for vision or hearing impairment </div> <div> <input type="checkbox"/> Handicap Accessible Parking </div>
Total Monthly Income:		\$
Prospective Applicant Receives: (check all that apply)		
<input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Disability Assistance <input type="checkbox"/> Pension/Veteran's Administration (Military Pay) <input type="checkbox"/> Wages from job	<input type="checkbox"/> Self-Employment <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Workers Compensation <input type="checkbox"/> Alimony <input type="checkbox"/> Educational Financial Assistance (Financial Aid)	<input type="checkbox"/> TANF/AFDC (Public Assistance) <input type="checkbox"/> Court-Ordered Child Support Payments Received <input type="checkbox"/> Informal Child Support Payments Received
Prospective Applicant Enrolled In: (check all that apply)		
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Ohio SCHIP (CareSource, Molina, etc.)
Do you have 1 or more Pets?	If yes, what type of animal is it?	Is your pet a service or therapeutic animal?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Cat <input type="checkbox"/> Dog <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you Currently Linked to a Mental Health Provider?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, Please Give that Agency's Name Below:

Have you ever Served in the US Military?	If yes, what was the character of your discharge?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Honorable <input type="checkbox"/> Other than Honorable <input type="checkbox"/> General <input type="checkbox"/> Refused	<input type="checkbox"/> Medical <input type="checkbox"/> Bad Conduct <input type="checkbox"/> Dishonorable
Are you Eligible for Veteran Services?		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused		
Prospective Applicant's Current Living Arrangement		
<input type="checkbox"/> Living in a place unintended for habitation (street, car, under bridge, in camp/on the land etc.) <input type="checkbox"/> Domestic Violence Situation <input type="checkbox"/> Living with Friends or Relatives	<input type="checkbox"/> Emergency Shelter <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Hospital Medical Unit <input type="checkbox"/> Rental Housing <input type="checkbox"/> Transitional Housing <input type="checkbox"/> Residential Care Facility	<input type="checkbox"/> Substance Abuse Treatment Facility <input type="checkbox"/> Doubled-up <input type="checkbox"/> Other _____
Will There be Another Adult Residing with you in the Household?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If yes, Please Give that Person's Name Below: _____

***Please Note:** All prospective applicants are given two (2) opportunities to accept a housing unit that is not substandard housing for any reason. Refusal to accept a safe, decent, affordable housing option twice will result in the individual being ineligible for Housing through Unified Supportive Housing System (USHS) for one (1) calendar year.

I understand that open criminal cases or active warrants may delay processing of my file for housing access. Past criminal background will be reviewed and may affect my eligibility for housing within the USHS, based on restrictions in place at different housing sites. These restrictions are based on federal, state or local requirements that the USHS is not in control of.

I understand that my completion of this File form does not guarantee housing in the Unified Supportive Housing System. I further understand that my case worker should continue to assist me in finding an appropriate living situation. I verify, under perjury of law, that the above information provided by me on this form is true to the best of my knowledge.

Signature, Prospective Applicant

Date

Provider Agency Use Only

This client meets the definition of “persons with disabilities” because they reside in a household composed of one or more persons, where the Head of the Household has the following disability:
(Check All That Apply)

Serious Mental Illness

☐ Yes ☐ No

Long Term (Chronic) Health Disorder

☐ Yes ☐ No

Substance Use Disorder

☐ Yes ☐ No

Developmental Disability

☐ Yes ☐ No

Signature, Provider Agency Representative

Date

Printed Name

Provider Agency Name

CSP# _____

**Unified Supportive Housing System (USHS)
Documentation of Transfer Request**

Last Name	First Name	Middle Initial	Suffix
Alias/Maiden Name			
Date of Birth			
Social Security Number			
1. Current Subsidy	<input type="checkbox"/> Section 8 Project-based voucher <input type="checkbox"/> Section 8 Tenant-based voucher <input type="checkbox"/> SHP Tenant Based Rental Assistance (former shelter plus care) <input type="checkbox"/> SHP Sponsor Based Rental Assistance (former shelter plus care) <input type="checkbox"/> Local subsidy <input type="checkbox"/> Other (please specify): _____		
2. Reason for Transfer Request:	<input type="checkbox"/> Family Reunification/Change in Household Composition <input type="checkbox"/> Pregnancy (Resulting in overcrowding of unit) <input type="checkbox"/> Change in Service Needs <input type="checkbox"/> Project Closing <input type="checkbox"/> Other _____		
3. Current Unit Size	<input type="checkbox"/> SRO <input type="checkbox"/> Efficiency <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom		
4. New Unit Size	<input type="checkbox"/> SRO <input type="checkbox"/> Efficiency <input type="checkbox"/> 1 Bedroom <input type="checkbox"/> 2 Bedroom <input type="checkbox"/> 3 Bedroom		

5. Explanation of transfer request:	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
6. Is Additional Documentation Included in this Submission?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing below I assert that this process was explained to me by a representative from my current Housing Provider. I believe that I can benefit from transferring to another Permanent Supportive Housing unit due to the reasons listed below. To my knowledge all information contained herein, is accurate, truthful and complete.

Client signature

Date

I believe that the above client can benefit from transferring to another PSH unit due to the reasons listed above. I further assert that I have personally examined all documentation. To my knowledge all information contained herein, is accurate, truthful and complete.

Provider Agency Representative

Date

<div> <div>Approved <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>USHS Use Only</div> </div>	
<div> <div></div> <div>USHS Program Manager</div> </div>	<div> <div></div> <div>Date</div> </div>

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Please Include a Copy of the
Tenant's Original Prospective Applicant File
[Formerly referred to as an Indication of
Interest {IOI}]

Unified Supportive Housing System (USHS)
Declaration of Zero Income

I _____, understand that the information provided on this form will be used to determine income eligibility. I have read the clarification for what is considered income* and hereby certify that I am currently receiving no income from any source.

I certify that this statement is true to the best of my knowledge and understand providing false, misleading or incorrect information may result in ineligibility for Housing Provider units in Unified Supportive Housing System (USHS).

Prospective Applicant Signature **

Date

Provider Agency Representative

Date

***Income:** *Wages from job, self-employment, Social Security, Social Security Income (SSI), Pension/Veteran's Administration (Military Pay), TANF/AFDC (Public Assistance), Unemployment Benefits, Workers Compensation, Educational Financial Assistance (Financial Aid), Court-Ordered Child Support Payments Received, Informal Child Support Payments Received and Alimony.*

****Document is valid for thirty (30) days from the signature date. Upon referral Housing Provider will ask for updated income verification.**

Unified Supportive Housing System (USHS)

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Please include: Income Documentation if
Client did not complete the Zero Income
Statement

Verification of Identity and Citizenship

Please include the following for each household member:

1. Social Security Card or SSN printout
2. United States (US) Birth Certificate or copy of request for US Birth Certificate; US passport is also acceptable.
3. Current State of Ohio issued photo id or Driver's License with Franklin County address (Not required for minors)

*Please verify that all names match across documentation, if not please provide documentation of legal name change.

Unit Specific Documentation:

For a **Family Unit** (families with minor children) please provide a copy of the ODJFS Benefits Printout.

For a **Veteran Unit** (for VA benefits eligible applicant) please provide documentation of Veteran's Benefits.

