

HEAD OF HOUSEHOLD INFORMATION

Head of Household First Name	Middle Initial	Last Name	Other Names Used
Unit Address		City	Zip code
Primary Phone #	Alternate Phone#	Email	

HOUSEHOLD MEMBERS

Relationship to Head (spouse, parent, child, etc.)	Name	Gender	DOB	AGE

HONEST BUDGET

MONTHLY INCOME		MONTHLY EXPENSES	
Gross Wages		Rent	
Net Wages		Utilities	
General Welfare		Food	
Disability		Household	
Pension		Arrears	
Child Support		Phone	
Other		Transportation	
		Insurance	
		Child Support	
		Loans	
		Credit Card(s)	
		Other	
Total	\$	Total	\$

I verify that this information is honest and accurate to the best of my knowledge.

Consumer Name	Consumer Signature	Date
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PARTICIPANT RIGHTS

HOPE Services Hawaii must uphold and respect every participant in accordance with HAR Chapter 11-175.

1. Participants have rights regardless of:
 - Age
 - Culture
 - National origin
 - Source of payment for services
 - Race
 - Amount of education
 - Ability to communicate
 - Physical or mental disability
 - Sex
 - Lifestyle
 - Language spoken
 - Religion
 - Sexual orientation
2. Participants have the right to be treated with respect and dignity, and to have their rights to privacy respected.
3. Participants have the right to know about the services they can receive, and who will provide the services.
4. Participants have a right to honest discussions with their assigned worker of the options for their Individual Housing Plan.

5. Participants have a right to have any person who has the legal responsibility, make decisions for them regarding their mental health care. Any person with legal responsibility to make health care decisions for a participant will have the same rights as the participant.
6. Participants have the right to get help from HOPE staff in understanding their services.
7. Participants are free to use their rights. The participant's services will not be changed and/or the participant will not be treated differently if the participant exercises his/her rights.
8. Participants have the right to be a part of all choices about their services.
9. Participants have the right to receive services in a way that respects the participant's culture and beliefs.
10. Participants have the right to an interpreter to help the participant speak to staff. Participants have the right to have an interpreter in the room when seen by staff.

PARTICIPANT RESPONSIBILITIES

1. Answer all questions in an honest way and ask questions if you do not understand.
2. Inform staff of any changes in your contact information, e.g., new address, phone number, etc.
3. Abstain from behavior that is disruptive and unacceptable to others. Examples include, verbal, physical, or sexual harassment, threats and/or violent behavior, nudity, possessing weapons, open fires, etc.

GRIEVANCE PROCEDURE

A grievance is a formal complaint you wish to address regarding HOPE Services Hawaii, Inc. If you are dissatisfied with decisions concerning your services or have received a termination of services notice, there is something you can do about it. You can file a complaint or an appeal. This is called a grievance procedure. Here is what you do:

1. First, tell your Housing Navigator that you are unhappy with the way things are going and why. Discuss clearly. If you and your Housing Navigator cannot resolve the problem to your satisfaction, tell the worker that you wish to speak with their supervisor. The Housing Navigator will provide you with the steps to take to meet the Team Leader. You have the right to review your file and to seek legal counsel.
2. The Team Leader will see you within five (5) working days to discuss the problem and to try to work it out. If, after this meeting, you still believe that a problem exists, the Team Leader will assist you in completing a grievance letter outlining the problems at hand. The grievance letter will be given to Director for her review.
3. Within five (5) working days of receiving your grievance, the Director will contact you to meet and discuss the matter. You may bring any supporting documents, materials, or people with you to clarify your complaint. The staff involved in your grievance, the Team Leaders, and the Director will be at this meeting.
4. After discussing the case and reviewing all of the information pertaining to your grievance, the Director will decide on a resolution to the problem at the end of the meeting and tell you of her decision. The decision will be put in writing and mailed to you; a copy will be placed in your file so that there will be a record of the grievance resolution. The letter will include if any, the reason for termination, date services are to be terminated, special conditions under which services could be reinstated, and a notice that the client has a right to review their file and to seek legal counsel.

We truly hope that our staff can quickly resolve the problem you may experience with HOPE Services Hawaii, Inc. We believe that you deserve to receive the best services we can give. Please direct all correspondence regarding grievance procedures to: **HOPE Services Hawaii, Inc., 296 Kilauea Ave., Hilo, Hawaii 96720.**

If you are still unsatisfied with HOPE Services Hawaii, Inc.'s grievance procedure outcome, you have the right to appeal by contacting the **State of Hawaii, Department of Human Services, Homeless Programs Office, 820 Mililani Street, Suite 606, Honolulu, Hawaii 96813.**

I understand my Rights, Responsibilities, and the Grievance Policy and Procedure. I understand that programs at Hope Services Hawaii, Inc. are voluntary. I understand that if warranted, appropriate authorities will be called for any illegal behavior, and my participation may be terminated.

