



County of Santa Cruz

0221

HUMAN RESOURCES AGENCY

Cecilia Espinola, Administrator
1000 Emeline Avenue, Santa Cruz, CA 95060
(831) 454-4130 or 454-4045 FAX: (831) 454-4642

October 24, 2001

AGENDA: November 6, 2001

BOARD OF SUPERVISORS
county of Santa Cruz
701 Ocean Street
Santa Cruz, CA. 95060

EMERGENCY PRE-EVICTION SERVICES CONTRACT

Dear Members of the Board:

As you may recall, on October 2, 2001, your Board directed the Human Resources Agency (HRA) to negotiate a \$50,000 contract with Community Action Board (CAB) to provide emergency pre-eviction services to eligible families with children living in the unincorporated area. The purpose of this letter is to request your Board's approval for a new contract with CAB to continue providing the emergency services which started as a pilot program last spring. HRA has identified one-time funding from the Temporary Assistance for Needy Families (TANF) Incentive Funds for this program, which is included in HRA's FY 2001-02 budget.

Services provided by this contract include intake/eligibility determination; eviction threat elimination; individual referrals to appropriate case management services; and sixty-day and six-month housing retention follow-up. The contract will provide emergency pre-eviction services to approximate 55 families with children.

IT IS THEREFORE RECOMMENDED that your Board:

1. Approve a contract in the amount of \$50,000 with CAB for the emergency pre-eviction services for families with children, and authorize the Human Resources Agency Administrator to execute the contract on behalf of the County.

Very truly yours,

Cecilia Espinola (ED)

CECILIA ESPINOLA
Administrator

Attachments
CE\MNT

BOARD OF SUPERVISORS
Agenda: November 6, 2001
EMERGENCY PRE-EVICTION SERVICES CONTRACT

RECOMMENDED:



SUSANA MAURIELLO
County Administrative Officer

CC: **Risk** Management
Community Action Board

**COUNTY OF SANTA CRUZ
REQUEST FOR APPROVAL OF AGREEMENT**

0223

TO: **Board of Supervisors**
county Administrative Office
Auditor Controller

FROM: HUMAN RESOURCE AGENCY (Department)
BY: *Theresa Hayes* (Signature) 10/31/01 (Date)
Signature certifies that appropriations/revenues are available

AGREEMENT TYPE (Check One) Expenditure Agreement Revenue Agreement

The **Board of Supervisors** is hereby requested to approve the attached agreement and authorize the execution of same.

- Said agreement is between the Santa Cruz Human Resource Agency (Department/Agency) and Community Action Board 501 Soquel Ave Suite E Santa Cruz, CA 95062 (Name/Address)
- The agreement will provide emergency pre-eviction services to eligible families with children
- Period of the agreement is from 10/1/2001 to 6/30/2002
- Anticipated Cost is \$ 50,000 Fixed Monthly Rate Annual Rate Not to Exceed
Remarks: W-9 on file Contact: M. Norman-Terrance X 5413

- Detail: On Continuing **Agreements** List for FY - . Page CC- Contract No: OR 1st Time Agreement
 Section II No Board letter required, will be listed under Item 8
 Section III Board letter required
 Section IV Revenue Agreement

6. Appropriations/Revenues are available and are budgeted in 397100 (Index) 5283 (Sub object)

NOTE: IF APPROPRIATIONS ARE INSUFFICIENT, ATTACHED COMPLETED AUD-74 OR AUD-60

Appropriations are available and have been encumbered. Contract No: 12635
are not will be encumbered. By: *Adrian G. V. [Signature]* Date: 10/31/01
Auditor-Controller Deputy

Proposal and accounting detail reviewed and approved. It is recommended that the Board of Supervisors approve the agreement and authorize HRA Administrator (Dept/Agency Head) to execute on behalf of the County of Santa Cruz Human Resource Agency (Department/Agency)

Date 10-30-01 By: *[Signature]* County Administrative Office

Distribution: Board of Supervisors - White State of California
Auditor Controller - Canary County of Santa Cruz
Auditor-Controller - Pink I ex-officio Clerk of the Board of Supervisors of the County of Santa Cruz,
Department - Gold State of California, do hereby certify that the request for approval of agreement was ap-
proved by said Board of Supervisors as recommended by the County Administrative Office by an
order duly entered in the minutes of said Board on 20

