

Developmental Disabilities Resource Board Emergency Housing Assistance Policy

Policy Origination: July 1, 2010

Revision Effective July 1, 2018

Policy Reviewed: September 14, 2018

Scope of Emergency Housing Assistance Program

The DDRB provides funds to assist individuals with developmental disabilities and families with a child with a developmental disability to prevent homelessness or displacement. The availability of these resources allow individuals and families with developmental disabilities to receive assistance with rent and utility deposits; rent and mortgage payments; utility payments, moving expenses and other expenses to establish a household unit. Individuals and families will be connected to other local community services and resources to help sustain their independence. This program is designed to provide emergency/temporary assistance and not yearly ongoing assistance.

Eligibility

Individuals must be eligible for services through the Department of Mental health and a current resident of St. Charles County. Individuals and families must meet the annual income guidelines according to the AMI (Average Median Family Income) for St. Charles County. Individuals and families cannot have a combined annual household income above 50% of the AMI with deductions for eligible family members. Families with a dependent may deduct from the annual total an additional \$480 for each dependent and an additional \$400 for each family member with a developmental disability.

Guidelines

1. For those who receive case management services, applications are obtained through and submitted by the individual's case manager or service coordinator by DMH or DDRB. For those without case management services, applications are obtained through and submitted by a DDRB designated agency.
2. Supporting documentation of income and expenses must be included with the application to verify and ensure accuracy of the application.
3. All payments will be made directly to the vendor and not the individual applying for funds.
4. Individuals and families are eligible for a maximum of \$1200 per fiscal year- starting July 1 and ending June 30 each year. Each individual/family has a lifetime maximum of \$3600. Recipients prior to July 1, 2015 are eligible for the revised lifetime maximum.
5. Individuals and families are referred to community resources to meet ongoing support needs such as Missouri Division of Vocational Rehabilitation or the Missouri Job Center for employment services North East Community Action Corporation for utility assistance, independent living services, etc.

Reference Forms:

DDRB Application Instruction Sheet

AMI (Average Median Family Income) Reference Sheet

Emergency Housing Assistance Program Application

**DDRB FY20 Emergency Housing Assistance Program
Application Instructions**

1. The individual or the individual's dependent must have current eligibility status through Missouri Department of Mental Health Division of Developmental Disabilities.
2. Household members are defined as all individuals living in the home, including non-relatives.
3. The application requires the specific circumstances that caused the current housing emergency. Examples are:
 - a. Recent loss of income due to permanent layoff.
 - b. Loss of roommate causing temporary financial hardship.
 - c. Medical expenses causing financial hardship.
 - d. Unexpected car repairs.
4. The application requires action items that will assist the applicant with goals toward self-sufficiency. **Compliance with action items is required to be eligible for future EHAP assistance.** Examples are:
 - a. Applicant will seek employment assistance through Missouri Job Center of St. Charles County.
 - b. Case Manager will assist applicant with securing Social Security, Food Stamps, or TANF applications.
 - c. Applicant will enroll in the North East Community Action Corporation Low Income Home Energy Assistance Program (LIHEAP) utility assistance.
 - d. Applicant will utilize referrals to local food pantries.
5. Individuals, who have accessed EHAP funds in the past, must report the action items outcomes from their previous application. (Page 4 of application.)
6. DDRB EHAP funds can only be applied to the following:
 - a. Emergency utility payments, excluding late fees, to avoid imminent disconnection of:
 1. Home energy service of electric/gas/heating oil
 2. Water/Sewer
 3. Household trash removal

*Utilities require a disconnect notice unless the individual with a developmental disability lives independently or participates in the DDRB Independent Living Assistance (ILA) Program.
 - b. Emergency rental assistance, excluding late fees, for a maximum of two months to prevent homelessness. **Must include a current signed, copy of the lease agreement.**
 - c. Emergency mortgage payments, excluding late fees, for a maximum of two months to prevent foreclosure/homelessness. Must be 90 days delinquent or have a notice of foreclosure.

DDRB FY20 Emergency Housing Assistance Program
Application Instructions
Continued

- d. Emergency rent and utility deposits to establish a household unit. Must be able to verify imminent homelessness without the assistance.
 - e. Moving expenses.
 - f. Any combination of the above with a maximum amount per household of \$1,200 per fiscal year (July 1 through June 30) with a lifetime cap of \$3,600.
7. EHAP Income Worksheet
- a. Calculate the gross annual income for **all** individuals residing in the dwelling.
 - b. Apply family allowances as outlined in the policy.
 - c. If recently unemployed, calculate the actual gross income for the previous six months and multiply by two. This total must be no more than 50% of the income limit applicable to the number of persons in the household. (Refer to the income limits summary sheet included with the application.)
8. Application must include the following supporting documentation:
- a. Copy of photo I.D. of the applicant.
 - b. Verifying documentation of all sources of income.
Examples:
 - i. Most recent paycheck stub that documents the income calculation.
 - ii. Statement of Unemployment Benefits
 - iii. Social Security Income statement or CIMOR benefits statement
 - iv. Missouri Social Services letter of benefit for food stamps.
 - c. Copies of all utility/rent invoices requested for payment.
9. Applications that contain errors or are incomplete will be returned.