Consumer Name

Consumer Signature

Date

To participate in the Disaster Assistance Program, you must understand and agree to the following terms (PLEASE INITIAL):

1. _____ Grants are made to provide temporary financial assistance.
2. _____ Applicants must submit proof of residing in mandatory evacuation area and a photo identification.
3. _____ A legally written lease between the tenant and landlord is required to receive any type of rental assistance.
4. _____ Applicants must inform Hope Services of financial assistance from another organization.
5. _____ Household is willing to participate in services including but not limited to monthly home visits and phone calls.
6. _____ Payments are made directly to the landlord. No payment will be made directly to the applicant.
7. _____ Reimbursements will not be made for bills already paid.

Applications can be denied for the following reasons.

- Applicant does not meet the eligibility requirements
- False statements made on the application
- HOPE does not have sufficient funds available at the time of the application

Consumer Name _____ Consumer Signature _____ Date _____

HOUSING PLACEMENT PROGRAM: Please complete if you meet both **FAMILY COMPOSITION** and **INCOME DECLARATION** requirements.

- Single/two-parent family with at least one (1) minor child (under the age of 18) living in the home, AND;
- TANF Eligibility (Complete Below)

1. CLIENT NAME: _____
LAST FIRST M.I.

DATE OF BIRTH: _____ / _____ / _____ US CITIZEN OR LAWFULLY ADMITTED YES NO

2. CLIENT NAME: _____
LAST FIRST M.I.

DATE OF BIRTH: _____ / _____ / _____ US CITIZEN OR LAWFULLY ADMITTED YES NO

FAMILY COMPOSITION

- a. Number of children under eighteen (18) years old _____
- b. Relationship to the Child(ren) _____
- c. Do the child(ren) live with the adult(s) named in Item #1 and 2? YES NO
- d. Are all family members U.S. citizens or Lawfully Admitted Non-Citizens (includes COFA)? YES NO

INCOME DECLARATION: TOTAL HOUSEHOLD GROSS INCOME (EARNED/UNEARNED): _____/MONTH

2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons	9 Persons
\$4,253	\$5,690	\$6,858	\$8,025	\$9,193	\$10,360	\$11,528	\$12,695

- STAFF USE ONLY** - Completed HMIS Consent Form (One for each member of the household)
- STAFF USE ONLY** - Completed HMIS Intake (One for each member of the household)
- STAFF USE ONLY** - Scheduled Unit Inspection

Consumer Name _____ Consumer Signature _____ Date _____

EDUCATION RIGHTS FOR FAMILIES WITH MINOR CHILDREN

Families of children and young adults are entitled to the following educational rights established under Subtitle VII-B of the McKinney-Vento Homeless Assistance Act and most recently reauthorized by the Every Student Succeeds Act.

Hope Services Hawaii staff can provide you assistance to ensure:

1. Immediate school enrollment, as required by federal and State law, even if you lack the paperwork normally required. Students have the right to enroll in school and attend classes while the school gathers needed documents. Enrollment shall occur immediately and within no more than 48 hours of Program entry. Children and young adults who are not required by State law to enroll in school, are encouraged but not required to enroll. ___
2. All housing, whether temporary or permanent, is located in neighborhoods that are accessible to community resources and services, including schools, libraries, and other educational services. ___
3. Students experiencing homelessness receive the services for which they are eligible according to their needs and comparable to those provided to other students, including,
 - a. Assistance from the local school district's homeless liaison, _____
 - b. Early Intervention Program for Infants and Toddlers with Disabilities, _____
 - c. Head Start or other preschool programs, _____
 - d. Services for disabled students, _____
 - e. Free school meals, _____
 - f. Services for English language learners, _____
 - g. Gifted and talented services, _____
 - h. Before and after school care, _____
 - i. Career and technical education, _____
 - j. Summer learning, _____
 - k. Online learning _____
 - l. Referrals to health _____
 - m. Referrals to mental health _____
 - n. Dental Services _____
 - o. Other Service (Specify) _____
4. Children and young adults receive the transportation services to and from schools of origin. _____

I have reviewed my educational rights and was able to ask questions and have initialed each assistance request.

HPO Rapid Rehousing: Please complete if you meet **Annual Income** requirements for your household size.

Studio (\$877 Max) 1 BR (\$1009 Max) 2 BR (\$1322 Max) 3 BR (\$1663 Max) 4 BR (\$1936 Max)

Annual Income at or below 50% AMI

1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
\$40,850	\$46,650	\$52,500	\$58,300	\$63,000	\$67,650	\$72,300	\$77,000

STAFF USE ONLY - Completed HMIS Consent Form (One for each member of the household)

STAFF USE ONLY - Completed HMIS Intake (One for each member of the household)

STAFF USE ONLY - Scheduled Unit Inspection

Consumer Name _____

Consumer Signature _____

Date _____

HIUW Disaster Assistance

STAFF USE ONLY - Household income is less than expenses as shown on the Honest Budget.

STAFF USE ONLY - Household does not qualify for HPP or HPO Rapid Rehousing.

Additional Information Requested: Select the ethnicity you most identify with

Hawaiian or Part-Hawaiian Asian Caucasian Pacific Islander Other _____

Consumer Name _____

Consumer Signature _____

Date _____