ADM - 29 (8/01) Title Section 300 Proc Man By: Deputy Clerk

AUDITOR-CONTROLLER USE ONLY

CO	\$					
Document No.	JE Amount	Lines	H/TL	Keyed By	Date	
TC1:0	\$					
Auditor Description	Amount	Index	Sub object	User Code		

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INDEPENDENT CONTRACTOR AGREEMENT

THIS CONTRACT is entered into this 1st day of October, 2001 by and between the COUNTY OF SANTA CRUZ HUMAN RESOURCES AGENCY, hereinafter called COUNTY, and, COMMUNITY ACTION BOARD INC., hereinafter called CONTRACTOR. The parties agree as follows:

- 1. DUTIES. CONTRACTOR agrees to exercise special skill to accomplish the following result:

Provide emergency pre- eviction services for eligible Santa Cruz County families with services as described in Scope of Work, attached hereto and incorporated herein by reference .

- 2. COMPENSATION. In consideration for CONTRACTOR accomplishing said result, COUNTY agrees to pay CONTRACTOR as follows:

By reimbursement for costs incurred, as specified in the Budget, attached hereto and incorporated herein by reference, not to exceed \$50,000.

Submit invoice for payment to:

Human Resources Agency
Attn: Gary McNeil
1000 Emeline St.
Santa Cruz, CA 95060

- 3. TERM. The term of this contract shall be October, 1 through June 30,2001.
- 4. EARLY TERMINATION. Either party hereto may terminate this contract at any time by giving 30 days written notice to the other party.

- 5. INDEMNIFICATION FOR DAMAGES, TAXES AND CONTRIBUTIONS. CONTRACTOR shall exonerate, indemnify, defend, and hold harmless COUNTY (which for the purpose of paragraphs 5 and 6 shall include, without limitation, its officers, agents, employees and volunteers) from and against:

- A. Any and all claims, demands, losses, damages, defense costs, or liability of any kind or nature which COUNTY may sustain or incur or which may be imposed upon it for injury to or death of persons, or damage to property as a result of, arising out of, or in any manner connected with the CONTRACTOR'S performance under the terms of this Agreement, excepting any liability arising out of the sole negligence of the COUNTY. Such indemnification includes any damage to the person(s), or property (ies) of CONTRACTOR and third persons.
- B. Any and all Federal, State and Local taxes, charges, fees, or contributions required to be paid with respect to CONTRACTOR and CONTRACTORS officers, employees and agents engaged in the performance of this Agreement (including, without limitation, unemployment insurance, social security and payroll tax withholding).

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6. INSURANCE. CONTRACTOR, at its sole cost and expense, for the full term of this Agreement (and any extensions thereof), shall obtain and maintain at minimum compliance with all of the following insurance coverage(s) and requirements. Such insurance coverage shall be primary coverage as respects COUNTY and any insurance or self-insurance maintained by COUNTY shall be excess of CONTRACTOR'S insurance coverage and shall not contribute to it.

If CONTRACTOR utilizes one or more subcontractors in the performance of this Agreement, CONTRACTOR shall obtain and maintain Independent Contractor's Insurance as to each subcontractor or otherwise provide evidence of insurance coverage for each subcontractor equivalent to that required of CONTRACTOR in this Agreement, unless CONTRACTOR and COUNTY both initial here _____ / _____

A. Types of Insurance and Minimum Limits

- 1) Worker's Compensation in the minimum statutorily required coverage amounts. This insurance coverage shall not be required if the CONTRACTOR has no employees and certifies to this fact by initialing here _____
- 2) Automobile Liability Insurance for each of CONTRACTORS vehicles used in the performance of this Agreement, including owned, non-owned (e.g., owned by CONTRACTORS employees), leased or hired vehicles, shall each be covered with Automobile Liability Insurance in the minimum amount of \$500,000.00 combined single limit per occurrence for bodily injury and property damage. This insurance coverage shall not be required if vehicle use by CONTRACTOR is not a material part of performance of this Agreement and CONTRACTOR and COUNTY both certify to this fact by initialing here _____ / _____.
- 3) Comprehensive or Commercial Liability Insurance coverage in the minimum amount of \$1,000,000 combined single limit, including coverage for: (a) bodily injury, (b) personal injury, (c) broad form property damage, (d) contractual liability, and (e) cross-liability.
- 4) Professional Liability Insurance in the minimum amount of \$1,000,000 combined single limit. This insurance coverage shall not be required if both the CONTRACTOR and COUNTY acknowledge to this fact by initialing here _____ / _____.

