

# Heart of Florida United Way

## **Emergency Funds Network Operations Manual**

*Revised: August 2019*



## Emergency Funds Network Operations Manual

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## Emergency Funds Network Operations Manual

### Overview

Heart of Florida United Way (HFUW) manages numerous emergency services funds that provide direct assistance dollars to residents in Orange, Osceola, and Seminole counties. As a part of this work, HFUW works with the local Emergency Funds Network (EFN) and uses the MAACLink Case Management System (CMS) to provide centralized program administration and ensure households in need receive comprehensive services designed to address their crisis situation. This system allows for:

- Centralized client tracking and fiscal management;
- The integration of diverse organizations into a single service delivery system;
- The ability to track and assess a household's eligibility for emergency assistance funds; and,
- Documentation of case management services provided to the household.

Our collective goal is to provide support service and initiatives for our ALICE (Asset Limited, Income Constrained, Employed) population to thrive. We do this by working with you, as an EFN member, to provide emergency short-term assistance and long-term case management. Our partnership benefits the local community in two primary ways:

1. Households are stabilized as soon as possible, allowing them to increase the opportunity to become self-sufficient.
2. Emergency funds are distributed in the most cost-effective and equitable method possible, using verifiable data.

EFN members are comprised of two types of organizations:

- **EFN Non-Funded Agency:** Includes organizations that voluntarily agree to participate in EFN activities for the purposes of tracking clients and sharing case management notes. These partners do not have access to or distribute emergency funding administered by HFUW and they sponsor their own cost of licensing to access MAACLink.
- **EFN Funded Agency:** These organizations have access to the emergency funding administered by HFUW, therefore participation in EFN activities is required and the cost of licensing for MAACLink is covered by HFUW.

The purpose of the EFN is to facilitate information sharing, provide the maximum assistance available to households who need help, while guarding against fraud and unintended misuse of funds (if necessary). Therefore, whether the organization has access to funding or not, all EFN members agree to the following service standards:

- a) Submit any required organizational and programmatic data and/or documentation to HFUW as requested.



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- b) Sign all required documentation attesting the organization has received HFUW's EFN Operations Manual and understands it is the organization's responsibility to: (1) read and understand all EFN operations, policies, and procedures; and, (2) stay up-to-date on all programmatic and operational policies and procedures.
- c) Collaborate and maintain open communications with other EFN members with the goal of increasing efficiency and decreasing duplication of services.
- d) Collect, document, report, and submit all appropriate documentation that demonstrates the applicants' need for services and eligibility.
- e) Review MAACLink for prior/duplication of services.
- f) Adequately enter all required data for the complete household into MAACLink.
- g) Update all Universal Data Elements, Financial Assessments, Household Members, and Services.
- h) Update pending service/clearance status if services are being denied or client did not show up for appointment.
- i) Using the DAP format, enter comprehensible case notes into MAACLink to indicate reason for services and also to provide additional information regarding assessment as well as action steps provided to client.
- j) Ensure your organization's Agency Authorized Signer has reviewed all applications before submitting to HFUW for processing.
- k) Research necessary client data and check processing using MAACLink system prior to submitting requests to HFUW.
- l) Manage client issues and complaints through your organization's internal processes.
- m) Maintain case files for processed applications for a minimum of five (5) years.
- n) Ensure that all organizational staff providing emergency financial assistance and/or accessing MAACLink attends and actively participates in EFN meetings and training sessions.
- o) Ensure the list of staff identified by your organization as providing emergency financial assistance and/or accessing MAACLink is updated at all times, reporting any changes to HFUW staff immediately.
- p) Participate in an annual monitoring of local and/or federal funds administered by HFUW.

**Please note:** Failure to comply with the aforementioned service standards could result in a denial of services for the household you are attempting to serve. This will require your organization to provide services using your own private funds. Further, ongoing violation of service standards could result in your organization's suspension from the Emergency Funds Network.



## Emergency Funds Network Operations Manual

### Case Management

HFUW recognizes that providing temporary emergency assistance is not the sole solution to providing assistances to households facing a crisis. Therefore, HFUW requires case management that follows the National Association of Social Workers (NASW) standards be a part of emergency assistance services. Therefore:

- **Case management** is defined as a process to plan, seek, advocate for, and monitor services from different social services or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management is classified into one-time assistance, short-term, medium-term, and long-term, depending on the household's needs.
- **Client** refers to the individual or family who is the recipient of case management services—in other words, whose goals, needs, and strengths constitute the primary focus of case management.
- The **core functions** of case management include:
  - engagement with clients
  - assessment of client priorities, strengths, and challenges
  - development and implementation of a care plan
  - monitoring of service delivery
  - evaluation of outcomes
  - closure (including termination or transition follow-up).

*For more information on NASW Standards for Social Work Case Management, please visit <http://www.socialworkers.org/practice/naswstandards/CaseManagementStandards2013.pdf>.*

### Case Management Expectations

All EFN members accessing HFUW administered funds must deliver case management services in a face-to-face assessment/meeting with the household, which includes one-time assistance requests, as well as households eligible for short-term (or longer) case management. At minimum, organizations are expected to provide the following case management services:

#### **One-Time Assistance**

- 1) Budget analysis
- 2) Referrals to in-house or external resources/benefits
- 3) Action steps to increase self-sufficiency

#### **Short-Term Case Management**

- 1) Budget analysis
- 2) Increased access to benefits
- 3) Decrease in non-essential expenses
- 4) Increased income at termination of services



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Through **budget analysis**, the hope is to provide opportunities to address poor budgeting and identifying other needs, such as parenting classes, referral to food pantry, or assistance in applying for food stamps, which may decrease the need for emergency assistance and/or help the household move closer to stability as soon as possible. Please note that all clients scheduled for an emergency assistance appointment should receive high quality case management, budget analysis, and referral to wraparound services regardless of their eligibility for financial assistance with HFUW and/or private funds.

To demonstrate case management services are provided and record contact with clients, an effective case note is necessary. DAP case notes, which stand for **Data Assessment Plan** (DAP), is the most effective format to record pertinent information. HFUW requires using the DAP case note format when entering case notes on MAACLink. *For more information on how to enter case notes on MAACLink, refer to page 83.*

A modified version of the **Data Assessment Plan** (DAP) case notes format entered in MAACLink should follow these guidelines below:

- **Data:** Specific, factual information on the client and household, including:
  - a. The household's composition (all members of the household).
  - b. The household's stability (household income and other benefits).
  - c. The crisis/emergency experienced by the household (a specific event? snowball effect?) and the steps the household has taken to mitigate the situation.
  - d. The services requested by the household and the client's perception of how these services will help mitigate the problem.
- **Assessment:** The case manager's assessment of the client's situation, including:
  - a. The needs of the client/household.
  - b. The barriers/challenges that must be addressed in order to increase household stability.
  - c. The resources, tools, etc. the household possesses, has access to, and/or needs that will allow them to increase stability.
- **Plan/Prognosis:** The plan of action to address the identified crisis/emergency, including:
  - a. The resources (including referrals to internal and external services) that will be provided by the organization.
  - b. The action steps/recommendations that will be provided to the client/household (especially if there will be a follow up meeting or ongoing case management).
  - c. The prognosis of the case (including how likely the client/household will be able to become stable).
  - d. Any pending or follow up items required for the provision of resources or ongoing services/case management (including deadlines for completing follow up).





