PHMC
DIRECT EMERGENCY FINANCIAL ASSISTANCE PROGRAM

PROGRAM GUIDE

In collaboration with

AIDS ACTIVITIES COORDINATING OFFICE (AACO)

THE OFFICE OF HOUSING AND COMMUNITY DEVELOPMENT (OHCD)

PHMC DEFA PROGRAM
260 SOUTH BROAD STREET, 18TH FLOOR
PHILADELPHIA, PA 19102
DIRECT EMERGENCY FINANCIAL ASSISTANCE PROGRAM

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Introduction:

Through the collaborative efforts of the AIDS Activities Coordinating Office (AACO) and the Office of Housing and Community Development/Housing Opportunities for People with AIDS (OHCD/HOPWA), funding from Ryan White Parts A & B and Housing Opportunities for Persons with AIDS (HOPWA) has been combined to create the Direct Emergency Financial Assistance Program (DEFA).

The DEFA Program is an emergency financial resource for people living with HIV and AIDS (PLWH/A) in Bucks, Chester, Delaware, Montgomery, and Philadelphia Counties. All applications are processed through a Central Processing Site (CPS), located at the Philadelphia Health Management Corporation (PHMC).

DEFA funds are available to any person infected with HIV or AIDS in the qualifying counties. The purpose of the fund is to assist PLWH/A in an emergency situation that has resulted from an unexpected occurrence or set of circumstances that demands immediate action. The DEFA program accepts eligible applicants in accordance to the Federal, State, and local guidelines of the Equal Employment Opportunities Commissions (EEOC), as well as all non-discrimination laws. It also retains absolute confidentiality regarding all of the information contained in an application, in adherence with PA Act 148.

Due to the combined requirements of each participating funding source, appropriate changes and improvements have been made to the program. The DEFA Program is committed to following the intent of Congress and policies of the Health Resources and Services Administration (HRSA) in the distribution of DEFA Program funds. We have made every effort to expand our DEFA resources in order to better serve the HIV/AIDS community.

Overview:

The purpose of this Program Guide is to clearly identify DEFA Program eligibility, documentation and service parameters for Part A & B case managers and HOPWA housing counselors to follow when completing a DEFA application.

This program guide is divided into two sections Section I - Program Requirements, and Section II – Application Instructions.

Section I – Outlines general program qualifications, service categories for available funding, and required documentation for applicants. Documentation requirements are broken down into documentation required for all applicants, and service need specific documentation.

Section II – Contains page by page instructions on how to complete the DEFA application. Only original applications will be accepted.
SECTION I

ACCESS TO THE DEFA PROGRAM:

The (DEFA) Program requires that any consumer who applies for assistance do so through a Ryan White Part A & B funded case manager, HOPWA-funded housing counselor or through a primary care clinic funded by Part A & B. The applicant does not have to agree to become a client as part of the process of submitting an application. If an individual is being referred from another agency, then the individual remains a client of the referring agency. The DEFA Program is available to all persons who are HIV positive or living with AIDS within the eligible region who can demonstrate an emergency financial need. The fund is not limited to clients of the agency that processes the application.

Each application is to be signed (to include initialing each page) by a certified DEFA Coordinator. All DEFA Coordinators are required to attend an annual half-day training. At the end of the trainings, coordinators must complete a mock DEFA application and must pass a test in order to be certified, or re-certified.

PROGRAM QUALIFICATIONS:

The DEFA Program criteria that all applicants need to meet in order to qualify for a grant are outlined below.

1. THIS REQUEST FOR FINANCIAL ASSISTANCE MUST BE THE PAYER OF LAST RESORT. Ryan White funds are required to be the payer of last resort. The application allows case managers to document that the applicant has diligently sought assistance in resolving their current crisis from other resources before requesting DEFA Program funds. **It also includes a section which allows the case manager to document that he/she has provided HRSA mandated financial counseling, which includes identifying resources to help the applicant avoid having to use DEFA funds in the future.** DEFA Program funds are not to be used as a substitute for family, personal, employer, governmental, community, or any other means of support. The intake site must act as a resource to help the consumer gain access to other programs and entitlements before submitting the application.