B. Other Insurance Provisions

- 1) If any insurance coverage required in this Agreement is provided on a "Claims Made" rather than "Occurrence" form, CONTRACTOR agrees to maintain the required coverage for a period of three years after the expiration of the Agreement (hereinafter "post agreement coverage") and any extensions thereof. CONTRACTOR may maintain the required post agreement coverage by renewal or purchase of prior acts or tail coverage. This provision is contingent upon post agreement coverage being both available and reasonably affordable in relation to the coverage provided during the term of this Agreement. For purposes of interpreting this requirement, a cost not exceeding 100% of the last annual policy premium during the term of this Agreement in order to purchase prior acts or tail coverage for post agreement coverage shall be deemed to be reasonable.
- 2) All required Automobile and Comprehensive or Commercial General Liability Insurance shall be endorsed to contain the following clause:

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"The County of Santa Cruz, its officials, employees, agents and volunteers are added as an additional insured as respects the operations and activities of, or on behalf of, the named insured performed under Agreement with the County of Santa Cruz."

- 3) All the insurance policies shall be endorsed to contain the following clause:

"This insurance shall not be cancelled until after thirty (30) days prior written notice has been given to:

Human Resources Agency
1000 Emeline St.
Santa Cruz, CA 95060 Attn: Gary McNeil

- 4) CONTRACTOR agrees to provide its insurance broker(s) with a full copy of these insurance provisions and provide COUNTY on or before the effective date of this Agreement with Certificates of Insurance for all required coverage. All Certificates of Insurance shall be delivered or sent to:

Human Resources Agency
1000 Emeline St.
Santa Cruz, CA 95060 Attn: _Gary McNeil

7. 5) **EQUAL EMPLOYMENT OPPORTUNITY.** During and in relation to the performance of this Agreement, CONTRACTOR agrees as follows:

- A. The CONTRACTOR shall not discriminate against any employee or applicant for employment because of race, color, creed, religion, national origin, ancestry, disability, medical condition (cancer related and genetic characteristics), marital status, sex, sexual orientation, age (over **18**), veteran status, gender, pregnancy, or any other non-merit factor unrelated to job duties. Such action shall include, but not be limited to the following: recruitment; advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training (including apprenticeship), employment, upgrading, demotion, or transfer. The CONTRACTOR agrees to post in conspicuous places, available to employees and applicants for employment, notice setting forth the provisions of this non-discrimination clause.
- B. If this Agreement provides compensation in excess of \$50,000 to CONTRACTOR and if CONTRACTOR employs fifteen (15) or more employees, the following requirements shall apply:
- 1) The CONTRACTOR shall, in all solicitations or advertisements for employees placed by or on behalf of the CONTRACTOR, state that all qualified applicants will receive consideration for employment without regard to race, color, creed, religion, national origin, ancestry, disability, medical condition (cancer related and genetic characteristics), marital status, sex, sexual orientation, age (over **18**), veteran status, gender, pregnancy, or any other non-merit factor unrelated to **job** duties. In addition, the CONTRACTOR shall make a good faith effort to consider Minority/Women/Disabled Owned Business Enterprises in CONTRACTOR's solicitation of goods and services. Definitions for Minority/Women/Disabled Business Enterprises are available from the COUNTY general Services Purchasing Division.
- 2) The CONTRACTOR shall furnish COUNTY Equal Employment Opportunity Office information and reports in the prescribed reporting format (PER **4012**) identifying the sex, race, physical or mental disability, and job classification of its employees and the names, dates and methods of advertisement and direct solicitation efforts made to subcontract with Minority-Women/Disabled Business Enterprises.