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***For all clients***, your organization's MAACLink data entry is essential for tracking individuals who may not qualify for financial assistance at the time of application, but your organization has provided action steps to demonstrate their positive forward movement. This will allow the next agency or case manager to properly re-assess the client's situation.

### **MAACLink Case Management Software (CMS)**

Mid America Assistance Coalition (MAAC), a non-profit corporation is a national model for effective coordination of emergency assistance organizations and homeless service providers. Its role is to make a complex social service system as efficient and accessible as possible.

The Mid America Assistance Coalition was created in 1985 from the merger of emergency assistance agencies with a history of community service dating back to 1974. The two founding groups were the Emergency Assistance Coalition, founded to meet communication and referral needs among metropolitan emergency assistance providers, and the Warmth and Light Coalition, which was operating to raise funds for neighborhood emergency utility assistance. Throughout its 25 years, MAAC is a proven leading agency supporting social service communities. The mission of MAAC is to strengthen the social service community through information systems, training, and advocacy.

HFUW operates the MAACLink (Mid America Assistance Coalition Link) software system for the Central Florida service area and requires agency partners that provide financial assistance to use it as well. This client management system allows an agency to determine if a client has already received services at another agency, thereby, avoiding duplication of services and a waste of financial resources. MAACLink is also used as a case management system, in which program entry/exit data as well as case notes and demographics are tracked.

MAACLink also serves as the fund manager system for all direct assistance funds operated by HFUW. Through this system, HFUW is able to allocate funds to agencies and monitor agency accounts. Checks are issued directly from MAACLink system through HFUW's Finance Department. Funder-specific files with respective requirements are kept for all clients receiving assistance through funds managed by HFUW and are identified across all documents to assure that the client is served under the appropriate funding.

Non-Funded Agencies are required to enter into a contract and pay quarterly fees for accessing the system.

**Please contact HFUW for updated information on fees associated with MAACLink.**



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### Emergency Assistance Funds & Access

Access to funds administered by HFUW requires strict adherence to the guidelines set forth by HFUW. Further, access to funds will be awarded to active and approved EFN participant organizations on an as needed basis and funds can be reallocated and/or redistributed at any time at HFUW's discretion.

Currently, HFUW administers the following emergency assistance funds and makes access to these funds available to select EFN participant agencies:

- **Emergency Food & Shelter Program (EFSP):** Fund created by Congress to help meet the needs of hungry and homeless people throughout the United States and its territories by allocating federal funds for the provision of food and shelter. Accessible only by agencies that have been awarded funding through the EFSP grant process in the areas of (pending the priorities set by the local board):
  - Food, in the form of served meals or groceries.
  - Lodging in a mass shelter or hotel (Hotel option not available for Phase 36)
  - One month's rent or mortgage payment.
  - One month's utility bill (Not available for Phase 36)
- **Energy Neighbor Fund (ENF):** Emergency funds used to pay past due Duke Energy utilities in the Orange, Osceola, and Seminole county coverage area at a maximum of \$300/household in a 12-month period.
- **Emergency Utility Assistance Program – City of Winter Park (EUAP):** For residents of Winter Park only, provides a maximum of \$300/household in a 12-month period for City of Winter Park, Electric Utility Department customers.
- **Family Emergency Fund (FEF):** Fund available only to HFUW grant funded partner agencies approved to provide emergency services.
  - The current funding limit is \$750/household in a 12-month period.
  - The coverage area is Orange, Osceola, and Seminole counties.
  - These funds are among the most flexible and therefore, should be used if no other resources are available.
  - Funds are distributed quarterly based on use/need during the most recently completed quarter.
- **Family Emergency Fund – Publix Charities (FEF –PC):** This fund is only available to active Publix employees in Orange, Seminole, or Osceola County. It provides up to \$1000 per household in a 12-month period (can be subject to case-by-case evaluation). **HFUW is the only organization with access to this fund.**



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- **OUC Utility Assistance Program (OUC-UAP):** Emergency funds used to pay past due cost associated with OUC (Orange and Osceola counties only), including reconnection fees and late fees, limited to \$500/household in a 12-month period.

**Please review the Funds Eligibility & Documentation Guidelines (Attachment 1) for complete guidelines and criteria for each fund.**



## Emergency Funds Network Operations Manual

### Emergency Assistance Funds Required Documentation

EFN member agencies are required to maintain the original case management file for all clients served with HFUW administered funds. Client case file must include all of the required documents detailed in this manual, such as the following:

1. HFUW Branded Emergency Assistance Request Form
2. Releases of Information
3. Copy of identification (for all adult members in the household)
4. Copy of social security cards (for **all** members in the household)
5. Copy of birth certificates (for **all minors** in the household)
6. Proof of all income (earned and unearned)
7. Proof of benefits
8. Reason for Services
9. Property appraiser print out
10. Property Management Agreement (if applicable)
11. Lease (with current dates and signatures; for rental assistance)
12. Utility bill (most recent bills; for utility assistance)
13. Proof of all household bills
14. Proof of emergency

The following categories reflect the acceptable documentation standards for eligibility purposes:

**Identification:** The client must also provide original identification to the agency in the form of a non-expired state issued photo ID and social security card. Acceptable forms of identification include:

- Valid Driver's License
- Veteran ID card
- Passport
- Government issued ID

#### **Social Security Number**

- Social Security Card
- Social Security Administration Printout with Official Stamp
- Tax Documents
- DD-214
- Government Issued Identification
- Pay Stub showing complete SSN
- School Records/Immunization Record (for children only)

#### **Date of Birth**

- Birth Certificate
- Driver's License
- DD-214



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- Benefits Printout (DCF or Insurance)

### Income Documentation

- Wages and Salary, etc. (Pay Stubs)
- Self-Employment/Business Income (IRS 1099)
- Interest and Dividend
- Pension/Retirement
- Unemployment and Disability
- TANF/Public Assistance
- Alimony, Child Support, Foster Care Payments
- Armed Forces
- Federal Financial Aid & Federal Student Loans
- Veteran College Student Living Stipend “*Post 9-11 GI Bill*”

### Housing Options and Resources

- Verification from transitional housing agency
- Shelter Documentation
- Financial Resources and Support Networks

### Current Living/Residential Status

- Lease
- Statement from Family Member (*if client is residing with family, but must vacate*)
- 3-day or Eviction Notice

## Emergency Assistance Funds Criteria for Assistance

Based on funder and HFUW priority, the following criteria have been established to determine whether a client/household qualifies for assistance with HFUW managed funds. Documentation verifying the client’s/household’s qualification must be detailed in MAACLink and provided to HFUW as a part of the client’s/household’s application for assistance.

