

REFERRING AGENCY INFORMATION

Participating Care Coordination Agency (PCCA) referring this client		
Referring Provider Name		
Telephone Number	Fax Number	Email Address
How long have you worked with the client years/months?		
What ongoing support services will you be providing?		

As the referring provider, I agree to provide the following services for ☐ 12 months ☐ 18 months (check one)

<input type="checkbox"/> Provide referrals to tenant education, financial literacy, and basic home maintenance
<input type="checkbox"/> Assist the client in finding and applying for suitable housing.
<input type="checkbox"/> Provide education and assistance accessing housing assistance.
<input type="checkbox"/> Review the lease agreement with client.
<input type="checkbox"/> Participate in move-in inspections and assist in the completion of the Move-In Condition Report .
<input type="checkbox"/> Provide no less than quarterly home visits for the duration of the Certificate of Coverage
<input type="checkbox"/> Make no less than quarterly contact with the landlord.
<input type="checkbox"/> Act as main point of contact for the landlord for concerns that require immediate attention.
<input type="checkbox"/> Immediately notify Opening Doors Program Administrator if the client refuses to continue participating in supportive services, if there is a change in provider, or if the PCCA no longer is able to provide services to the client.
<input type="checkbox"/> Notify the Opening Doors Program Administrator of any potential claims.
<input type="checkbox"/> Complete a Final Inspection Report at the end of coverage.

HOUSEHOLD INFORMATION

Last Name (Head of Household)		First Name		Middle Initial	
Gender	Date of Birth	Household Size		Is this household currently homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Address			City	State	ZIP Code
Current Living Situation (friends, family, shelter, transitional housing, etc.)					
Daytime Telephone Number			Email Address		
How many adults (anyone 18+) are in the household			How many children are in the household		
List names of other adults residing in household					
Is this a youth headed household? <input type="checkbox"/> Yes <input type="checkbox"/> No			Is anyone in the household currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is anyone in the household currently fleeing domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No			Does the household have a housing voucher? <input type="checkbox"/> Yes <input type="checkbox"/> No		

What agency is providing the voucher?
What sources of income will be used to pay for rent?

MEDICAID/MEDICAID EXPANSION ELIGIBILITY

Is the client enrolled in Medicaid or Medicaid Expansion? <input type="checkbox"/> Yes <input type="checkbox"/> No	List the Medicaid/Medicaid Expansion number
If not enrolled, have they applied? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If No, explain the circumstance	

RENTAL BARRIERS FOR ALL HOUSEHOLD MEMBERS

Identify Housing Barriers (check all that apply)		
<input type="checkbox"/> Disability	<input type="checkbox"/> Current or past alcohol/drug problems	<input type="checkbox"/> No prior tenancy history
<input type="checkbox"/> Bad credit/prior unpaid debt	<input type="checkbox"/> Bad reference from a previous landlord	<input type="checkbox"/> No prior credit history
<input type="checkbox"/> Past eviction		
If evicted, please list date(s)	Reason for Eviction	
<input type="checkbox"/> Money is Owed to a Previous Landlord, please list amount owed		
Is the applicant on a payment plan? Please explain.		
<input type="checkbox"/> Prior misdemeanor conviction	Date of Conviction	Charge(s)
<input type="checkbox"/> Prior felony conviction	Date of Conviction	Charge(s)
<input type="checkbox"/> Other (example: open warrant, pending charge, etc.)		
Is anyone in the household required to register as a sex offender? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is his/her assigned Risk Level? <input type="checkbox"/> High <input type="checkbox"/> Moderate <input type="checkbox"/> Low	
Is he/she a Lifetime Registrant? <input type="checkbox"/> Yes <input type="checkbox"/> No	First Name	Last Name
Has anyone in the household been convicted of methamphetamine production? <input type="checkbox"/> Yes <input type="checkbox"/> No		

****Answering yes to these questions does not preclude the client from coverage in the Opening Doors Program. Landlords may have rental criteria prohibiting rental to certain convictions at their discretion. If approved, the client will have 60 days to find and secure housing. It is highly recommended to explain any circumstances that may mitigate the rental barriers including a list of any classes, therapy or other efforts to show the client is committed to improving and correcting issues that led to the housing barriers to the landlord.**

Other Information

Is there anything else you would like the Opening Doors staff to know about this client?

SERVICES AND HOUSING PLANNING

Is the client connected to any other service agencies or programs (including mental health/chemical dependency support, school liaison or child services, employment, etc.)? ☐ Yes ☐ No

If yes, please list agency name and contact information

Can they be contacted?

☐ Yes ☐ No

Opening Doors helps clients to access housing in the private rental market. As a result, clients must have income, a subsidy in place, or a very clear plan and timeline for increasing wages to afford market rate rent.

Have you worked with the client to create a housing plan?

☐ Yes ☐ No

Have you worked with this client on:

☐ Budget Repair ☐ Access to income or increased wages ☐ Job search

What steps has the client taken to prepare for housing? Please explain.

Describe tools/training/skills that the client has to maintain permanent housing and pay rent?

Please include additional pages or information, if needed.

PARTICIPATION AGREEMENT, RELEASE OF INFORMATION AND CERTIFICATION OF INFORMATION

☐ **Participation in Opening Doors** - As a participant in the Opening Doors Program, I agree to:

- Work towards meeting my agreed upon housing and life goals.
- Participate in trainings (coordinated through my provider) on rental responsibilities, budgeting, and/or other topics that are necessary to assist me in maintaining permanent housing.
- Work with my provider and Opening Doors Program Administrator on any issues that could jeopardize my housing (including conflict with my landlord or neighbors, trouble paying rent, problems with my unit, etc.).
- Notify my case manager or Opening Doors Program Administrator and landlord if I plan to move from my housing.

☐ **Release of Information** - I give permission for North Dakota Housing Finance Agency to exchange information regarding the housing and assistance I receive through the Opening Doors Program with the following provider:

Print Name of Provider	Agency Name	Telephone Number
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☐ **Certification of Information** - I certify that, to the best of my knowledge, all answers to the above questions are true and correct. I understand any incorrect information may be considered misrepresentation or fraud and could result in me not being able to participate in and receive the benefits of the Opening Doors Program.

Print Client Name	Client's Signature	Date
Provider Signature		Date

FOR OFFICE USE ONLY

Date Application for Client Participation was received	
Client was approved, date referring provider was notified	By
Client was declined, date referring provider was notified	By
Reason for denial	
NDHFA Agency Representative	Date