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- 3) In the event of the CONTRACTORs non-compliance with the non-discrimination clauses of this Agreement or with any of the said rules, regulations, or orders said CONTRACTOR may be declared ineligible for further agreements with the COUNTY.
- 4) The CONTRACTOR shall cause the foregoing provisions of this Subparagraph 7B. to be inserted in all subcontracts for any work covered under this Agreement by a subcontractor compensated more than \$50,000 and employing more than fifteen (15) employees, provided that the foregoing provisions shall not apply to contracts or subcontracts for standard commercial supplies or raw materials.

8. INDEPENDENT CONTRACTOR STATUS. CONTRACTOR and COUNTY have reviewed and considered the principal test and secondary factors below and agree that CONTRACTOR is an independent contractor and not an employee of COUNTY. CONTRACTOR is responsible for all insurance (worker's Compensation, unemployment, etc.) and all payroll related taxes. CONTRACTOR is not entitled to any employee benefits. COUNTY agrees that CONTRACTOR shall have the right to control the manner and means of accomplishing the result contracted for herein.

PRINCIPAL TEST. The CONTRACTOR rather than COUNTY has the right to control the manner and means of accomplishing the result contracted for.

SECONDARY FACTORS. (a) The extent of control which, by agreement, COUNTY may exercise over the details of the work is slight rather than substantial; (b) CONTRACTOR is engaged in a distinct occupation or business; (c) In the locality, the work to be done by CONTRACTOR is usually done by a specialist without supervision, rather than under the direction of an employer; (d) The skill required in the particular occupation is substantial rather than slight; (e) The CONTRACTOR rather than the COUNTY supplies the instrumentalities, tools and workplace; (f) The length of time for which CONTRACTOR is engaged is of limited duration rather than indefinite; (g) The method of payment of CONTRACTOR is by the job rather than by the time; (h) The work is part of a special or permissive activity, program, or project, rather than part of the regular business of COUNTY; (i) CONTRACTOR and COUNTY believe they are creating an independent contractor relationship rather than an employer-employee relationship; and (j) The COUNTY conducts public business.

It is recognized that it is not necessary that all secondary factors support creation of an independent contractor relationship, but rather that overall there are significant secondary factors which indicate that CONTRACTOR is an independent contractor.

By their signatures to this Agreement, each of the undersigned certifies that it is his or her considered judgment that the CONTRACTOR engaged under this Agreement is in fact an independent contractor.

9. **NONASSIGNMENT.** Contractor shall not assign this Agreement without the prior written consent of the COUNTY.

10. **RETENTION AND AUDIT OF RECORDS.** CONTRACTOR shall retain records pertinent to this Agreement for a period of not less than five (5) years after final payment under this Agreement or until a final audit report is accepted by COUNTY, whichever occurs first.

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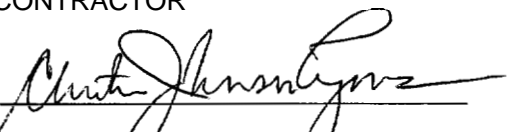
CONTRACTOR hereby agrees to be subject to the examination and audit by the Santa Cruz County Auditor-Controller, the Auditor General of the State of California, or the designee of either for a period of five (5) years after final payment under this Agreement.

- 11. PRESENTATION OF CLAIMS. Presentation and processing of any or all claims arising out of or related to this Agreement shall be made in accordance with the provisions contained in Chapter 1.05 of the Santa Cruz County Code, which by this reference is incorporated herein.
- 12. ACKNOWLEDGEMENT. Contractor shall acknowledge on any commemorative plaques and in all reports and literature that the Santa Cruz County Board of Supervisors has provided funding to the Contractor.
- 13. ATTACHMENTS. This Agreement includes the following attachments:
 - Attachment 1 – Assurance of Compliance
 - Attachment 2 – Program Budget
 - Attachment 3 – Scope of Work Plan
 - Attachment 4 – Rental Assistance Policy & Procedure
 - Attachment 5 – Referral Form
 - Attachment 6 – Monthly Budget
 - Attachment 7 – Eviction/Foreclosure Prevention Goals

IN WITNESS WHEREOF, the parties hereto have set their hands the day and year first above written.