### Sustainability

It is HFUW’s intention to support the provision of emergency assistance to clients with reasonable expectation that the client/household will be able to pay all of the household’s expenses in the months after the emergency assistance was provided. If the client’s/household’s total expenses exceed total income, then the client/household is not considered sustainable.

When determining client/household sustainability, the case manager will need to review employment history, housing stability, and all real/anticipated income sources and all expenses. While the case manager may make recommendations to the client/household on how to reduce expenses, the client/household must be able to demonstrate the potential for sustainability based on the information currently provided. *Please note:* These criteria do not apply to EFSP funds.



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### Creating Financial Assessment to Show Client's Sustainability after Assistance is Provided

Below is an example of how to produce the client's financial assessment to show whether the client will be sustainable in the next 30 days. It provides all the information HFUW will need to see the client's crisis that led to this and show the sustainability thereafter.

**Data:** HOH attending session, children present. Client states that she has had a rough month. She states that she was out of work for a week due to a medical emergency where she was not able to go to work. Because of this, she lost a week's work of pay (about \$300). Client stated in total she was only paid \$850. Client also stated her child support did not come this month due to the father of the child not being able to pay. Because of this, she was unable to pay her rent. Client is looking for rental assistance.

**Assessment:** From the conversation, CM believes that client will benefit from assistance and will be sustainable now that she is back at work. CM and client worked on financial assessment together which shows that client will be self-sufficient next month.

**Plan:** Agency will be assisting with \$750 of her rent pending full approval from HFUW. Client agreed she will pay \$100 of her rent and has provided proof of payment. CM also provided client with the following referrals/ recommendations: ..., ..., ..., ....

*From the appointment with the client, this is the result of the financial assessment done to show self-sustainability within the next 30 days.*

Monthly Income		Non-Cash Benefits		Expenses	
Earned Income	\$ 1150	Food Stamps	\$ 192	Bus Pass	\$
Unemployment	\$	Medicaid		Car Payment	\$
Social Security (SSI)	\$	Medicare		Child Care	\$
Social Security Disability (SSDI)	\$	Healthy Kids		Child Support Expense	\$
VA Disability	\$	WIC		Electricity	\$ 150
Private Disability	\$	VA Medical		Food	\$ 200
Worker's Compensation	\$	TANF Child Care		Gas/Heating	\$
Public Assistance (TANF)	\$	TANF Transportation		Gas (Car)	\$ 80
Veteran's Pension	\$	Section 8		Car/Home Insurance	\$ 400
Pension	\$	Other:	\$	Medical	\$
Child Support	\$ 600			Miscellaneous	\$
Alimony	\$			Mortgage	\$
Other:	\$			Rent	\$ 850
				Sewage/Trash	\$
Other:	\$			Telephone	\$ 50
				Water	\$
				Other:	\$
				Other:	\$
				Other:	\$
<b>Total Income</b>	<b>\$ 1750</b>	<b>Total Benefits</b>	<b>\$ 192</b>	<b>Total Expense</b>	<b>\$ 1730</b>

**Note:** When completing the financial assessment with a client who is also receiving Section 8, only check off on the assessment that the client is receiving Section 8 in the "Non-Cash Benefits"



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column on the financial assessment. Next, in your case note, please specify that the client is receiving assistance and how much Section 8 contributes to the rent and the client's portion. Provide the supporting documents along with the packet that supports the case note.

### **Reason for Service**

Clients/households must demonstrate they experienced a situation that had led them to face an unforeseen or unanticipated need within the last 30 days.



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### Request for Assistance Packet Submission

**HIPAA (Health Insurance Portability and Accountability Act of 1996) and FIPA (The Florida Information and Protection Act of 2014) compliance are important issues. The transmission of client data by email could violate both HIPAA and FIPA if the email is not secure. Therefore, HFUW has implemented a secured email system.**

Fully completed and verified requests for assistance should be submitted to HFUW for processing as soon as possible, at least within **five (5) business days** after the organization has completed its client/household assessment as follows:

- **Email:** As soon as possible, please email the completed packet to [EHS@hfuw.org](mailto:EHS@hfuw.org).

**It is the organization's responsibility to double-check and verify all information before submitting paperwork, including:**

- Ensuring that all sections of the Emergency Assistance Request (EAR) Form are completed correctly; and,
- Ensuring the client/household meets the fund guidelines for the funds used.

Once your organization's request for assistance has been received, it is HFUW's intention to process the packet and issue payment checks within fourteen (14) business days from the date received, barring any corrections that must be completed by your organization and depending on funds availability. All funding request packets date received on a business day by 3:00 p.m. are date stamped for that day. Packets received after 3:00 p.m. will be date stamped for the next business day.

The EHS Technician will conduct two data validations: (1) on the request packet received and (2) on the data entered into the MAACLink system. If any deficiencies or errors are identified, the EHS Technician will contact your organization and notify you of needed corrections. If data validation is successful, the EHS Technician will enter payment request service into MAACLink. Once entered, the request will be submitted for HFUW approval, and then submitted to Finance for payment.

***Please note:*** HFUW, including the Finance department, reserves the right to question any data in the packet and/or request additional review or documentation before payment is issued.

Where applicable, once a check has been issued for payment, it will usually be mailed within 24 hours. In the event that a check needs to be picked up from HFUW's office, the following protocol must be followed:

