

In-Take Process for AHP Grant Compliance



Your Affordable Housing Program (AHP) grant requires annual proof for 15 years that your residents are:

- A. Low income
- B. Homeless
- C. Have special needs such as substance abuse, mental illness or are handicapped

The purpose of this document is to delineate the documentation requirements that are necessary in order to comply with the Federal Home Loan Bank's (FHLB) requirements. (All of the forms required by this document are included as an attachment to this document.) An in-take application must be completed for each person moving in and is signed by the resident, as well as the organizational employee assisting the resident.

A. Health Insurance Portability and Accountability Act (HIPAA)

There are information requirements that have the potential to violate a client's privacy. Potential issues can be resolved by:

1. Having the client sign a release OR by:
2. Having client records named with an anonymous designation such as, the last four numbers of the individual's social security number, file number and/or their initials

All of the forms in this instruction have a standard release signature block included. While most clients will have no problem signing the release, if someone does not want to sign then simply cross their name off and initial it. You can always use the second approach, as listed above.

There are many misconceptions regarding HIPAA's requirements. According to the American Academy of Family Physicians, "HIPAA privacy regulations do not require obtaining a patient's consent to use his/her individually identifiable information for routine disclosures, such as those related to treatment, payment or health care operations (TPO's). However, the regulations do mandate that you obtain written consent before releasing his/her information for any reason other than TPO (e.g. disclosure of psychotherapy notes). Refer also: <http://www.aafp.org/fpm/2003/0200/p29.html>."

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B. Identification

Official identification must be obtained for each adult resident that is moving in. Appropriate forms of identification include:

- birth certificate
- passport
- driver license
- census document
- employer records
- naturalization certificate
- income tax return
- social security card
- marriage certificate
- school records
- federal, state or local I.D. card
- medical insurance card
- military records
- bank statement
- baptismal certificate
- tax form 1099
- DD-214
- utility bills
- household income certification (TIC/HUD/USDA)

In the event the resident is unable to supply any of these, he/she can fill out and sign a **Certificate of No Identification**. A copy of their **Identification Record** or a **Certificate of No Identification** should be placed in his/her file.

*NOTE: The **In-Take Form** should have a place for naming all family members residing in the facility.

C. Income Documentation

Third party income documentation must be obtained for all residents at time of in-take and documented in their case file. Please ensure that the in-take form identifies a specific income amount earned by the resident (rather than a range of income levels) For example:

What is your income? _____ Source: _____
____ Weekly ____ Bi-weekly ____ Monthly

What constitutes annual income:

- All amounts received by the family head, spouse, and/or any other family member over the age of 18 residing in the unit (even if temporarily absent).
- The full amount (gross), before any payroll deductions (e.g., flex spending), of wages and salaries, overtime pay commissions, fees, tips and bonuses and other compensation for personal services
- All regular pay, special pay and allowances of a member of the armed forces
- The full amount of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, veterans benefits and other similar types of periodic receipts
- Public assistance (e.g., Temporary Assistance to Needy Families, Aid to Families with Dependent Children, General Assistance, etc...)
- Payments in lieu of earnings, such as unemployment, disability compensation and/or worker's compensation
- Child Support and alimony payments
- Recurring cash contributions
- Income earning assets (interest, dividends and other investment income)

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What *does not* constitute annual income:

- Income from employment of children (including foster children) under 18 years of age
- Amounts received by the family that are specifically for or in reimbursement of the cost of medical expenses for any family member
- Payment received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone)
- Adoption assistance payments
- Lump-sum additions to family assets, such as inheritances, insurance payment (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses
- Special pay to a family member serving in the armed forces who is exposed to hostile fire
- Educational assistance paid directly to a student, educational institute or a veteran
- HUD Section 8 vouchers
- Earned Income Tax Credits
- Temporary, nonrecurring or sporadic income (including, but not limited to day work paid in cash, winnings from casinos, lotteries, etc...)
- Value of food stamp allotments

Types of Income Verification

- Employment Income including tips, gratuities, overtime
 - Two consecutive paychecks stubs or earnings statements
- Always Verify
 - Frequency of gross pay (hourly, bi-weekly, monthly, etc...)
 - Anticipated increases in pay and effective dates
 - Overtime
- Income maintenance payments, benefits, income other than wages (SSI, SSD, Pensions, etc...)
 - Award or benefit notification letters prepared and signed by authorizing agency
 - Current or recent check stubs with date, amount and check number
 - Award letters or computer printout from court or public agency
 - Copies of validated bank deposit slips, with identification by bank
 - Most recent quarterly pension account statement
- No regular, verifiable sources of income
 - Have resident sign a **Zero Income Certification**

*NOTE: A copy of the resident's **Income Record** or **Zero Income Certificate** is to be placed in his/her file.

D. Homelessness Documentation

Documentation of a client's homelessness has to be in accord with the national definition of homelessness issued by HUD. Since there are some differences in definitions e.g., HUD does not consider "couch surfing" to qualify someone as being homeless. Therefore, it is best if the in-take application asks this:

How long have you been homeless?

Less than 2 weeks _____ 2 weeks to 1 month _____ 1 to 3 months _____

3 months to 1 year _____ More than 1 year _____

How often have you been homeless?

Never _____ 1 to 2 times _____ more than 2 times in 2 years _____ Long term _____

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Reason for homelessness:

- Lack a fixed, regular and adequate nighttime residence
- Primary nighttime residence is a shelter designed to provide temporary living accommodations (including welfare hotels, congregate shelters and/or transitional housing for the mentally ill)
- Primary nighttime residence is an institution that provides a temporary residence for individuals intended to be institutionalized
- Primary nighttime residence is a public or private place not designed for, or ordinarily used as a regular sleeping accommodation for human beings

Additionally, have each resident that comes from homelessness fill out and sign **Certificate of Homelessness**. A copy of the **Certificate of Homelessness** should be placed in their file.

E. Special Needs

Commit to reserving a specific number of units for persons with *Special Needs* including one or more of these categories:

1. Chemically dependent residents (self-identified or staff suspected)
2. Mentally disabled
3. Physically disabled
4. Physically or emotionally abused
5. Persons with AIDS
6. Senior Citizen(s)

*Acceptable documentation includes a letter from a licensed physician, psychiatrist, psychologist or clinical social worker. The letter should state that the resident has a history of substance abuse/dependency and is receiving treatment. Also, a thorough in-take interview by a staff member that is qualified (through training and personal experience). The analysis must be concluded in the case file. Here are examples of some of the questions that can be used to verify *Special Needs*.*

F. Annual Reporting

Each year during the 15 year retention period, you will have to generate a spreadsheet listing residents who have lived in the facilities during the previous year. Please ensure that your record keeping system allows you to report the following data:

1. Name and/or address of facility in which resident is housed
2. Household size (if any households consist of couples or include children)
3. Homeless status (Yes/No)
4. Special needs status
5. Annual gross income at move-in
6. Date moved into the project
7. Date moved out of the project
8. Current annual gross income for persons in a long-term program or transitional housing
9. Tenant Rent Amount (i.e., rent paid by resident)¹
10. Contract rent amount (i.e., rent paid by tenant and any rental subsidy programs)

¹ This amount cannot be greater than 30% of resident's income and any excess should be considered as program fees.