



2261 Adams Ave
Telephone: 801-394-9456
Fax: 801-394-9457
tanfcm@yccogden.org

Dear Applicant:

Thank you for coming to the YCC Family Crisis Center. Your needs are important to us! The first step in receiving housing assistance or referrals to local resources requires you to fill out this application as thoroughly as possible. This is your chance to tell us your story so that we can better understand how best to assist you.

Once you complete this application and it is submitted, you will be contacted by our Diversion Specialist within one week to better understand your crisis and make a determination for what programs or resources may benefit you. All applications are reviewed on a weekly basis, and determinations are made every Friday. If you are selected for the program, a Case Manager will reach out to you to discuss scheduling an intake. If you are not selected for the program, our Diversion Specialist will use this application to see what other programs and resources you may qualify for. Please take the time to be as thorough as possible when describing your crisis so that we may better assist you. Thank you!

Respectfully yours,

Megan Rose
TANF Housing Case Manager, YCC
Office: 801-689-1719
Cell: 385-298-8898
Email: megan.r@yccogden.org

Self-expression and self-identification is one of my professional and personal values. One way to practice these values is to share gender pronouns. My name is Megan Rose and I use she/her pronouns. What pronouns do you use?



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Housing Assistance Questionnaire

Applicant Name:	
Phone number:	
Birthdate:	
Email:	
Address OR Last Zipcode:	

Best form of contact (Please circle one):	Cell Phone	Email	Through Friend or Family Member
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Why are you seeking housing assistance? (Please circle one):	I am currently homeless	I received a 3, 7, or 15 day eviction notice	I am staying at an emergency shelter
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Are you employed? (Please circle one):	Yes	No
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What is your gross household monthly income? (Please write in an amount, even if only an estimate):	
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Do you have custody of a child under the age of 18? (Please circle one):	Yes	No
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Are you willing and able to work? (Please circle one):	Yes	No
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Do you have valid identifying documents (Social Security Cards, Driver's License (for adults) and Birth Certificates) or a MyCase Report for each child in your family? (Please circle one):	Yes	No
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Have you ever received TANF Rapid Rehousing assistance? If so, please write the date:	
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***Please Note:** Once your application is submitted, you will be contacted by a Diversion Specialist within one week to better understand your crisis and make a determination for what programs or resources may benefit you. If you are selected for the program, a Case Manager will reach out to you to discuss scheduling an intake. If you are not selected for the program, our Diversion Specialist will use this application to see what our programs and resources you may qualify for. Please be as thorough as possible when describing your crisis so that we may better assist you. Thank you!

Signature: _____

Date: _____

Housing Assistance Application

Disclosure (Please initial each line):

_____ The YCC provides rental/deposit assistance based on program eligibility requirements, available funding, and staff capacity for processing cases.

_____ The YCC will make every effort to assist as many applications as possible. However, once the program funding is exhausted or staff services reach capacity, all remaining applications will be denied.

_____ The YCC endeavors to verify all information through third party verification, and any application that contains false or misleading information will be rejected. One method we use to verify information is look up clients and potential clients in the UHMIS database.

***Please sign on the following line if you give the YCC permission to verify your information in UHMIS:**



(Signature of Applicant or Applicants)

_____ If your application is selected for evaluation, you will be contacted by our Diversion Specialist via phone for a brief phone interview with follow-up questions. This does not mean you have been approved for the program.

_____ If your application is denied, you will be notified and encouraged to reapply in 30 days OR referred to another agency that may best meet your needs. Please do all that you can to seek alternative resources for housing in the meantime.

Signing below states that **all the personal and financial information provided is true to the best of your knowledge.** you have read the disclosure above, and agree to the terms and conditions of this program.

SIGNATURE

DATE



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YCC TANF REFERRAL FORM

Referring Agency: _____
Agency Contact Name: _____
Agency Contact Email: _____
Agency Contact Phone: _____
Date: _____

Client Name: _____ Phone Number: _____
 Address: _____ City: _____
 Zip: _____
 Birthdate: _____ Last 4 #'s of S. S. Number: _____
 Alternate Phone Number: _____ Alternate Contact: _____

FAMILY COMPOSITION:

Marital Status: Single Married Divorced Widow Number of dependents? _____
 Do you have custody of a minor child? Yes No

Please list all family members, including adults

Name: _____ Age: _____ Male Female Income: _____

 Name: _____ Age: _____ Male Female Income: _____

 Name: _____ Age: _____ Male Female Income: _____

 Name: _____ Age: _____ Male Female Income: _____

 Name: _____ Age: _____ Male Female Income: _____

***Please use back of form if necessary to add additional household members. Thank you!**

What is the average household total income? _____

Are you registered with DWS at jobs.utah.gov

Employment History:

Head of Household #1 Name: _____

Jobs in Past 5 Years	Dates of employment	Reason for Leaving

Head of Household #2 Name: _____

Jobs in Past 5 Years	Dates of employment	Reason for Leaving

Rental History/Information:

How much is current monthly rent? _____ Past Due owed to landlord _____

Do you have an Eviction Notice? Yes No 3 Day 7 Day 15 Day

Court Filing

Is it a Subsidized Unit? Yes No

Have you been evicted before? Yes No

How many times? _____

Do you have any outstanding Utility Debt? Yes No

If yes, are they in collections? Yes No _____

Risk Factors: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Sudden and Significant Loss of Income | <input type="checkbox"/> Mental Health and Substance Abuse Issues |
| <input type="checkbox"/> Physical disabilities and other chronic health issues | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Received rental assistance in the past 6 months | <input type="checkbox"/> Pregnant (third Trimester) |
| <input type="checkbox"/> Involvement with child protective services | <input type="checkbox"/> Recent Traumatic life event |
| <input type="checkbox"/> Felony or misdemeanor within the past 7 years | <input type="checkbox"/> Experienced domestic violence in past month |



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Client Statement (Please be as specific and thorough as possible; this is your chance to tell your story and to provide us with enough information to best understand your crisis)

Why are you applying for Housing Assistance?

What caused your crisis situation of becoming homeless or facing eviction?

When did your crisis begin?

What is your plan for self-sufficiency? (*How will you pay your rent in the future?*)

How do you see your crisis being resolved?

Please list all financial resources and support networks that you have pursued.
(*example: friends, family, HEAT, DWS, Local churches*):

Client Signature

Date

Client Signature

Date

Case Manager

Date

****Please complete entire form. Incomplete applications will not be considered****



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Release of Information

In order for YCC to coordinate resources that would best benefit you, it is sometimes necessary to communicate both within YCC Centers, as well as with other community agencies, regarding your case.

I _____, give permission to allow my information to be shared with local community agencies or programs that may have a connection to my case, for the purpose of tracking, supporting and coordinating services. I also give permission for those agencies to communicate with the YCC regarding my case.

AGENCY NAMES

Department of Work Force Service	Midtown Medical Clinic
Department of Child and Family Services	St. Anne's- Lantern House
Catholic Community Services	Homeless Veterans Fellowship
Salvation Army	Ogden Rescue Mission
Cottages of Hope	Ogden Housing Authority
Davis Housing Authority	Weber Housing Authority

Exceptions to Confidentiality / Release of Information to Other

1. Threats to harm yourself or others
2. Abuse or neglect of a child
3. Court subpoenaed files

Clients will be notified of these exceptions.

If for some reason there is a need to share information with someone not listed on this form, you will first be consulted and asked to sign an authorization to transfer information. This release is valid for 12 months from the signature date unless the client, in writing, authorizes further permission.

Signature: _____ Date: _____