2. The applicant may apply for financial assistance under the following categories:

   A. Essential Utilities (Electric, Gas, Heating Oil, Water)

   B. Housing Assistance (Mortgage, Back Rent, First and Last Month’s Rent, Security Deposit)

If a case manager submits an application with rent and utilities greater than 60% of income, the case manager must document future plans to increase legal income, decrease expenses, or some combination of the two. Case managers must also document why it is that the client cannot or will not find more affordable housing. Failure to document such will result in the rejection of the application for Title 1 DEFA funds. According to Health Resources and Services Administration (HRSA), “Good housing strategies assess the client’s ability to live independently, to pay rent, and to live with or without specific types of supportive services” (HRSA, Housing is Health Care: A Guide to Implementing the HIV/AIDS Bureau (HAB) Ryan White CARE Act Housing Policy, 1999, p. 15).
C. Emergency Medical Treatments – All requests for assistance of this type must be accompanied by a medical determination letter from the applicant’s physician, which states how assistance will be used to improve the applicant’s health. All HIV/AIDS related medical treatment or equipment funded by DEFA must be used to improve the overall medical condition of the applicant; this treatment can not be covered by any form of insurance or obtainable through other Ryan White sources.

D. Medications – All requests for medications must be HIV/AIDS-specific and can not be covered by any form of insurance or obtainable through the Special Pharmaceutical Benefits Program (SPBP) or other funded programs.

3. Applicants must be HIV Positive or have an AIDS diagnosis based on the clinical definition established by the Social Security Administration.

4. Income – The applicant’s income may not exceed the adjusted gross income below:

<table>
<thead>
<tr>
<th>HOUSEHOLD</th>
<th>80% MODERATE INCOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$43,900</td>
</tr>
<tr>
<td>2</td>
<td>50,150</td>
</tr>
<tr>
<td>3</td>
<td>56,400</td>
</tr>
<tr>
<td>4</td>
<td>62,650</td>
</tr>
<tr>
<td>5</td>
<td>67,700</td>
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<tr>
<td>6</td>
<td>72,700</td>
</tr>
<tr>
<td>7</td>
<td>77,700</td>
</tr>
<tr>
<td>8</td>
<td>82,700</td>
</tr>
</tbody>
</table>

5. Financial assistance from DEFA to a household of up to two (2) persons is subject to a maximum of $1,500.00 per year. A household of three (3) or more persons is subject to a maximum of $2,000.00 per year from DEFA.

6. A DEFA application may be submitted up to three (3) times each 12 -month period per household (beginning from the first application request date) for a maximum award of $1,500.00 or $2,000.00, depending on the availability of funding and funding source. Each new anniversary date begins on day 366, or day 1 of the following year, that PHMC receives the application.

7. Payment will be made directly to the vendor (e.g., utility company, property owner, mortgage company, realtor, property management company.) The nature of the fund will not be disclosed on the payment check. No payment will be made directly to any applicant or to a member of the applicant’s family or household.

8. All applicants must receive at least one session of financial counseling during the process of filing of this application. It is highly recommended that ongoing financial evaluation be included as part of the applicant’s Care Plan. Ongoing financial assessments should be conducted routinely and should be considered part of a case manager’s regular duties and responsibilities.
DEFA APPLICATION FORM REQUIREMENTS

All DEFA grant applications must be complete. If the application is missing any forms, or any form is incomplete, the application will be deemed incomplete and will not be processed until the missing information has been completed.

Certified DEFA Coordinator Signature and Initial:
A certified DEFA Coordinator must sign the front page of the application. Each page of that same application is to be initialed by that individual to confirm they have reviewed the entire application, including attachments.

1. Demographic, Applicant's Personal Data, and Description of Residence information – Pages 2 and 5 of the application request information for the applicant covering these 3 areas. All questions must be answered fully for the application to be considered complete.

2. Financial Request Form – This form (page 11 of the application) is completed with the vendor, and contains payment information about the requested funding.