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

FY2020 Emergency Housing Assistance Program (EHAP) Application

Referring Agency Information

Agency Name:	Date of Application:
Agency Contact Person for this application:	Agency phone number:

List All Members In Household

LAST NAME	FIRST	Person with a Developmental Disability	DMH NUMBER (If Applicable)	DATE OF BIRTH	RELATIONSHIP
Applicant		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
		<input type="checkbox"/> Yes <input type="checkbox"/> No			

Household Information

Applicant mailing address:	Telephone Number:
Explain specific circumstances that caused this housing emergency:	
List specific action items that will assist the applicant with goals toward self-sufficiency. 1. 2. 3.	

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

FY2020 Emergency Housing Assistance Program (EHAP)

Income Worksheet

All information below will need to be verified by supporting documentation to receive financial assistance.

List all income received from the following sources:			Family/Household Member Who Receives the Income	Enter Monthly Amount
Employment Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
TANF	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Food Stamps	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Security - Retirement	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Security - Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Security – Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Security - Disability	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Social Security – Survivor Benefits	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Unemployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
WIC	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other Unearned Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Child Support	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
VA Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Retirement Income	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> Number of People in the Home: _____ </div>			Total Monthly Income	
			Total Annual Income	
			Total Deductions	-
			Total Adjusted Annual Income	

Deduction for Number of Dependents in Household _____ X 480 = _____

Deduction for Number of Household Members with a Developmental Disability _____ X 400 = _____

Total Additional Deductions: _____

DEVELOPMENTAL DISABILITIES RESOURCE BOARD FY2020 Emergency Housing Assistance Program (EHAP)

Type of Assistance	Vendor Name/Address/Phone	Cost of Service
<input type="checkbox"/> Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Moving	Vender Name: Vendor Address: Vendor Phone Number:	
<input type="checkbox"/> Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Moving	Vender Name: Vendor Address: Vendor Phone Number:	
<input type="checkbox"/> Utility <input type="checkbox"/> Rent <input type="checkbox"/> Mortgage <input type="checkbox"/> Moving	Vender Name: Vendor Address: Vendor Phone Number:	

My signature certifies the following:

1. The above information is true and complete.
2. I am at risk for becoming homeless or already homeless.
3. Assistance will provide me with decent, safe, and sanitary housing.
4. I understand that falsification or failure to report significant changes can result in denial of services both now and in the future.
5. I understand that I may be required to participate in a referral service to qualify for this or future emergency housing assistance through the Developmental Disabilities Resource Board of St. Charles County.

Signature of Applicant

Date

FOR OFFICE USE ONLY	Total Requested:		Total Paid by DDRB:
Approved by:	Received:	Entered:	Payment Date:

DEVELOPMENTAL DISABILITIES RESOURCE BOARD FY2020 Emergency Housing Assistance Program (EHAP)

Action Item Outcomes – (Required if applicant has accessed EHAP funds in the past)	Date of Previous EHAP Request:
<p>Restate action items from previous EHAP Request:</p> <ol style="list-style-type: none">1.2.3.	
<p>Provide outcome of the above listed action items:</p> <ol style="list-style-type: none">1.2.3.	

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
FY2020 Emergency Housing Assistance Program (EHAP)
(Updated Each February and July)

Income Limits - St. Charles County, Missouri										
FY 2019 Income Limit Area	Average Median Income	FY 2019 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
St. Charles County	\$81,300	Income Limit (50%)	\$28,500	\$32,550	\$36,600	\$40,650	\$43,950	\$47,200	\$50,450	\$53,700

NOTE: St. Charles County is part of the **St. Louis, MO-IL HUD Metro FMR Area**, so all information presented here applies to all of the **St. Louis, MO-IL HUD Metro FMR Area**. The **St. Louis, MO-IL HUD Metro FMR Area** contains the following areas: Calhoun County, IL ; Clinton County, IL ; Jersey County, IL ; Madison County, IL ; Monroe County, IL ; St. Clair County, IL ; Sullivan city part of Crawford County, MO ; Franklin County, MO ; Jefferson County, MO ; Lincoln County, MO ; St. Charles County, MO ; St. Louis County, MO ; Warren County, MO ; and St. Louis city, MO .

Additional Resources:

Register for Low Income Energy Assistance Program (LIHEAP) and Energy Crisis Intervention Program (ECIP) through North East Community Action Corporation (NECAC) 636-272-3477

Food Pantries Resource Guide: <http://www.communitycouncilstc.org/resources/food-resource-guide>

Affordable Housing Resources: <http://www.communitycouncilstc.org/resources/affordable-housing-resources>

Missouri Job Center of St. Charles County 636-255-6060

Reviewed 07/30/19

<http://www.huduser.org/>