East Main Place

Guidelines for Application and Residency

Our mission is to empower those of us without direction to choose a way home with shelter, skills, resources and dignity. The guiding philosophy of East Main Place is to provide a stable living environment and supportive services to homeless families and individuals in order to help them achieve permanent housing and self-sufficiency.

When you return this application, see a case manager to determine if you are eligible for our program. When you are placed on the waiting list, you must call each week to find out what number you are on the list.

The following documents must be turned in with the application for it to be accepted:

- A signed referral on their letterhead from a social services agency
- Signed consent forms (enclosed in application packet)
- Drivers license or photo ID
- Social Security Card or verification from SSA that you have applied for one
- Tuberculosis test results from the last twelve (12) months
- Birth Certificate (s)

To qualify to be a resident of East Main Place, an individual or family must:

- Be homeless: 1) without a residence and sleeping in shelters, cars, parks, bridges or abandoned buildings, 2) in the process of being evicted, or 3) being discharged from an institution after at least 30 days without an identifiable residence
- Be at least 18 years of age or accompanied by a parent or legal guardian
- Must be medically competent and compliant and must be able to dispense medication for self
- Must submit a completed application including referral and signed releases
- Be free from alcohol, drugs, and domestic violence and committed to remain free of alcohol, drugs, and domestic violence
- Possess a state issued DL or photo ID card and social security card
- Show documentation of a recent (within six months) Tuberculosis test
- Be committed to living independently
- Be committed to obtaining full-time employment
- Be committed to participate in the East Main Place program to complete personal goals

East Main Place provides comprehensive case management and supportive services for residents. Residents agree to participate (with their families if occupying a family unit) in the services provided and agree to occupy East Main Place as transitional housing for no more than one year. The services may include but are not limited to the following: develop and carry out an Individual or Family Development Plan, budgeting classes, parenting groups, family and child events, and tenant organizations. Failure by residents and/or members of their families to participate in these case management and supportive services as determined at the sole discretion of East Main Place are grounds for termination of residency.

No person or family shall be denied shelter or services if they are a part of the subpopulation to be served by the shelter and do not pose a safety risk to themselves or others. (2007 ODOC Emergency Shelter Grant RFA page 5)

Contact information: 1100 East Main Street, Norman, OK 73071
Phone: 405-447-4663 Fax: 405-447-4679

East Main Place Application

Name: _____ Date: _____

Maiden or any other name you've used: _____

Spouse's Name: _____

Is your Spouse applying to live here with you? ____yes ____no

Phone number where we can contact you: (____) ____-_____

If you cannot leave a phone number, it is your responsibility to contact East Main Place regularly on the status of your referral.

Referral Source: _____ Case Worker: _____

Have you ever been a resident of East Main Place in the past? ____yes ____no

Have you ever lived in transitional housing before? ____yes ____no

If yes, please explain: _____

Age: _____ Sex: _____ Social Security Number: _____

Do you have a Social Security card? ____yes ____no

Date of birth: _____ Driver's License Number/State ID #: _____

Family Status: ____single ____couple ____separated/divorced

Do you have children? ____yes ____no

If yes, please complete:

Name of Child	Birthday	Age	Sex of child	Will they live here with you?

Do you have custody of your children? ____yes ____no

If your children will be living with you at East Main Place, are they current on their immunizations? ____yes ____no

Leave this section blank for staff notes:

List everyone who will live with you at East Main Place:

_____

_____

If anyone in your immediate family will not be living with you, why not?

_____

Describe your relationship with your children's other parent(s):

_____

What are the circumstances causing you to be homeless?

_____

_____

Are you a veteran? ____ yes ____ no

Do you currently have a monthly income? ____ yes ____ no

Income in the past 30 days: _____ Income in the past 90 days: _____

Fill in the amount you currently receive per month:

$_____ Veteran $_____ SSI $_____ Soc. Security $_____ TANF $_____ UnEmp.