3. Submitting Agency Data/Need Assessment – This form (page 12 of the application) has the intake agency’s and case manager’s contact information.

4. Client Consent – This form (page 15 of the application) is the client’s agreement to the application process for the DEFA Program. This form needs to be signed by the client and the case manager working with the client.

VERIFICATION DOCUMENTATION
The intake site is responsible for ensuring that all required documentation and information is included on the application. Submitted applications missing any of the required applicant or service need documentation will be considered incomplete. If the application is incomplete, the case manager or site point person will be contacted within 24 hours, and given information regarding the application’s status and reasons why the application is incomplete. DEFA applications can be returned at any time to the provider agency if pending or incomplete. No DEFA application will remain pending at PHMC past 30 days, it will be returned to the intake site. Please note that incomplete applications will result in the delay of processing and of the payment to the vendor. All supporting documentation must be included with the application and the application file number written on the bottom.
**VERIFICATION DOCUMENTATION REQUIRED FOR ALL APPLICANTS:**

1. **Photo identification that shows their date of birth**
   - Driver’s License
   - State ID
   - Passport
   - Immigration Visa
   - Birth Certificate for applicants who are minors and do not have photo identification.

   If the photo identification presented does not contain the applicant’s date of birth, another source of date of birth verification must be included with the application (e.g. birth certificate.)

2. **Social Security Card** – A copy of the applicant’s Social Security card, verifying his or her social security number must be submitted. If applicant does not have a copy of his or her social security card, another type of official document identifying the applicant’s Social Security Number can be used (e.g. letter from Social Security Administration office.)

3. **HIV/AIDS Status** – All applicants must provide a letter from a physician confirming their HIV/AIDS diagnosis. **This document must include the physician’s name, address, and telephone number.** The “Direct Emergency Financial Assistance Program Certification of Medical Necessity of Housing Funds” form can be utilized to confirm HIV/AIDS status.

4. **Income and Entitlements Verification** - Applicants must provide verification of income or entitlement sources listed on the application’s Financial Assessment. This verification should be in the form of current pay stubs, letters from the Social Security administration, letters from the Department of Welfare or Public Assistance, and/or tax returns. “Under the table” cash payments cannot be listed on the DEFA application.

5. **Household Size Verification** – Households of more than 2 persons applying for the maximum annual allowance of $2000 must include copies of the birth certificates of all household members. Copies of Social Security Cards will be accepted for adults if birth certificates are not available. Children must have birth certificates and social security cards.

6. **Examples of items or services for which grants will not be awarded:**
   - Down payments
   - Burial/cremation costs
   - Automobile repair, maintenance, or insurance
   - Recreational activities – trips, summer camp, movies, etc.
   - Routine transportation
   - Ongoing medical expenses; medical therapy, counseling, drug or alcohol rehabilitation
   - Water heater
   - Air conditioners and refrigerators
   - Personal debt; student loans, credit cards, etc.
   - Space heaters
   - Personal health care products
   - Cooking stove
   - Telephones, cell phones or pagers
   - Moving expenses
   - Personal items – furniture, clothing, bedding, etc.
**DOCUMENTATION VERIFICATION OF SERVICE NEED:**

**NOTE:** Multiple applications for the same type of grant during an anniversary year will not be accepted.

**Essential Utility Connection Fees and Processing Costs:**

DEFA will assist in the one-time utility connection fees and processing costs, not including any penalties or fines.

Required documentation is a written statement from the utility company. The document must contain the applicant’s name, address, and total cost being requested.

**Essential Utility Payment Arrears:**

DEFA will pay 70% of the minimum amount needed to avert shut off up to $250 per utility. If services have been terminated, the client must present documentation that they have paid their portion prior to making a DEFA request. Clients may not apply for assistance for the same utility twice in a twelve-month period in their anniversary year.

Since DEFA will only pay for one utility request per anniversary year, if multiple utilities are in a bill (i.e. gas and electric), they must be listed separately on the financial request page. This does not necessarily mean that both requests will be approved.

