| ST LUKE'S         | Stable Housing Support Requesting School:<br>Date: | lest Form | RESTORING<br>HOPE<br>Reducing Family Homelessness<br>and Childhood Hunger |
|-------------------|--|-----------|---|
| Name of School St | aff person filling this form:                      |           |   |
| Role of           | referring staff                                    |           | -   |
| Referral staf     | contact information                                |           |   |
| Name              | e of applicant:                                    |           |   |
|                   | Address:   |           |   |
|                   | Phone:   |           |   |
|                   | Date:  |           |   |
|                   | Current housing situation: Choose a                | n item.   |   |

Reducing family homelessness (and childhood hunger), part of the Restoring Hope Vision 2020+, is a church-wide vision for St. Luke's UMC. We are doing this in partnership with our Educational IMPACT Ministry school partners – Maxey and Mollie Ray Elementary Schools (specifically for housing) and communities in West Orange (focusing on food security and sovereignty.) Supporting families as they stabilize themselves financially, socially, with career development and education are priorities under the Restoring Hope Initiative. These programs are designed to help families access resources they need to achieve the goals they set for themselves.

# **Qualifies for the Stable Housing Initiative**

Due to limited resources, St. Luke's must narrow down the qualification criteria.

- Family must have at least one student who currently attends Maxey or Mollie Ray Elementary
- Family who moves to other schools after we start the process have the option to stay involved in St. Luke's Restoring Hope Initiative.
- Family must currently be staying in a motel/extended stay hotel or doubled up with other family/friends.
- Family must be able to sustain housing at the time of entering the Stable Housing Initiative (<85% debt/living expense to income ratio).
- Family must contribute a percentage of the security deposit. Percentage will be determined by St. Luke's partner organization for housing and Family Leader based on debt/expense to income ratio.
  - Family which is unable to contribute towards the security deposit will be required to contribute through sweat equity.
  - The lease must be in the Head of household/Family Leader's name.
- Family may use the security deposit towards the next rental unit or housing down payment if...
  - o Family is fully engaged in the Restoring Hope 2-year program
  - o Family has taken care of the rental unit as stated on the lease
- St. Luke's is committed to supporting Family Leaders for the duration of the 5-year initiative (2018-2023) with wrap-around programs listed below.
- Family is expected to commit to the following programs that help increase household income:
  - o Set goals and work towards achieving goals for each of the 14 Self-sufficiency metrics (see attached)
    - Quarterly family achievement assessment
    - Commit to any empowerment program
      - GED
      - Certification programs to enhance job/career
      - Family Promise case management
      - Jobs Partnership a 12 week in-person OR online employability skill development training
      - Circles an 18 months program for multiple-generations to increase household income, reduce debt, increase social connections, and set and achieve life goals.

## **Overall Wrap-Around Support from the Restoring Hope Initiative**

HOUSING

- Portion of rent security deposit, first and last month rent and application fee determined on a case-by-case basis
- Move in expenses truck/U-hall to move furniture, labor cost to move furniture, utility connection.
- Labor cost
- Support with Mustard Seed if needed.

## TRANSPORTATION

• Family qualifies for St. Luke's Drive it Forward Ministry to benefit from car donations and quarterly oil change and light maintenance

#### FOOD SECURITY

• Family qualifies for St. Luke's Food Sovereignty programs and emergency food assistance when needed.

#### TECHNOLOGY

- Family qualifies for St. Luke's Technology Assistance program. This includes, laptop/computer donation fitted to handle virtual connection.
- Computer/laptop donation depends on availability and priority of needs.

#### ECONOMIC STABILITY

• Family qualifies for programs St. Luke's is a part of through our community partners.

#### CAREER DEVELOPMENT

• Family qualifies for assistance for career development programs such as GED, certification programs and Jobs Partnership.

#### WELNESS

• Family qualifies to wellness programs at/through St. Luke's. Scholarships are available for qualified families.

#### **Request Procedures:**

- 1. Complete the Request Form. A written quote from the landlord/apartment manager is required. This must include security deposit and any other funds required in the lease agreement.
- 2. W-9 Information must be attached for private owner.
- 3. Email request packet to Amy Winslow, Director of Missions at <u>awinslow@st.lukes.org</u>
- 4. Within 72 hours, a response will be sent denying or approving the request from St. Luke's.
- 5. If approved, checks will generally take 5-7 business days to generate. Provide the following information...
  - a. W9 form from landlord/property manager
  - b. Ideal date check is received: \_\_\_\_\_
  - c. Check payable to \_\_\_\_
  - d. Mailing address where check should be sent to \_\_\_\_\_
  - e. Contact name and information of landlord/property manager
  - f. Mailing address, apartment number, city and zip code of family (new rental unit)
- 6. If not approved for housing assistance specifically, St. Luke's Restoring Hope Initiative may assist family in other areas to stabilize the family.

| C   | escription of current housing situation<br>and underlying causes  | Response |
|-----|---|----------|
| 1.  | # of adults impacted  |          |
| 2.  | # of children impacted  |          |
| 3.  | Have you sought services from a government or social<br>service agency for housing or other needs within the last 6<br>months?<br>a. What assistance was provided/denied?<br>b. If denied, what was the reason?   |          |
| 4.  | How long have you lived here (motel/doubled up)?  |          |
| 5.  | Prior to that, what was your housing situation?   |          |
| 6.  | What furniture do you own and where is it stored?   |          |
| 7.  | When was the last time you felt your housing situation was stable?  |          |
| 8.  | What made it feel that way?   |          |
| 9.  | In the past six months, have you been able to pay rent in time?   |          |
| 10. | If not, why not?  |          |
| 11. | Did you often have to choose between paying rent on time and making another payment?  |          |
| 12. | If so, what do you often sacrifice to pay rent? (Food,<br>healthcare, transportation, utility bills, car<br>insurance/payment)  |          |
| 13. | What's your dream housing situation for your family?<br>(Habitat?)  |          |
| 14. | What stands in the way of making your dream come true?  Low income Stagnant job Unstable employment Education limitation Unreliable transportation Medical expenses Debt Rented furniture/appliances Childcare expenses Technology (computer/internet connection) Other |          |
| Com | ments and additional information  |          |

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## St. Luke's UMC Stable Housing Request Form

I am interested in receiving services mentioned above for my family. QYes ONO

I \_\_\_\_\_\_ authorize Orange County Public School to share my personal information to St. Luke's United Methodist Church and Family Promise of Orlando

Parent/Guardian Name (PRINT)

Parent/Guardian Signature

# School Social Worker/Parent Engagement Liaison

(print):\_\_\_\_\_

Signature:

| Off  | ice Use Only                          |
|--|---------------------------------------|
| Date Received:                             | Approved: Yes/No                      |
| Signature:                                 | Date:                                 |
| Date Notified of approval/check requested: | Date check received:                  |
| Date Check Forwarded to:                   | Check cancellation: Y/N If yes, date: |

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