$_____ Child Support $_____ Workers Comp. $_____ Food Stamps $_____ Other

Do you have income pending (in process)? ____ yes ____ no

If yes, please explain: _____

Do you own a car? ____ yes ____ no

Year _____ Make _____ Model _____ Tag _____ State _____

Do you have any assets? (savings account, furniture, etc.) _____

Where are you staying now? _____

How many times have you been homeless in the last four years? _____

Last Permanent Address: _____

Date: _____ Landlord: _____

How many times have you moved in the last five years? _____

Please give some reasons why you have moved: _____

_____

Do you have any family in the area? ____ yes ____ no

Name: _____

Address: _____ Phone: _____

Contact Person In Case of Emergency: _____

Address: _____ Phone: _____

Personal References:

Name	Address	Phone Number
		( )
		( )
		( )

Please List Your Last Four Jobs (starting with most recent or present employment):

Dates Employed	Employer	Position	Reason for Leaving
/ to /			
/ to /			
/ to /			
/ to /			

Are you able to work? ____ yes ____ no Are you currently employed? _____

What level of education did you complete:

High School Graduate ____ GED ____ Last Grade Completed _____

Vo-Tech _____ Course _____ College _____

Have you been in any other type of training program? _____

If yes, please list: _____

Please List Job Related Skills:

1. _____ 2. _____

3. _____ 4. _____

Have you ever had or been treated for a substance abuse problem? If so, please explain:

_____

_____

Date/Place of last treatment and case worker's name: _____

When did you last use alcohol/illegal substances: _____

Do you understand that East Main Place has no tolerance for drug or alcohol use on or off the premises while you are a resident here? ____ yes ____ no

Current Medical Problems: _____

_____

List Current Medications: _____

Have you ever been treated for psychological/emotional issues? ____ yes ____ no

____ inpatient treatment ____ outpatient treatment

List Medications taken: _____

Most Recent Treatment and Case Manager's Name: _____

_____

Can you take your own medications as your physician prescribed? ___yes ___no

Have you or any member of your immediate family ever experienced any of the following? (check all that apply)

___physical abuse ___sexual abuse ___child abuse/neglect

___child behavior problems ___family conflict ___suicidal thoughts

___substance abuse ___prostitution ___runaway

Please explain: _____

_____

Did you receive counseling or therapy for the above issues? ___yes ___no

Have you ever had contact with Child Protective Services/Child Welfare? If yes, give dates, worker, and telephone number: _____

Felony Charge(s): _____ Date(s): _____

How resolved: _____

Current Probation or Parole? _____

Parole Officer's Name: _____ Phone #: _____

Other current legal issues: _____

How is your credit? Explain: _____

Are there other social service agencies involved? ___yes ___no

List what agencies and who is working with you from that agency:

Agency: _____ Worker: _____

Agency: _____ Worker: _____

What are some changes in your life that have been stressful for you (besides homelessness)? _____

_____

Are you willing to work with the case manager in obtaining your goals while in the program? ___yes ___no

Please explain: _____

What do you hope to accomplish with your stay at East Main Place?

_____

_____

How long do you think you want to stay at East Main Place (up to one year) _____

Please explain: _____

Are you considering any alternative placements at this time? Please describe your options: _____

_____

Applicant is a member of the following group (check all that apply):

☐ African-American ☐ Asian ☐ Caucasian ☐ Native American

☐ physically disabled

The above information provided is true and correct to the best of my knowledge.

_____ _____

Applicant's Signature Date

Standard Client Authorization to Release and Exchange Information with the HMIS
Updated 4-20-07

Name of Agency: _____

Client's Name: _____
Last, First Middle Initial

Date of Birth: ___/___/___ **Gender:** ____ **Social Security Number:** _____-_____-_____
mm/dd/yy

The Continuum of Care HMIS Project is a shared homeless and housing management information system. The HMIS is maintained by The Homeless Alliance to help improve homeless and housing services that can be provided to you. The HMIS does this by allowing authorized personnel at HMIS Member Agencies to share information that may be needed to provide services to their clients. The HMIS operates over the Internet and uses many security protections to keep your information confidential and safe.

By participating in the HMIS you will have the ability to receive an H.NET ID Card.

Participation in the H.NET ID card program enables you to:

- **Ride the H.NET Express transportation system.**
- **Have clearance to stay at participating emergency shelters (when combined with TB testing)**
- **Speed up the check-in process at participating service providers.**

I understand that all information gathered about me is personal and private and that I do not have to participate in the HMIS. I have had an opportunity to ask questions about the HMIS and to review the information this release authorizes the HMIS Member Agencies to share. I understand that information about services provided to me by HMIS Member Agencies may be shared with other HMIS Member Agencies. Unless I make a formal request to an HMIS Member Agency that I no longer want to participate in the HMIS, this release will remain in force for three years from today and will expire on _____.
This release authorizes HMIS Member Agencies to share Basic identifying information such as, but not limited to: Name, Picture of client (if needed for H.NET ID Card), Social Security Number, Date of Birth, Gender, Race, Tuberculosis Clearance Status and Shelter Welcome, Veteran Status. I authorize the sharing of my basic identifying information with other HMIS Member Agencies. I authorize that a copy of this original will serve as an original for the purposes stated above.