1. CONTRACTOR

4. COUNTY OF SANTA CRUZ

By: 
 Typed Name: Christine Johnson-Lyons

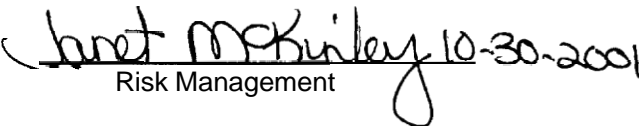
By: _____

Address: 501 Soquel Avenue, Suite E
Santa Cruz, CA 95062

Telephone: 831 457-1741, ext. 110

Tax ID #: 94--2523780

2. APPROVED AS TO INSURANCE:


By: 
Risk Management

3. APPROVED AS TO FORM:

By: 
County Counsel

DISTRIBUTION: County Administrative Office
 Auditor-Controller
 County Counsel
 Risk Management
 Contractor

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Initial 
 Contractor/County

ATTACHMENT 1 - **ASSURANCE OF COMPLIANCE WITH THE HUMAN RESOURCES AGENCY ON NONDISCRIMINATION IN STATE AND FEDERALLY ASSISTED PROGRAMS** ⁰²²⁰

Community Action Board, Inc.
(name of CONTRACTOR)

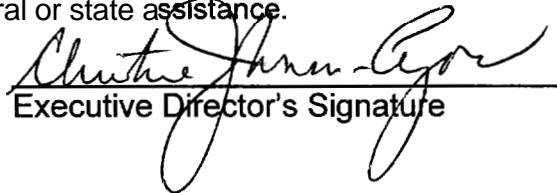
HEREBY AGREES THAT it will comply with Title VI and VII of the Civil Rights Acts of 1964 as amended; Section 504 of the Rehabilitation Acts of 1973, as amended; the Age Discrimination Act of 1975, as amended; the Food Stamp Act of 1977 as amended, and in particular Section 272.6; Title II of the Americans with Disabilities Act of 1990; California Civil Code, Section 51 et seq., as amended; California Government Code Section 11135-11139.5, as amended; California Government Code Section 12940(c), (h) (l), (i), and (j); California Government Code, Section 4450; Title 22, California Code of Regulations 98000 - 98413, and other applicable federal and state laws, as well as their implementing regulations (including 45 Code of Federal Regulations (CFR) Parts 80, 84, and 91, 7 CFR Part 15, and 28 CFR Part 42), by ensuring that employment practices and the administration of public assistance and social services programs are nondiscriminatory, to the effect that no person shall because of ethnic group identification, age, sex, color, disability, medical condition, national origin, race, ancestry, marital status, religion, religious creed or political belief be excluded from participation in or be denied the benefits of, or be otherwise subject to discrimination under any program or activity receiving federal or state financial assistance; and HEREBY GIVE ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all federal and state assistance; and THE VENDOR/RECIPIENT HEREBY GIVES ASSURANCE THAT administrative methods/procedures which have the effect of subjecting individuals to discrimination or defeating the objectives of the California Department of Social Services (CDSS) Manual of Policies and Procedures (MPP) Chapter 21, will be prohibited.

BY ACCEPTING THIS ASSURANCE, the vendor/recipient agrees to compile data, maintain records and submit reports as required, to permit effective enforcement of the aforementioned laws, rules and regulations and permit authorized CDSS and/or federal government personnel, during normal working hours, to review such records, books and accounts as needed to ascertain compliance. If there are any violations of this assurance, CDSS shall have the right to invoke fiscal sanctions or other legal remedies in accordance with Welfare and Institutions Code Section 10605, or Government Code Section 11135-11139.5, or any other laws, or the issue may be referred to the appropriate federal agency for further compliance action and enforcement of this assurance.

THIS ASSURANCE is binding on the vendor/recipient directly or through contract, license, or other provider services, as long as it receives federal or state assistance.