**Proof of Shut off notice is required.**

**Heating Oil:**

DEFA will assist in the purchase of heating oil for applicants. DEFA will pay 70% of the refill cost (up to 100-gallon maximum heating oil request per year).

Required documentation is:
- Statement/invoice from heating oil company. The document must contain the applicant’s name, address and total oil amount being requested.
- The consumer will need written verification from a professional heating oil company as to their being in imminent danger of being without heat. This documentation should include the size of the client’s tank, the amount of oil currently in the tank.

**Mortgage Arrearage:**

DEFA will assist with mortgage arrearage to avoid foreclosure. Required documentation is:
- A copy of the payment book coupon or monthly mortgage statement verifying regular monthly mortgage payment.
- Letter of arrearage from mortgage company or foreclosure notice.

*Note – Mortgage companies often will not accept partial payments on overdue mortgages; please confirm that a partial payment will be accepted prior to submitting a DEFA application if DEFA is not paying the entire past due amount.*
Back Rent:

HRSA mandates that DEFA funds are used to prevent homelessness. Therefore, DEFA does not pay for back rent if the consumer has been evicted. No one may be legally evicted without the filing of a legal writ of eviction. The application must document that an applicant is in real danger of losing their current stable living situation. DEFA will not pay for back rent twice in the same year at the same address. If the consumer is in need of assistance twice within twelve months (anniversary year) at the same address, the case manager should counsel the applicant as to the affordability and sustainability of their current housing. If a consumer does not have verifiable income they must submit proof of past timely payment (6 months) and an explanation as to how their current lapse is due to a temporary situation that is being resolved imminently. Since the purpose of DEFA funds is to prevent the imminent threat of homelessness, all requests for back rent payments must be accompanied by a copy of the following:

- An Eviction Notice, or other documentation of intent to evict from a legal entity, e.g. the police department, landlord, legal representative of the landlord, or a legally recognized mediator.
- Proof of landlord property ownership.
- Statement of back rent signed by both landlord and tenant, detailing the amount needed to avert action.
- Copy of rental receipts or lease, or statement of rental history.
- Six consecutive months worth of past payment rental receipts.

First and Last Month’s Rent or Security Deposit:

DEFA will pay for a client’s first and last month’s rent or security deposit. DEFA will not pay for 1st and last month’s rent or security deposit if the consumer has already moved into the facility. DEFA will not pay for 1st and last month rent or security deposit twice in the same year (anniversary year). Security deposits are program funds that must be returned to the program when assisted tenant leaves the unit. If a consumer provides fraudulent information, their grant will be void and/or they will be responsible for paying back the funds requested if payment has been made to the vendor. Required documentation is:

- Medical Determination - HRSA regulations state that when DEFA funds are utilized for relocation of housing, the relocation must be medically necessary. Therefore, the application contains a Certification of Medical Necessity of Housing Funds form that must be completed by the applicant’s physician or Certified Registered Nurse Practitioner (CRNP), certifying that it is medically necessary for the client to relocate to improve applicant’s health.
- Letter of Intent from landlord or new lease – These documents need to contain the applicant’s prospective address, monthly rent cost, and a specific request for first and last month’s rent or security deposit.
- Proof of property ownership from the landlord.
- Receipt for any security deposit required.

Effective November 23, 1999, applicants living in housing units that are subsidized with federal funds requiring that they pay 30% of their adjusted gross incomes for rent (including the utility allowance which is calculated as part of the total rent), are not eligible to receive DEFA funds to pay rent or utilities.
Medical Treatments and Medications:

DEFA will give financial assistance for Emergency Medical Treatment if the treatment is related to the applicant’s HIV/AIDS condition. **One request per lifetime.**

- Medical Determination - All requests for Emergency Medical Treatments must be accompanied by a letter from the applicant’s physician or CRNP certifying that the treatment is related to the applicant’s HIV/AIDS and medically necessary for the applicant’s health care treatment and continued health. The letter must state the correct terminology of the diagnosis, and how it is related to the applicant’s HIV/AIDS condition.
- Invoice for the medical treatment

Medications:

All requests for items covered under the category of Medications must be for HIV/AIDS-specific medications that are not covered by any other form of insurance or otherwise obtainable through the Special Pharmaceutical Benefits Program (SPBP) or other funded programs. Persons in the process of getting SPBP or other insurance must show proof of application. General medications for uninsurable applicants can be covered if the medication can be linked to the applicant’s HIV/AIDS condition. Required documentation is:

- Supporting documentation from the applicant’s physician, linking the medication prescribed to the applicant’s HIV/AIDS condition (e.g. a prescription for an anti-depressant can be linked to patient adherence to HIV medical regimen as depression often a marker for non-adherence)
- Invoice for the medications
SECTION II – Application Instructions

This section is a page-by-page, detailed review of how to complete the DEFA application. When filling out the application, please print clearly or type the application. All attached documentation must be legible and photographs must be recognizable. The Applicant’s File Identification Number must appear on each page of the application and on each attachment along with the certified DEFA Coordinator’s initials.

All sections of the application must be completed in full. The application and all attachments can be submitted either by mail or delivered directly to the Central Processing Site (CPS) for final approval by the Program Coordinator. This is not an anonymous service, and all client data must be included. This will also ensure proper account credit with the vendors. Applications will not be accepted by facsimile. Only original applications will be reviewed; copies are not acceptable.

APPLICATION PAGE 1

CHECKLIST OF ENCLOSURES:
Please use this page as a checklist to ensure that all information and documentation has been included with your application. Mark each appropriate box, and make sure that the agency certified DEFA Coordinator has signed, dated, and marked the delivery type at the bottom of the page. All hand delivered applications must be submitted in a sealed envelope for confidentiality.

At the bottom of each page, you must list the Application File Number:

This number is used to simplify communication among the Program Coordinator, The Central Processing Site, and the applicant. It must appear on every page of the application, including the supporting documentation. To create the file number:

1. Enter the applicant’s first and last initials.
2. Enter the month (2 digits) and year (2 digits) of the applicant’s date of birth.
3. Enter last four (4) digits of the applicant’s Social Security Number.

Example: John M. Doe, born January 1, 1967 – Social Security Number is 445-06-2167. The applicant’s ID # is JD01672167.

If the applicant does not have a social security number, due to his or her immigration status, please use the following identification formula: The applicant’s first and last initial, 6 digit birth date, and the last 2 digits of the year you are filing the application.

Example: John M Doe, born January 1, 1967, applying in 2008 the applicant’s ID# is: JD01016708

In addition, please include the statement “Social Security Number verification is not available at this time.” in the Assessment of Need section of the application.
APPLICATION PAGE 2

Please fill in the date and the agency's assigned Agency Identification (ID) Number.

DEMOGRAPHIC INFORMATION:

- Date of Intake – Original interview date with consumer
- County of Residence -
  - Bucks, Chester, Delaware, Montgomery and Philadelphia county residents ONLY are eligible for DEFA funding.
- Number of persons in household
  - Please list the number of adults, children, males, females and transgenders residing in the household.
- Head of Household –
  - Please list the head of household. If the applicant is the head of household, mark “SELF”.
- Dependents –
  - Please list the number of legal dependents under the applicant’s care. You may list as a dependant any child for whom the applicant is paying child support. Verification of child support must be attached to the application, if applicable.
- Name – Please use the applicant’s full legal name.
  - If you include a transgender individual’s common name, enter their legal name, followed by mark AKA (Also Know As) and their common name.
- Gender –
  - Mark an X in the appropriate box – “M” for male, “F” for female, or “T” for transgender. Transgender applicants must file the application under their legal name, as shown on their photo identification.
- Birth Date:
  - Please enter the date of birth as a numerical entry
    **Example:** January 1, 1950 would appear as follows: 01/01/50.
- Social Security Number – Please write the nine (9) digit number and include a photocopy of the Social Security Card or Social Security Administration documentation which states the number.
- Age – Please mark the appropriate box.
• Address – Please list the applicant’s current address including the City, State and Zip Code. Include verification of address with the application.