_____ ___/___/___
Client's Authorizing Signature Date (mm/dd/yy)

Based on the above information, I authorize basic identifying information of my dependent(s) to be shared with the HMIS.

_____ ___/___/___
Legal Guardian's Authorizing Signature Date (mm/dd/yy)

_____ ___/___/___
Guardian Printed Name Date (mm/dd/yy)

Name of dependents that the legal guardian authorizes to participate in the HMIS:

_____ ___/___/___ _____ ___/___/___
Name Date of Birth Name Date of Birth

_____
Agency Representative's Signature

_____ ___/___/___
Agency Representative's Printed Name Date (mm/dd/yy)

The original of this Client Authorization for Release form should be kept on file at the Agency. Upon a form's expiration date, the file should be kept for five years.

Consent Agreement

By my signature below, I hereby assign my permission for East Main Place to request and obtain documentation for any public record of my name. I also assign my permission for East Main Place to discuss with any agency, organization, or reference I listed any matter that concerns my meeting the criteria for admission. If there is need to obtain information from a private source, I will be asked to sign a release of information form for each source.

I understand that the use of this information is confidential and may only be shared with those agencies/individuals involved in the delivery of services. I also understand that I have the right to revoke this consent at any time by informing the service coordinator in writing.

I have read and understand this document and I sign it this the _____ day of _____, 200___.

_____ _____

Applicant's Signature Date

Additional Comments by Applicant:

_____

_____

_____

_____

_____

Comments by Staff

Grievance Procedures for Applicants and Termination of Program Participation

Applicant Grievance Procedures

East Main Place strictly adheres to the requirements of the Oklahoma Department of Commerce Applicant Appeals Procedures to ensure equal access to services and resources available under programs funded by ODOC:

A. The notice of right to appeal shall appear on all application forms used to determine applicant eligibility for any services or resources provided with funds received from ODOC.
B. East Main Place shall initiate the appeals procedure upon request by an applicant, within ten (10) days of the request.
C. After all local appeal procedures have been exhausted, an applicant may appeal the East Main Place's decision to ODOC. In such cases, East Main Place and appellant shall provide ODOC with all relevant documentation.
D. The applicant appeals procedure shall guarantee that each person seeking services shall:
    a. Have the right to file formal application for services or resources upon request;
    b. Be afforded an opportunity to have private and confidential interviews pertaining to the case;
    c. Not be denied assistance on the basis of race, color, gender, creed, religion, age, political preference or disability;
    d. Receive timely approval or disapproval of the application; and
    e. Receive written notification of appeal and appeal procedures, including notices that:
        i. All aggrieved parties shall be afforded a reasonable opportunity for a fair hearing;
        ii. The applicant or the representative of the applicant shall have access to records relevant to the appeal process; and
        iii. The applicant shall have the right to a timely determination and prompt notice of hearing decisions.

Grievance Procedure for Termination of Participant Assistance

East Main Place may terminate assistance provided to participants who violate program requirements. The termination allows for the due process of the terminated participant's rights.

Residents are made aware of disallowed activities and grounds for eviction in the application paperwork as well as the lease they sign upon entry to the program. Additional copies of the guidelines for residency are on display in the East Main Place office.

A resident at risk of eviction from East Main Place will be required to meet with two case managers and the executive director (if the director is available) for a staffing to discuss

the violation(s) in question. After meeting with the resident, the staff is to discuss the violation to determine if eviction is necessary.

When it is determined that eviction is the necessary consequence of the violation(s) the resident is notified in writing by the executive director of the staff's decision and the date by which the resident must be moved out of his or her apartment. Evictions may be immediate in the case of violence or the threat of violence to any resident or staff. Other evictions may range from one to thirty days depending on the severity of the violation(s). East Main Place staff will always make an effort to find placement and services for evicted participants by providing a resource list and referrals when necessary.

Evicted participants may request a hearing regarding the termination of their assistance. The evicted participant must submit his or her request and justification for a hearing in writing to the executive director. Hearings are to be attended by a committee of two case managers and the executive director. In the event one of these staff members is not available, a board member may be asked to attend in his or her place. The committee has up to five business days to research and evaluate the participant's argument. A final decision will be delivered to the participant no later than the end of the fifth business day after the hearing. This decision may be appealed to ODOC when all local appeal procedures have been exhausted.

Adopted by the Board of Directors on March 29, 2005