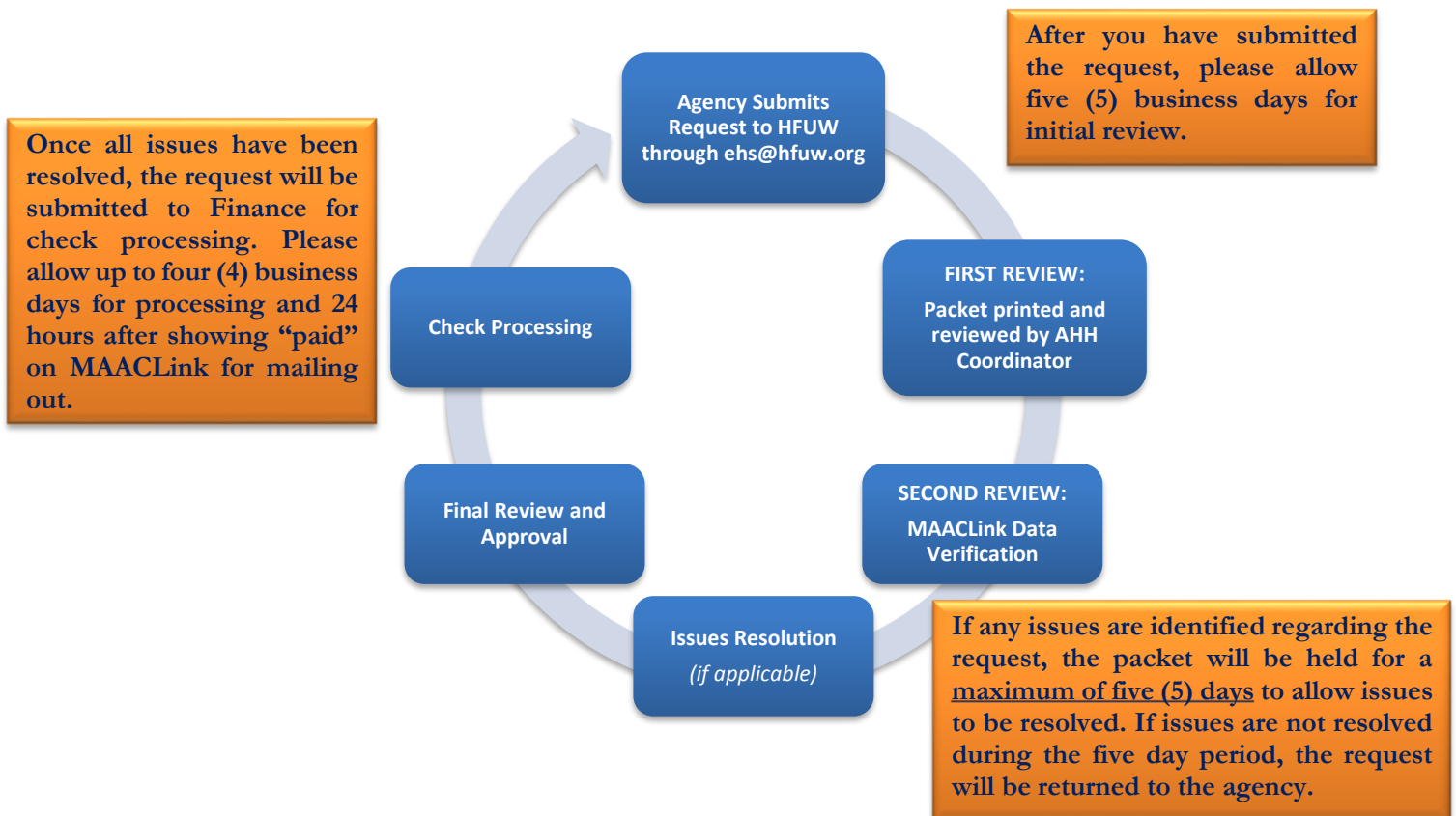
- The organization's case manager must contact HFUW's EHS Technician to ask if the check can be picked up.



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- If HFUW can accommodate the request, the organization's case manager must provide name of person picking up check. This must be the landlord, property manager, or other staff person. **Checks cannot and will not be provided to the client.**
- HFUW will notify the organization's case manager when the check is available for pickup. In most cases, the check will be made available for pickup after 3:30 p.m. on the day you are notified it can be picked up. **Please wait for confirmation before attempting to pick up a check.**
- The organization's case manager will provide the necessary details (location, time, identification) to whoever is picking up the check.
- Identification and signature will be required for the person picking up the check.

### HFUW's Ideal Request for Assistance Timeline/Flow Chart





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### File Retention

It is the organization's policy to maintain complete, accurate, and highly quality records, and to effectively manage those records in accordance with all applicable laws and regulations.

All original documentation related to payments, should be maintained for a minimum of seven (7) years. The documentation to be retained includes financial records, supporting documentation, and all other records pertinent to the funding. The documentation must be accessible should there be a reason for your agency to produce the documentation for monitoring.



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# Emergency Assistance Request Form & Required Documentation

All of the required documents that must be submitted to HFUW as a part of the “request for assistance packet” can be found online at <https://secure.hfuw.org/eplodge/EFN>. Please ensure your organization is using the correct forms when completing packets on behalf of clients as follows:

## Emergency Assistance Request Form

The Emergency Assistance Request Form (EAR) is required for all requests for assistance packets. The EAR provides comprehensive information on the household for which assistance is being requested.

Please ensure the EAR is completed legibly. **Before submitting, please review the EAR to ensure:**

1. You have captured information for all members of the household (please use the *Emergency Assistance Request – Additional Members* form as necessary).
2. You have provided accurate and completed data for **Monthly Income, Non-Cash Benefits, and Expenses**.
3. The information/data and signatures provided are **not more than 30 days old**.
4. The **OFFICE USE ONLY** section is fully complete and accurate.
5. You have attached **all required documentation** and submitted it with the completed EAR.

Heart of Florida United Way Emergency Assistance Request (Please print legibly in dark ink)

Head of Household (HOH) Information									
Head of Household Name		HSA/CLIN Account #		Age	Gender	Marital Status			
Address		City	State	Zip Code	Phone	County	M/M/V/V of Residence		
Family Type		Ethnicity	Race	Education Level	Veteran	Disability			
<input type="checkbox"/> Single <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Parent/Stepfamily <input type="checkbox"/> Two Adult/Child <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer (Company Name)		Occupation		Net Monthly Pay (after taxes)					
Employer's Address		City		State	Zip Code	Phone			
Household Housing Information									
Prior Residence (where did you stay last night?)									
<input type="checkbox"/> Room, apartment, or house that you rent, with NO subsidy <input type="checkbox"/> Emergency shelter, including hotel or motel with voucher <input type="checkbox"/> Room, apartment, or house that you rent, with subsidy <input type="checkbox"/> Hotel or motel paid without voucher <input type="checkbox"/> Apartment or house that you own, with NO subsidy <input type="checkbox"/> Apartment or house that you own, with subsidy <input type="checkbox"/> Permanent housing for formerly homeless									
Housing Status									
<input type="checkbox"/> Staying in family member's apartment/house <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Staying in friend's room/apartment/house <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Other									
Place not meant for habitation (car, abandoned building, subway, etc.)									
Length of Stay									
<input type="checkbox"/> One week or less <input type="checkbox"/> More than one week, but less than one month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer									
Other Adult in Household Information									
Other Adult Name		Age	Gender	Marital Status					
Relationship to HOH		Ethnicity	Race	Education Level	Veteran	Disability			
<input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Non-Spouse/Partner		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Other	<input type="checkbox"/> Less than High School <input type="checkbox"/> High School <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Adult's Employer (Company Name)		Occupation		Net Monthly Pay (after taxes)					
Employer's Address		City		State	Zip Code	Phone			
Additional Household Members									
Name(s)		Age	Relationship to HOH	Education Level					

Heart of Florida United Way Emergency Assistance Request (Please print legibly in dark ink)