• Telephone Number – List the applicant’s current telephone number.
  • If applicant does not have a telephone, please list the best telephone number where they may be contacted, who the contact at the phone number is, and their relationship to applicant.

• Other Telephone Contact – Please list an alternate phone number and the relationship of the contact person at that phone number to the applicant.

• Primary Insurance – Please mark appropriate box.

• Primary HIV Medical Care – Please mark appropriate box.

• Race – Please mark the appropriate box. All applicants must complete the race field.

• Ethnicity – Please mark whether or not the applicant is Hispanic/Latino or Non-Hispanic/Latino

• Medical Status - Please mark the appropriate box.
  • Written verification of the applicant’s medical status must be included with the application. If the applicant has an AIDS diagnosis, it must be listed as the primary status. The following is a list of acceptable verification:
    • Letter from Physician
    • HIV/AIDS status on a medicine prescription pad
    • DEFA Certification of Medical Necessity of Housing Funds form

• HIV Risk Factors – Please mark any known risk factors.

• Marital Status – Please mark the appropriate box.

Household member(s): Page 3 and 4
Name, gender, birth date, age, race and ethnicity are required for all persons in the household.
APPLICATION PAGE 5

- Housing Subsidy – Please mark the appropriate box and list the name of the entity that provides the rental or housing entitlement. Include written verification.

- Low Income Housing – Please mark the appropriate box and list the name of the entity that provides the low income housing. Include written verification.

- Current living arrangements –
  - Please mark if the arrangement is permanent or not.
  - Mark if residence is shared, no expenses, rented or owned.
  - Mark type of dwelling.
  - Mark number of bedrooms in dwelling.
  - Write in how long applicant has lived at residence.

Review and date the consumer’s prior living situation. Also mark in the box that best describes their living situation prior to their current living situation.

APPLICATION PAGES 6 - 7

DEFA Standard Housing Counseling Form:
(Used for Back Rent and 1st and last month rent request only)

Please list consumer name, case manager name and proposed address.

- Net Income
- Rent/Mortgage amount
- (Anticipated) Average Utilities
- Rent/Utilities to Income _______%

1. Does the client have a history of problem with maintaining housing: Yes, No. If Yes, please explain cause and current growth around payment of housing cost:
2. Are there any health or mobility issues which may impact the client’s ability to pay for housing: Yes – No. If Yes, please explain how the client will work around this issue:
3. Please list resources which will be used to maintain the client in this housing. Cite source and monthly amount (Attach documentation)

List every member of the household, their source of income, and their net income, including any entitlements or benefits received by dependants. List the net income by month, and calculate the total household annual net income. Please include documentation to verify the household income. Appropriate forms of verification are:

- Current payroll stub, bank statement, and/or access card
- Income statement for Social Security or Department of Public Welfare
- Statement of monthly food stamp allocation
- Income statement from retirement benefits
- Income statement of child support
- Tax form
Note: "Under the table" cash payments cannot be listed on the DEFA application.

**Family or Friend Financial Assistance:**

Anyone who submits a DEFA application with documentation that a relative or friend of the consumer will be assisting them by donating a certain amount of financial assistance each month must provide the following:

A. Have that documentation notarized with the relative or friend’s signature and the amount they promise to contribute monthly.

B. Proof of ability to pay must also be submitted. This includes pay stubs from the friend or relative. If the friend or relative is not regularly employed but will cover costs through savings, inheritance, or investments, they must likewise submit proof of such assets.

   1. Bank statements showing the balance.
   2. Investment portfolio statement noting the value of the portfolio and rate of remaining income, etc.

Undocumented cash payments for services cannot be noted on the friend or family budget as income.

4. Are the client’s housing and utilities less than 60% of the total resources: Yes – No  If No, please continue. If Yes, Please sign and date on the following page.

5. Does the client have documented family/friend support to maintain their home if needed: Yes – No  If yes, please cite source and monthly amount (attach documentation)

6. Does the client have any other factors, which may qualify him/her for other forms of housing assistance in the community? Yes – No  If Yes, please explain and indicate amount qualified for. (Attach documentation).