10/29/01
Date


Executive Director's Signature

0230

Community Action Board of Santa Cruz County, Inc.
Pre-eviction Program Budget
 October 1,2001 – June 30,2002

Direct Rental Assistance:	_____	\$41,667.00
Staff Support	_____	\$ 8,333.00
Total	_____	\$50,000.00

SCOPE OF WORK PLAN -FY 01/02 ATTACHMENT 3

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Agency: Community Action Board Program: The Shelter Project

CA3 shall provide emergency pre-eviction services to eligible County families, with children, in the unincorporated area who do not have any other sources of funds or access to special need funds such as CalWorks or Mental Health Services.

Contractor shall work toward achieving the following goals and accomplish the following objectives. This shall be done by performing the specified activities and evaluating the results using the listed methods to focus on process and/or outcome.

MEASURABLE OBJECTIVE(S)	IMPLEMENTATION ACTIVITIES	TIMELINE	METHOD(S) OF EVALUATING PROCESS AND/OR OUTCOME OF OBJECTIVE(S)
<ol style="list-style-type: none"> 1. Intake applications from applicant family households with children for pre-eviction services. Serve 55 eligible families with children. 2. Verify 100% of eligibility for client services. 3. Determine client's financial status. 4. Secure agreement between client and landlord/mortgage lender to stop eviction. One-time service not to exceed \$1000 per eligible family. 5. Eliminate threat of eviction up to 60 days. 6. Set-up eviction/foreclosure prevention plan with client. 7. Refer client to on going case management services. 	<ol style="list-style-type: none"> 1. Conduct interview with applicants. Refer client to program service that best fits need. (FEMA, City jurisdictions, CALWORKS HRA) 2. Ensure completeness of intake documents. <ul style="list-style-type: none"> • Verify identity of applicant. • Verify threat of eviction/foreclosure e Verify income [must not exceed 200% of Federal Poverty Income Guidelines). e Verify statement of monthly expenses. 3. Review documentation <ul style="list-style-type: none"> • Proof of income: tax return, income verification from socials services agency; pay check or benefit check stub; letter from welfare agency/eligibility . 4. Review client income and expenses; develop a household budget. <ul style="list-style-type: none"> • Statement of monthly bills: PG&E; telephone; water/garbage; car payment; car insurance; debt payment; other expenses. 5. Write agreement and secure signatures from client and landlord/mortgage lender. Send check for rent/mortgage. 6. Client agrees to follow-up with eligibility worker within 30 days of services to review progress on referral and avoidance of future eviction threat. 7. Refer clients to FIT or HRA and Mental Health, Santa Cruz County Housing Authority, and others as appropriate. Fax Client information to referral agency. 	<p>10/1/01—6/30/02 Monthly and quarterly cumulative reports.</p>	<p>CAB will provide qualitative and quantitative information including :</p> <ul style="list-style-type: none"> • Participants served; • Financial reports • Length of residency retention after pre-eviction services : sixty day follow-up and six month follow-up.

Rental Assistance

POLICIES AND PROCEDURES

A. WHAT DETERMINES ELIGIBILITY

1. Must be a resident of Santa Cruz County
2. Must have proof that aid will prevent eviction
3. Must provide an eviction notice from their landlord or a foreclosure notice from their bank or lending institution; if the client is a homeowner
4. Must have **no** other resources available
5. Income must not exceed **200%** of the Poverty Guidelines as defined by the State of California Department of Community Services and Development. Guidelines are appended as Attachment 1
6. Must be a disabled single person or a family with children

3. PROCESS FOR DETERMINATION

1. If a client calls for rental assistance they are put into voice mail and asked **to** leave their name, complete address including zip code and a phone # where they can be reached. **If** a client is a walk-in they are asked to complete a Client Status *Form* that will be given to one of the eligibility workers
2. A fax with the client's address is sent to the redevelopment agency to verify whether the client lives within the city limits of Capitola or Santa Cruz, or within the county. Determination and eligibility for rental assistance will depend on the available funding. Rental assistance funded through FEMA is available to all residents of Santa Cruz County, whereas rental assistance funded by the redevelopment agencies of Santa Cruz and Capitola is only available **to** those who reside within the city limits.
3. Once the client's address is verified a phone interview will be conducted to determine further eligibility.
4. Client must fall under all six (6) eligibility requirements
5. Once eligibility is determined an in office interview **is** scheduled