Monthly Income		Non-Cash Benefits		Expenses	
Earned Income	\$	Food Stamps	\$	Bus Pass	\$
Unemployment	\$	Medicaid	\$	Car Payment	\$
Disability (SSI)	\$	Medicare	\$	Child Care	\$
Social Security Disability (SSDI)	\$	Health Insurance	\$	Child Support Expense	\$
VA Disability	\$	VIC	\$	Electricity	\$
Private Disability	\$	VA Medical	\$	Food	\$
Worker's Compensation	\$	TANF Child Care	\$	Gas/Heating	\$
Public Assistance (TANF)	\$	TANF Transportation	\$	Gas (Car)	\$
Veteran's Pension	\$	Section 8	\$	Car/Mobile Insurance	\$
Pension	\$	Other	\$	Medicine	\$
Child Support	\$	Other	\$	Miscellaneous	\$
Alimony	\$	Mortgage	\$	Rent	\$
Other	\$			Swagging/Trash	\$
Other	\$			Telephone	\$
Other	\$			Visitor	\$
Other	\$			Other	\$
Other	\$			Other	\$
Other	\$			Other	\$
Total Income	\$	Total Benefits	\$	Total Expense	\$

How quickly will you receive assistance? ☐ Rent/Mortgage Assistance ☐ Utility Assistance ☐ Other

State why income is not available to pay monthly expenses:

Applicant Certification/Release of Information

I certify that all information I have provided above is true and correct. I consent to the release of information contained in this request to Heart of Florida United Way, other social service agencies, and/or financial institutions for the purpose of providing emergency financial assistance, and/or to the vendor, for the purpose of providing emergency financial assistance. I also certify that if I or anyone in my household has been given emergency financial assistance in the past, I have advised the case manager in this agency of that information.

I have read the Applicant Certification/Release of Information statement and understand it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Authorized Agency: \_\_\_\_\_

Caseworker Name: \_\_\_\_\_ Caseworker Phone #: \_\_\_\_\_

Fund Amount: \$ \_\_\_\_\_ Service Reason: \_\_\_\_\_

Vendor: \_\_\_\_\_ Account #: \_\_\_\_\_

Payee Address: \_\_\_\_\_ Mail Check to Payee: ☐

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Emergency Funds Network Operations Manual

In addition, please note the following:

### EAR, page 1:

Heart of Florida United Way Emergency Assistance Request (Please print legibly in dark ink)

Head of Household (HOH) Information									
Head of Household Name		MAACLink Account #		Age	Gender	Marital Status			
					<input type="checkbox"/> Female <input type="checkbox"/> Male				
Address		Apt.	City	Zip Code	Phone	County	MM/YY of Residence		
						<input type="checkbox"/> Orange <input type="checkbox"/> Osceola <input type="checkbox"/> Seminole			
Family Type		Ethnicity		Race	Education Level	Veteran	Disability		
<input type="checkbox"/> Single <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Parent/Female <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer (Company Name)				Occupation	Net Monthly Pay (after taxes)				
					\$				
Employer's Address				Employer's Phone #					
Household Housing Information									
Prior Residence (Where did you stay last night?)									
<input type="checkbox"/> Room, apartment, or house that you rent, with NO subsidy <input type="checkbox"/> Emergency shelter, including hotel or motel with voucher <input type="checkbox"/> Room, apartment, or house that you rent, with subsidy <input type="checkbox"/> Hotel or motel paid without voucher <input type="checkbox"/> Apartment or house that you own, with NO subsidy <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Apartment or house that you own, with subsidy <input type="checkbox"/> Permanent housing for formerly homeless									
<input type="checkbox"/> Staying in family member's apartment/house <input type="checkbox"/> Psychiatric hospital or other psychiatric facility <input type="checkbox"/> Staying in friend's room/apartment/house <input type="checkbox"/> Substance abuse treatment facility or detox center <input type="checkbox"/> Foster care home or group home <input type="checkbox"/> Hospital (non-psychiatric) <input type="checkbox"/> Jail, prison, or juvenile detention facility <input type="checkbox"/> Other <input type="checkbox"/> Place not meant for habitation (car, abandoned building, outside, etc.)									
Length of Stay		Housing Status		Prior Zip Code (Last stable residence of at least 90 days)					
<input type="checkbox"/> One week or less <input type="checkbox"/> More than one week, but less than one month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer		<input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing housing <input type="checkbox"/> Unstably housed and at-risk of losing housing <input type="checkbox"/> Stably housed							
Other Adult in Household Information									
Other Adult Name		Age		Gender	Marital Status				
				<input type="checkbox"/> Female <input type="checkbox"/> Male					
Relationship to HOH		Ethnicity		Race	Education Level	Veteran	Disability		
		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Adult's Employer (Company Name)				Occupation	Net Monthly Pay (after taxes)				
					\$				
Employer's Address				Employer's Phone #					
Additional Household Members									
Name(s)		Age		Relationship to HOH		Education Level			

1. Verify that the information provided for household members is accurate and matches copies of required documentation, including:
  - The correct spelling of all names, addresses, and other information.
  - The inclusion of suffixes as required (such as “Jr.”).
  - The inclusion of all or appropriate last names.
  - The MAACLink account number.
  - Please refrain from using all caps, hyphens, or other special characters.
2. Please ensure that all fields on the page have been completed. If non-applicable, use “N/A.”
3. Verify the address listed matches the address on the lease and/or utility bill, including:
  - Exact spelling;
  - Unit or apartment number;
  - Zip code.
4. Please ensure the data reported for the client’s “race” is a race/ethnicity as defined by the federal Office of Management and Budget (OMB) and the United States Census Bureau.
5. Ensure the profile in MAACLink matches the information on the EAR, to include:
  - All household members are listed and the information is correct and the same.
  - All household members have the same address.



## Emergency Funds Network Operations Manual

### EAR, page 2:

6. Please review MAACLink case notes before reviewing page 2 of the EAR. Ensure in both places the client's situation is clearly and adequately explained using the DAP note guidelines.

7. Review the budget on the EAR:

- Have figures and totals been provided for the Monthly Income, Non-Cash Benefits, and Expenses sections? Are the figures and totals correct?
- Does the income on pages 1 and 2 of the EAR match?
- Is the food expense greater or equal to the amount received for food stamp benefits (*if applicable*)?
- Does the amount listed for rent match the base rent on the lease?
- Is the rent expense greater than or equal to Section 8 benefits (*if applicable*)?
- What is the total for basic needs (rent/mortgage, utilities, and food)? After food stamp and/or Section 8 have been subtracted, is the remainder greater than or equal to Total Income? Why or why not?

8. Does the budget on the EAR match the financial assessment in MAACLink?

9. Ensure the clients "specific need" has been identified.

10. Ensure an explanation has been provided explaining why the client is in need of assistance. Does this explanation sum up the case notes in MAACLink?