7. Are there other sources available to fund long-term housing assistance if needed? Yes – No  If Yes, please cite source and eligibility amount (attach documentation).

8. If the answers to question 5 – 7 are No, or the extra amounts still do not bring rent and utilities to be less than 60% of available resources, please explain what housing strategy you have that convinces you that this client will be able to maintain him/herself in the proposed or actual housing. (Attach documentation. For Back Rent: Attach previous six consecutive months’ worth of past payment receipts at this address and explanation of the temporary nature of the current crisis.)

The case manager signature attests that the client has received housing counseling pursuant to the application and that such counseling is reviewed at a minimum of once every six months.

The client’s signature attests that they have received housing counseling with the goal of maintaining themselves in the proposed housing without need for further DEFA assistance.
APPLICATION PAGES 8 – 9

DEFA Standard Utilities Counseling Form:  
(Used for utilities request only)

Please list consumer name, case manager name and address.

- Net Income
- Rent/Mortgage amount
- (Anticipated) Average Utilities
- Rent/Utilities to Income ______% 

1. Please describe circumstances leading to the shut off threat/action or oil shortage:
2. Does the client have a history of problem with maintaining utilities: Yes – No  If Yes, please explain cause and current growth around payment of utilities:
3. Are there any health or mobility issues which may impact the client’s ability to pay utilities: Yes – No  If Yes, please explain how the client will work around this issue:
4. Type of utility (circle): Electric  Gas  Water  Oil
5. Circle one: Restoration of services  Shut off aversion  Oil Fill Up
6. Negotiated minimum amount needed to avert shut off or restore service:
7. DEFA amount requested: $________. (For gas, water and electric, DEFA will only pay 70% of the minimum amount up to $250 per. For those seeking to restore services, attach documentation that the client’s portion has been paid. For oil, DEFA will pay 70% of the re-fill cost up to 100 gallons).
8. For oil only: Measurement of the tank: ______ gallons remaining of a ______ gallon tank (Attach document from the oil company of the above including an invoice. DEFA will pay 70% of the refill cost up to 100 gallon maximum heating oil request per year.) Sign and date on the following page.
9. Please list client income/resources, which will be used to pay utilities after the award of the DEFA grant. Cite source and monthly amount. (Attach documentation)

List every member of the household, their source of income, and their net income, including any entitlements or benefits received by dependants. List the net income by month, and calculate the total household annual net income. Please include documentation to verify the household income. Appropriate forms of verification are:

► Current payroll stub, bank statement, and/or access card
► Income statement for Social Security or Department of Public Welfare.
► Statement of monthly food stamp allocation
► Income statement from retirement benefits
► Income statement of child support
► Tax form

Note: “Under the table” cash payments cannot be listed on the DEFA application.
**Family or Friend Financial Assistance:**

Anyone who submits a DEFA application with documentation that a relative or friend of the consumer will be assisting them by donating a certain amount of financial assistance each month must provide the following:

A. Have that documentation notarized with the relative or friend’s signature and the amount they promise to contribute monthly.

B. Proof of ability to pay must also be submitted.
   - This includes pay stubs from the friend or relative. If the friend or relative is not regularly employed but will cover costs through savings, inheritance, or investments, they must likewise submit proof of such assets.
   1. Bank statements showing the balance.
   2. Investment portfolio statement noting the value of the portfolio and rate of remaining income, etc.

Undocumented cash payments for services cannot be noted on the friend or family budget as income.

10. Are the client’s rent/mortgage and average utilities less than 60% of the total resources:
   - Yes – No
     - If Yes, please sign and date on bottom of page 9. If No, please do one of the following:
       a. Attach documentation of solid payment history prior to the crisis which lead to the current situation
       b. Attach documentation of family/friend support to pay utilities.
       c. Attach documentation of other factors, which may qualify him/her for other forms of utility assistance in the community.
       d. Attach documentation of other sources available to fund long-term housing assistance if needed.

11. If the resources documented in question 10 still do not bring rent and utilities to be less than 60% of available resources. Please explain what strategy around utility payments you have that convinces you that this client will be able to pay utilities in the future without foreseen need for further assistance?