C. INTAKE PROCESS

1. All interviews must be conducted in person with an eligibility worker in the Santa Cruz or Watsonville office.
2. Intake form must be completely and accurately filled out
3. The following forms must be read and signed by both the client and eligibility worker:

- a.) Client Confidentiality
- b.) Non-Discrimination Policy
- c.) Grounds and Procedures for Termination
- d.) Appeal Process

4. The following documentation is required:

- a.) Picture I.D. as evidenced by one of the following:
 - *Official state drivers license
 - *Official state identification card
 - *If a picture I.D. is not available a picture will be taken of client.

- b.) Social Security Card (if possible)

- c.) Proof of a threat of eviction/foreclosure, as evidenced by one of the following:

- *A letter from a landlord including amount of one month's rent and statement that rent is past due
- *Mortgage letters and or a copy of loan coupon showing mortgage amount and date due and canceled checks

- d.) Proof of income

- *Tax returns
- *Income verification from a social service agency
- * Pay check or benefit check stubs
- *Letter from welfare/eligibility worker
- *Papers from TANF, CALWORKS, SSI, etc., indicating eligibility under guidelines, or presence on a waiting list, or in status review

5. Proof of disability

- *A notice from SSI, Worker Comp or State Disability

6. Medi-Cal cards

7. Bill statements of monthly expenses

- *PG&E
- *Telephone
- *Cable
- *Water/Garbage
- *Car payment
- *Car insurance
- *Debt payments
- *Other expenses

D. LANDLORD AGREEMENT

1. Once the intake/interview has taken place and if the client is found eligible a form called "Agreement To Stop Eviction/Foreclosure" (appended as Attachment 2) is signed by both the eligibility worker and the client. The form is given to the client to take to their landlord to have signed.

2. Once the Agreement to Stop Eviction/Foreclosure is returned to the office a Check Request is issued for the final process of the rental assistance

3. Checks can usually be turned out and mailed within seven (7) days of submitting a check request. A RUSH check request may be issued in special circumstances. The eligibility worker will determine when this is necessary

E. CLIENT RIGHTS AND RESPONSIBILITIES

1. Confidentiality - All clients have the right to confidentiality in their interactions with the rental assistance program. A release of confidentiality is requested for the purpose of sharing data with other social service agencies in an effort to obtain maximum assistance for clients. The Confidentiality form is appended as Attachment 3.

2. Non-Discrimination Policy - The Community Action Board, Inc., and the rental assistance program adhere to a policy of non-discrimination in providing service. Any-client who believes he/she has been discriminated against can invoke the Appeal Process. The Non-Discrimination Policy is appended as Attachment 4.

3. Grounds And Procedure For Termination - The rental assistance program may terminate assistance to the client under specific conditions. The Grounds and Procedure for Termination is appended as Attachment 5.

4. Appeal Process - Any client or potential client who believes that he/she has been unfairly treated has a right to appeal. The Appeal Process is appended as Attachment 6.

PLEASE NOTE THE FOLLOWING:

- The referral is to be filled out by the referring agency not the client.
- In order for referral to be processed it must be filled out COMPLETELY.
- There must be a phone number to contact client (if this contact number changes it is the responsibility of the family or referring agency to contact FIT and let us know of the change).
- If there is no contact phone number please refer family to the Community Action Board to obtain voice mailbox. CAB's voice mail can be contacted at: (831) 457-1741.
- Include a mailing address where the family can receive notification by FIT.
- All referrals must be sent to the main office: mail to 210 High Street, Ste. 105 Santa Cruz, CA 95060, County Interoffice mail to FIT or FAX to 458-7113. (It is recommended that either the referring agency or family call FIT at 458-7124 to ensure that the referral has been received).