11. Has the EAR been signed and dated by the client? **Remember, all dates on forms signed (excluding lease) must be on or after intake date.**

Heart of Florida United Way Emergency Assistance Request (Please print legibly in dark ink)

Monthly Income		Non-Cash Benefits		Expenses	
Earned Income	\$	Food Stamps	\$	Bus Pass	\$
Unemployment	\$	Medicaid		Car Payment	\$
Social Security (SSI)	\$	Medicare		Child Care	\$
Social Security Disability (SSDI)	\$	Healthy Kids		Child Support Expense	\$
VA Disability	\$	WIC		Electricity	\$
Private Disability	\$	VA Medical		Food	\$
Worker's Compensation	\$	TANF Child Care		Gas/Heating	\$
Public Assistance (TANF)	\$	TANF Transportation		Gas (Car)	\$
Veteran's Pension	\$	Section 8		Car/Home Insurance	\$
Pension	\$	Other:	\$	Medical	\$
Child Support	\$			Miscellaneous	\$
Alimony	\$			Mortgage	\$
Other:	\$			Rent	\$
				Sewage/Trash	\$
Other:	\$			Telephone	\$
				Water	\$
				Other:	\$
				Other:	\$
				Other:	\$
Total Income	\$	Total Benefits	\$	Total Expense	\$

State specific need: ☐ Rent/Mortgage Assistance ☐ Utility Assistance ☐ Other: \_\_\_\_\_

State why income is not available to pay monthly expenses: \_\_\_\_\_

\_\_\_\_\_

**Applicant Certification/Release of Information**

I certify that all information I have provided above is true and correct. I consent to the release of information contained in this request to Heart of Florida United Way, other local social service agencies, and/or funders who distribute emergency financial assistance, and/or to the vendor receiving these funds, as necessary to complete services to my household, provide statistics on emergency assistance and as a guard against duplication of assistance. I also certify that if I or anyone in my household has been given emergency financial assistance in the past, I have advised the caseworker in this agency of that information.

I have read the Applicant Certification/Release of Information statement and understand it.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Authorized Agency: \_\_\_\_\_

Caseworker Name: \_\_\_\_\_ Caseworker Phone #: \_\_\_\_\_

Fund: \_\_\_\_\_ Service: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Reason: \_\_\_\_\_

Vendor: \_\_\_\_\_ Account #: \_\_\_\_\_

Payee: \_\_\_\_\_ Mail Check to Payee: ☐

Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

REV: 05-13-19

3



## Emergency Funds Network Operations Manual

OFFICE USE ONLY	
Authorized Agency:	_____
Caseworker Name	_____ Caseworker Phone # _____
Fund	_____ Service _____
Amount \$	_____ Reason _____
Vendor	_____ Account #: _____
Payee	_____ Mail Check to Payee: <input type="checkbox"/>
Address	_____
Authorized Signature	_____ Date: _____

EAR REV. 041811

12. Review the **OFFICE USE ONLY** section to ensure all fields in this section have been completed with accurate information, including:

- **Authorized Agency:** Your organization's name.
- **Caseworker Name** and **Caseworker Phone #:** The name and contact information for the case manager completing the EAR and verifying the information in MAACLink.
- **Fund:** The client and payment request matches the guidelines/criteria for the fund you would like to use.
- **Service:** You have identified the appropriate service code from the list provided in this manual.
- **Amount:** The requested amount of funding is less than or equal to the maximum amount in the guidelines/criteria for the fund you would like to use.
- **Reason:** You have identified the appropriate reason for service code from the list provided in this manual.
- **Vendor:** The name of the vendor matches the name on the mortgage statement, lease and/or utility bill and is consistent with the information provided in all submitted paperwork.
- **Account #:** Any account number pertaining to utility bill, mortgage, etc.
- **Payee Address:** The address listed matches the address on the mortgage, Landlord Verification (LV), lease, or utility bill and is consistent with the information provided in all submitted paperwork.
- **Mail Check to Payee:** The box is selected if the check is to be mailed to the Payee Address.

If your organization requires one-on-one training on completing and submitting your packet, please contact Keren Rohena at 407-429-2156 or email [Keren.Rohena@hfuw.org](mailto:Keren.Rohena@hfuw.org).



## Emergency Funds Network Operations Manual

### IRS FORM W-9

Effective February 25<sup>th</sup>, 2019 all packets submitted to Heart of Florida United Way should include a W-9 from vendors/payees that are an individual (person) or an LLC.

#### **Who is required to complete a W-9?**

Payees who are individuals (persons) or LLCs.

#### **What if payees refuse to complete the form?**

Educate the individual on what the form is. Assure them that their personal information is secure and will only be shared with the payer (HFUW). If the landlord still refuses to complete the form, advise them and the client that you are unable to issue payment with HFUW funds, use private funds if your agency allows.

#### **Where can I find a blank W-9 form to provide to payees?**

Simply google “W-9 form” and choose the link from the IRS official website:  
<https://www.irs.gov/>

#### **What if the payee does not know how to complete the form?**

The original, downloadable form has three pages. These are the instructions, per the IRS. Send these to the landlord.

**Note:** It is the case manager’s responsibility to ensure that W-9 forms are filled out correctly before submitting the packet to HFUW.



## Emergency Funds Network Operations Manual

### Inspecting a W-9 from an individual

**Form W-9**  
(Rev. October 2018)  
Department of the Treasury  
Internal Revenue Service

**Request for Taxpayer Identification Number and Certification**

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
John Smith

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.  
☒ Individual/sole proprietor or single-member LLC  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
5555 5th Street

6 City, state, and ZIP code  
Orlando, FL 32804

7 List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**  
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.  
Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.

**Part II Certification**  
Under penalties of perjury, I certify that:  
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and  
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and  
3. I am a U.S. citizen or other U.S. person (defined below); and  
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶

✓ Individual's name should be as it appears in all other packet documents.

✓ Individuals should not have a "business name"

✓ Individuals will always check the "individual/ sole proprietor or single member LLC" box.

✓ Individuals will always use SSN portion.

✓ All W-9 forms must be signed and dated.

### Taking a closer look:

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
John Smith

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.  
☒ Individual/sole proprietor or single-member LLC  
☐ C Corporation  
☐ S Corporation  
☐ Partnership  
☐ Trust/estate  
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
Exempt payee code (if any) \_\_\_\_\_  
Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
5555 5th Street

6 City, state, and ZIP code  
Orlando, FL 32804

7 List account number(s) here (optional)

**Social security number**  
5 5 5 - 5 5 - 5 5 5 5

or  
**Employer identification number**

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶ Date ▶







## Emergency Funds Network Operations Manual

### Emergency Assistance Request & MAACLink Service Codes

Please use the codes below to describe the service being provided to the client/household:

Service Description	Code
Housing – Application Fees	HA
Housing – Deposit	HD
Housing – Mortgage	HM
Housing – Rent	HR
Housing – Rent Arrears	HRA
Housing – Late/Legal Fees	HLL
Utility – Electric & Water Deposit	UEWD
Utility – Electric & Water	UEW
Utility – Electric & Water Arrears	UEWA
Utility – Electric	UE
Utility – Electric Deposit	UED
Utility – Electric Arrears	UEA
Utility – Water	UW
Utility – Water Deposit	UWD
Utility – Water Arrears	UWA
Utility – Gas	UG
Utility – Gas Deposit	UGD
Utility – Gas Arrears	UGA
Utility – Trash	UT