The case manager’s signature attests that the client has received financial counseling pursuant to the application and that such counseling is reviewed at a minimum of once every six months.

The client’s signature attests that they have received financial counseling with the goal of maintaining themselves in the proposed housing without need for further DEFA assistance.

**Page 10 ASSISTANCE DETERMINATION GUIDELINES:**

Please include this page with every application. Use this page as a tool to discuss the grant guidelines with the consumer. Be sure to complete the application file number at the bottom of the page.
Page 11 FINANCIAL REQUEST FORM:

Please mark the appropriate request number. If this is the first request for assistance in the current Anniversary year, mark “1”, if the second request, mark “2” etc.

- **Grant Request** – Please mark the appropriate box.

- **Vendor Company** – Please list the full name of the vendor to receiving the payment.

- **Address** – Please list the full address of the vendor, including the department, suite number, and city, state, zip code.

- **Telephone Number** – Please list the vendor’s area code and phone number.

- **Account Number** – Please list the account number or any reference number that will ensure proper credit to applicant’s account with the vendor. Please use the street address and apartment number as the account number for rental assistance applications.

- **Amount requested** - Please list the amount needed to meet the emergency need of the applicant.

- **Total Grant Amount Requested** – Please list the total amount of each request.

Please Note:
List each payment request separately. You may use additional pages if necessary.

APPLICATION PAGE 12

SUBMITTING AGENCY’S DATA:

Agency – Please list the full name of your agency.

Certified DEFA Coordinator – Please list the name of the Certified DEFA coordinator for your agency, and their title, e.g. Case Manager, Executive Director.

Case Manager – List the name of the case manager completing the application.

Address – Please list the agency’s full address, including suite number, city, state, zip code, and telephone and fax numbers.
DEFA Coordinator’s E-mail Address – Please include your agency’s coordinator’s e-mail address; this will be the primary means of communication regarding the status of the application.

Case Manager’s Signature – The case manager must sign and date the form, attesting to the accuracy of the application information.

APPLICATION PAGE 13

Direct Emergency Financial Assistance Program Medical Necessity For Housing Form/Medical Determination:

This form, which verifies the medical need for the applicant to move, must be completed by the applicant’s physician or Certified Registered Nurse Practitioner (CRNP) whenever an applicant is applying for first and last month’s rent. It must contain the applicant’s name and the physician’s name, address and phone number. One of the reasons necessitating a move must be marked, and the form must be signed by the physician or CRNP. The physician or CRNP must also complete and certify the date of the applicant’s HIV Seropositive. The signature date must be within 60 days of the application request date.

APPLICATION PAGE 14

STATEMENT OF BACK RENT:

This form must be completed by the landlord whenever an applicant is applying for back rent. The purpose of the form is to detail the amount needed to avert action. The form must be signed by both the landlord and the tenant. In addition, a writ of eviction or letter from the landlord threatening eviction must be included with the application.

Note: No one may be evicted without a filing of a legal writ of eviction.

APPLICATION PAGE 15

CLIENT CONSENT FORM:

Please have the applicant read the enclosed client consent form, which includes a Confidentiality Statement and Applicant’s Statement. The applicant’s name must be printed at the top of the form, and the form needs to be signed and dated by the applicant. The applicant must be offered a copy of the form. If the applicant does not choose to accept a copy, please mark the appropriate place on the application. This will ensure that each applicant has read and fully understands the contents of the document and agrees to permit the agents of DEFA to act on their behalf, as needed. The case manager must sign the bottom of the form.
Note: Certified DEFA Coordinators are responsible for keeping track of all email updates outlining DEFA guideline changes received from the DEFA Program Coordinator at the Central Processing Site at PHMC. A revised copy of the DEFA Program Guide is updated periodically on PHMC’s website www.phmc.org.

If the consumer believes the denial of the DEFA application does not follow the DEFA Program Guidelines; the consumer can contact the Health Information Hotline for an Appeal/Grievance at 1-800-985-2437.