OFFICE USE ONLY	
Record of Contact by FIT:	
Caseworker:	_____
Date:	_____
Outcome:	_____
Date:	_____
Outcome:	_____
Date:	_____
Outcome:	_____

Referring Agency: _____ Date: _____

Person Making Referral: _____ Referring Person's Phone: _____

Reason for referral: _____

Family Referred: _____ Phone Number to Contact Client: _____

Address to contact Client: _____

Is head of household limited English speaking? Yes _____ No _____

FAMILY MEMBERS:

Adults:

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Level of education: [] H.S. Graduate [] Drop-out [] GED [] College+ [] Certificate Voc/Trade School

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Level of education: [] H.S. Graduate [] Drop-out [] GED [] College+ [] Certificate Voc/Trade School

Children:

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

Name: _____ SS#: _____ Age: _____ DOB: _____ Citizen: Y N

List two personal references or contact numbers to reach client:

name	phone	relationship
_____	_____	_____
_____	_____	_____

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[Handwritten Signature]

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ETHNICITY:

White, Non-Hispanic Black Non-Hispanic Hispanic Native American Asian Other

CURRENT LIVING ARRANGEMENTS:

Home Hotel/Motel Shelter Church Satellite Camping Car/Van Friend/Relative Street
 Other (please specify) _____

How long has client been in Santa Cruz? 0-6mos 6-12mos 12 or more months

How long has client been homeless in Santa Cruz? 0-1mo 1-3mos 3-6mos 6+ mos

EMPLOYMENT:

Is client currently employed?: Y N

INCOME SOURCES:

SOURCE	AMOUNT
_____	_____
_____	_____
_____	_____
_____	_____

Total monthly income: _____

SOCIAL SERVICES STATUS:

Is client currently involved with the Human Resources Agency? Y N

If yes, TANF/AFDC Caseworker: _____ Phone: _____ TANF/AFDC#: _____

How long has client been on TANF/AFDC? _____

Is client currently involved with CALWORKS Social Worker? Y N

If yes, CALWORKS Social Worker name: _____ Phone: _____

Is client currently involved with Employment Training? Y N

If yes, Employment Training Specialist name: _____ Phone: _____

Is client currently involved with Child Welfare Services? Y N

If yes, Child Welfare Services social workers name: _____ Phone: _____

History of drug/alcohol abuse? Y N Unknown In recovery?: Y N Unknown

History of Mental Illness? Y N Unknown Diagnosis?: _____

History of Domestic Violence? Y N Unknown

What needs has family expressed to you or others in your agency? _____

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The Shelter Project

MONTHLY BUDGET

NAME: _____ MONTH _____

INCOME		EXPENSES	
Employment:		Rent:	
Employment:		Utilities: PG&E	
Employment:		Telephone	
Employment:		Cable	
TANF:		Water/Garbage	
Food Stamps:		Food:	
Child Support:		Laundry: (detergent, etc.)	
Unemployment:		Personal:	
Unemployment:		Transportation: Gas	
Disability:		Bus Fair	
SSI:		Car Repair	
Social Security:		Insurance	
FIT Payment:		Child Care:	
Other Income:		Debt Payments & Other Expenses:	
		1.	
		2.	
		3.	
		4.	

T o t _____ Total Expenses: _____

TOTAL INCOME: _____

TOTAL EXPENSES: - _____

MONTH'S SAVINGS: = _____

TOTAL SAVINGS TO DATE: _____

47 9/25/01 "27

CP

The Shelter Project

0238

Eviction/Foreclosure Prevention Goals

Name: _____ Date: _____

Objectives for the next 30 day period _____ to _____ are:

- 1. _____ Date of completion: _____
- 2. _____ Date of completion: _____
- 3. _____ Date of completion: _____
- 4. _____ Date of completion: _____
- 5. _____ Date of completion: _____
- 6. _____ Date of completion: _____
- 7. _____ Date of completion: _____
- 8. _____ Date of completion: _____
- 9. _____ Date of completion: _____
- 10. _____ Date of completion: _____
- 11. _____ Date of completion: _____
- 12. _____ Date of completion: _____
- 13. _____ Date of completion: _____
- 14. _____ Date of completion: _____
- 15. _____ Date of completion: _____
- 16. _____ Date of completion: _____
- 17. _____ Date of completion: _____
- 18. _____ Date of completion: _____
- 19. _____ Date of completion: _____
- 20. _____ Date of completion: _____