## Emergency Funds Network Operations Manual

### Emergency Assistance Reasons

Code	Code Words	Explanation
CFS	Caring for a sick temporarily member	Caring for a sick immediate family member causing loss of hours at work and/or other indirect expenses. Short term ONLY. Situation has been resolved or will be resolved in the next 30 days.
CV	Crime Victim	A documented crime such as bank fraud, domestic violence, robbery/home invasion/. There must be documentation to prove the event (police report).
EW	Entitlements (Waiting)	Benefits have been approved, but not disbursed yet and will not be disbursed in time to solve current emergency. Includes: SNAP, unemployment, financial aid.
FC	Funeral costs	Proof of payment for actual funeral expenses for an immediate family member (excludes transportation to a funeral and may not cover extra expenses such as flowers, etc.)
FD	Family Disruption	Divorce, separation, abandonment of household by wage earner, incarceration of wage earner.
FIRE	FIRE	Fire causing total or significant loss of property. Insurance not disbursed yet, no other resources available.
FPP	First paycheck pending	Requires proof of new hire (letter and follow up with employer)
GSE	Government Subsidy Ended	Government subsidy ended abruptly not allowing time for planning. Client must demonstrate future sustainability with alternative income.
GSTL	Government Subsidy Too Low	Government subsidy reduced suddenly. Client must demonstrate future management.
HML	Homeless	Move-in costs for a client that has been in a homeless or domestic violence shelter, street or couch surfing.
LCC	Lack of child care	Missed work without pay do to losing childcare but demonstrated solution to crisis.
LWEHH	Loss of Wage Earner in Household	Death of household member who contributed to household expenses through wages or other sources of income.
MLT	Long term medical issue	Someone in client's HH under long-term medical care causing loss of income but problem resolved. (SSI/D start)
MNR	Moving or newly relocated	Relocated unexpectedly, loss prior property, not able to renew prior lease, etc.
MST	Medical short term	HOH or another wage earner was temporarily out of work due to medical reasons. Person has returned to work or has a return to work authorization within the next 30 days.
PC	Property Condemned	Property where client lives is condemned by Fire Department. Client forced to move out suddenly.
ROH	Reduction of hours	Someone in HH unexpectedly lost work hours as verified by paystubs or letter from employer. Solution hours returned, new hire, someone else in HH picked up difference etc.
SJL	Sudden job loss	Proof prior employment, unemployment, must demonstrate solution.
UNEX	Unexpected HH expense	Non-medical expense, non-car repair, ei home repair, water leak, etc.
UNEXA	Unexpected car repair	Proof of repair paid in cash, check, or debit card.
WND	Weather or natural disaster	Tornado, hurricane damages etc.



## Emergency Funds Network Operations Manual

### Race Identification

*Please refer to the following when completing the Ethnicity and Race sections on page one of the EAR.*

The U.S. Census Bureau must adhere to the 1997 Office of Management and Budget (OMB) standards on race and ethnicity which guide the Census Bureau in classifying written responses to the race question.

OMB requires five minimum categories (below). An individual's response to the race question is based upon self-identification, so please refer to the categories below to guide them as necessary for the most accurate classification.

1. **White (W)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
2. **Black (B) or African American (AA)** – A person having origins in any of the Black racial groups of Africa.
3. **American Indian (AI) or Alaska Native (AN)** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
4. **Asian (AS)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
5. **Native Hawaiian (NH) or Other Pacific Islander (PI)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Note:** People who identify their *ethnicity/origin* as Hispanic, Latino, Puerto Rican, Dominican, or Spanish may be of any race.

*Source:* The U.S. Census Bureau (<http://www.census.gov/topics/population/race/about.html>)



## Emergency Funds Network Operations Manual

### Housing Status

*Please refer to the following when completing the Housing Status section on page one of the EAR and entering/updating data in MAACLink.*

The following describes the definitions of each Housing Status category:

- **Literally homeless** (Category 1 – Homeless)

An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

- (i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground; OR
- (ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low income individuals); OR
- (iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

- **Imminently losing housing** (Category 2 – At imminent risk of losing housing)

*Housing Loss in 14 Days:* An individual or family who will imminently lose their primary nighttime residence provided that:

- (i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance; AND
- (ii) No subsequent residence has been identified; AND
- (iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks needed to obtain other permanent housing.

- **Unstably housed and at-risk of losing housing** (At-risk of homelessness)

At project entry, this category is only a valid response for clients being served by Homelessness Prevention or Coordinated Assessment projects. This category includes:

1. An individual or family who:

- (i) Has an annual income below 30 percent of median family income for the area, as determined by HUD; AND
- (ii) Does not have sufficient resources or support networks, e.g., family, friends, faith-based or other social networks, immediately available to prevent them from moving to an emergency shelter or another place described in Homeless Category 1 above; AND
- (iii) Meets one of the following conditions:
  - (A) Has moved because of economic reasons two or more times during the 60 days immediately preceding the application for homelessness prevention assistance;



## Emergency Funds Network Operations Manual

- (B) Is living in the home of another because of economic hardship;
- (C) Has been notified in writing that their right to occupy their current housing or living situation will be terminated within 21 days after the date of application for assistance;
- (D) Lives in a hotel or motel and the cost of the hotel or motel stay is not paid by charitable organizations or by Federal, State, or local government programs for low-income individuals;
- (E) Lives in a single-room occupancy or efficiency apartment unit in which there reside more than two persons or lives in a larger housing unit in which there reside more than 1.5 persons reside per room, as defined by the U.S. Census Bureau;
- (F) Is exiting a publicly funded institution, or system of care (such as a health-care facility, a mental health facility, foster care or other youth facility, or correction program or institution); or
- (G) Otherwise lives in housing that has characteristics associated with instability and an increased risk of homelessness, as identified in the recipient's approved consolidated plan (for ESG projects) or the jurisdiction's approved consolidated plan (for non-ESG projects);

**OR**

2. A child or youth who does not qualify as "homeless" under the categories described above, but qualifies as "homeless" under section 387(3) of the Runaway and Homeless Youth Act (42 U.S.C. 5732a(3)), section 637(11) of the Head Start Act (42 U.S.C. 9832(11)), section 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), section 330(h)(5)(A) of the Public Health Service Act (42 U.S.C. 254b(h)(5)(A)), section 3(m) of the Food and Nutrition Act of 2008 (7 U.S.C. 2012(m)), or section 17(b)(15) of the Child Nutrition Act of 1966 (42 U.S.C. 1786(b)(15)); OR (3) A child or youth who does not qualify as "homeless" under the categories described above, but qualifies as "homeless" under section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), and the parent(s) or guardian(s) of that child or youth if living them.

