

Record of Intake

Attachment A:

PART A: Applicant Information

Applicant Name (Head of Household):

Last Name:		First Name:
FEMA Registration No:	Social Security No:	Telephone number at which you can be reached:

Does anyone else in your household have a FEMA registration number (e.g., spouse or partner)? If so, please provide:

Last Name:	First Name:	FEMA Registration No:
Last Name:	First Name:	FEMA Registration No:
Last Name:	First Name:	FEMA Registration No:

PART B: Eligibility Screening

1. What was the name of the city/state where you were living just prior to Katrina? _____

2. What was your living situation immediately prior to being evacuated for Katrina (week of August 21-28, 2005)?

Check all that apply.

Living on the street, in a park, abandoned building or other place not meant for human habitation.

Where did you get your meals, receive mail or take showers, etc? _____

Name of person and/or agency who helped or knew you then: _____

Staying in an emergency shelter or transitional housing programs for homeless persons.

Name and address, if known, of the facility: _____

Staying in a motel using a voucher provided by homeless shelter program. Name of motel: _____

Living in HUD-funded Shelter Plus Care, Supportive Housing or HOPWA) permanent housing.

Name and address, if known, of the facility: _____

Did you have a case worker/case manager, if so what is that person's name: _____

Staying or living with family or friends. Name of the family member or friend: _____

In jail, prison or juvenile detention facility. Name of the facility: _____

In foster care home or foster care group home. Name of the facility: _____

Substance abuse treatment facility or detox center. Name of the facility: _____

In hospital, psychiatric hospital, psychiatric facility or nursing home. Name of the facility: _____

Other - Please describe that place: _____

2. What is the name of the city/state in which you are currently staying: _____

3. Do you want to find housing in the city in which you are currently staying or would you like to relocate?

Stay in current location.

Relocate: 1st Choice: _____ 2nd Choice: _____

5. Please read and initial each of the following statements.

____ I certify that the information I provided for this KDHAP-SN Eligibility Screening is true and correct and that this information will be used to establish my family's provisional eligibility for KDHAP-SN for 90 days.

____ I understand that this information may be used to continue my KDHAP-SN assistance up to an additional 15 months if the electronic or paper records verifying homelessness or residency in HUD Special Needs Housing were destroyed as a result of Katrina.

____ I understand that giving false information may subject me to termination of KDHAP-SN assistance as well as criminal prosecution.

____ I understand that being found guilty of providing false information, may result in repayment of KDHAP-SN assistance and/or incarceration in prison.

PART C: Permission to Collect and Share Information

Eligibility for KDHAP-SN must be established as a condition to receiving housing assistance. You must allow information collected in this application to be shared in order to establish KDHAP-SN eligibility, process the application, and issue housing payments. Information will be shared between HUD, homeless and Special Needs Housing providers who served you prior to Katrina, as well as disaster relief agencies, such as FEMA, the Regional Call Centers and Public Housing Authorities who will process applications and KDHAP-SN payments. Additionally, you must allow homeless service providers, domestic violence shelters, Special Needs Housing providers, HMIS administrators and other service providers to review your electronic and/or paper records in order to establish continued eligibility for KDHAP-SN. Homeless and Special Needs Housing providers will be asked to verify and certify that during the period of August 21-28, 2005, you were in the living situation you indicated on page 1 (Eligibility Screening section).

By signing below, I understand that any or all of the following agencies may share KDHAP-SN application information and homelessness or housing status prior to Katrina among and between each other in order to determine on-going eligibility for rental assistance through KDHAP-SN: US Dept. of Housing and Urban Development (HUD), HUD's Regional Call Centers, Public Housing Authorities, disaster relief agencies (e.g. FEMA), homeless service providers, Continuum of Care (CoC) agencies/programs, Special Needs Housing providers, and 211/Information and Referral agencies.

Applicant Signature:	Date:	Witness Signature:	Date:
X		X	

Public reporting burden for this collection of information is estimated to average 0.4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This information will enable HUD to determine eligibility for Katrina Disaster Housing Assistance Program Special Needs. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.