- **Stably housed**

An individual or family who is not otherwise experiencing homelessness or at risk of homelessness according to the categories above.

Source: 2014 HMIS Data Standards Data Manual; Released August, 2016; U.S. Department of Housing and Urban Development; Version 5.1 (<https://www.hudexchange.info/resources/documents/HMIS-Data-Standards-Manual.pdf>)




## Emergency Funds Network Operations Manual

### EAR Required Attachments

Please ensure the following documents are completed, legible and **included with the EAR**, depending on the request for service as follows:

#### RENT ASSISTANCE

##### 1. Landlord/Property Manager Statement & Caseworker Verification – Standard

  
Heart of Florida United Way  
Landlord / Property Manager Statement & Caseworker Verification  
For Rental Payment Assistance w/Late Fee Waiver

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**Landlord / Property Manager Statement**

Instructions: Landlord / Property Manager must complete the section below. In order for a rent payment to be processed, the Landlord/Property Manager **MUST** complete and **SIGN** the section below:

I verify that I will be the Landlord/Property Manager for: \_\_\_\_\_  
Name of Tenant/Client

☐ who will be / ☐ is residing at: \_\_\_\_\_  
Rental Property Street Address  
City, State, Zip Code

and will be/is legally responsible for a rent payment in the amount of: \$ \_\_\_\_\_ (Base Rent) per month, which is the basic monthly rent and does not include any other fees (i.e., late fees, legal fees, deposits, fees for other services, insurance, and option products). Rent ☐ will be / ☐ is due on the: \_\_\_\_\_ (day of the month – i.e., 1st) and considered late on the: \_\_\_\_\_ of each month.

Renter ☐ will owe / ☐ owes the following other fees: \$ \_\_\_\_\_  
Total amount due \$ \_\_\_\_\_

I agree that the Renter will not be evicted or otherwise displaced for non-payment of rent for the month/year of \_\_\_\_\_ being paid, if the monthly rent amount to be paid is received. Furthermore, I agree to accept rental assistance or other type of funds for the payment of rent. I understand that the checks may take up to 21 days to be processed and that the payment will be sent from: Heart of Florida United Way. I agree to waive any late fees incurred due to late payment.

Make check payable to: \_\_\_\_\_

Printed Name of Landlord/Property Manager \_\_\_\_\_ Name of Apartment Complex \_\_\_\_\_  
Signature of Landlord/Property Manager \_\_\_\_\_ Date \_\_\_\_\_  
Landlord/Property Manager Street Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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**Caseworker Verification**

Instructions: Agency caseworker must complete section below; incomplete documents will result in delayed payment processing.

I confirm that the above Landlord/Property Manager Statement has been verified as correct:

Period covered (Month/Day/Year): from \_\_\_\_\_ to \_\_\_\_\_  
One month's base Rent: \$ \_\_\_\_\_ Other fees: \$ \_\_\_\_\_  
Amount to be paid by ☐ BN ☐ FEF ☐ Other: \$ \_\_\_\_\_  
Amount to be paid by Renter or other sources: \$ \_\_\_\_\_

CL Name/Signature \_\_\_\_\_ Date \_\_\_\_\_  
Rev: 05-13-19

- This form should be completed by the landlord / property manager.
- **The base rent is correct and only includes the base rent (and no additional fees or charges).**
- **The information provided by the landlord matches the client's lease.**
- The form has been signed and dated by the landlord.
- The case manager has completed the verification section and signed and dated the form and matches the information up top.
- Information is legible and correct.
- The form states other fees listed on the lease such as **late fees, legal fees, deposits, fees for other services, insurance, and option products.**

##### 2. A copy of the client's lease agreement that clearly details:

- The name and address of the landlord that matches the information on the LV;
- The name of the client and all applicable household members;
- The address of the rented property;
- The term of the lease (beginning and end date; for month-to-month leases, must specify end date or indicate "indefinite," and must be current and up-to-date);
- The base monthly rent for the property;
- The date rent is due;
- Any additional deposits and/or fees (including late fees);
- Signatures for the landlord(s) and the client(s) (signature must be on or after the intake date);



## Emergency Funds Network Operations Manual

- Property appraiser’s print out.
  - Print out of Google satellite view of address of client and landlord mailing address.
  - If needed to verify business name, attach printout of Sunbiz or Florida’s DBPR licensing website.
- 3. Copies of identification and social security cards for all adult members of the household.**
  - 4. Copies of birth certificates and social security cards for all children in the household.**





## Emergency Funds Network Operations Manual

### MORTGAGE ASSISTANCE

#### 2. Mortgage Holder Statement & Caseworker Verification

Heart of Florida United Way  
Mortgage Holder Statement & Caseworker Verification  
For Mortgage Payment Assistance

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**Mortgage Holder Statement**

**Instructions:** Mortgage Holder information must be completed in the section below. In order for a mortgage payment to be processed, the Agency Caseworker will need to complete top and bottom sections of the form.

I verify that I am the Mortgage Holder for: \_\_\_\_\_  
who is currently residing at: \_\_\_\_\_  
\_\_\_\_\_ State / Zip Code \_\_\_\_\_  
and is legally responsible for a mortgage payment in the amount of: \$ \_\_\_\_\_ per month,  
which is the basic monthly mortgage and does not include any other fees (i.e., late fees, legal fees, fees for other services,  
escrow, insurance, and option products). Payment is due on the: \_\_\_\_\_ (day of the month – i.e., 1st)  
and considered late on the: \_\_\_\_\_ of each month.  
Homeowner also owes the following other fees: \$ \_\_\_\_\_  
Total amount outstanding \$ \_\_\_\_\_  
Homeowner presently owes the above-noted base amount for the month/year of: \_\_\_\_\_

I agree that the Homeowner will not be evicted or otherwise displaced for non-payment for the period being paid, if the monthly mortgage amount to be paid is received. Furthermore, I agree to accept mortgage assistance or other type of funds for the payment of mortgage. I understand that the checks may take up to 14 days to be processed and that the payment will be sent from: Heart of Florida United Way I agree to waive any late fees incurred due to late payment.

Make check payable to: \_\_\_\_\_

Printed Name of Mortgage Holder \_\_\_\_\_ Mortgage Company Name \_\_\_\_\_  
Signature of Mortgage Holder (if applicable) \_\_\_\_\_ Date \_\_\_\_\_  
Mortgage Holder Mailing Address \_\_\_\_\_ City/State/Zip Code \_\_\_\_\_ Phone Number \_\_\_\_\_

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**Caseworker Verification**

**Instructions:** Agency caseworker must complete section below; incomplete information will result in delayed payment processing.

I confirm that the above Mortgage Holder Statement has been verified as correct:

Period covered (Month/Day/Year): from \_\_\_\_\_ to \_\_\_\_\_  
One month's base mortgage (P&I only): \$ \_\_\_\_\_ Other fees: \$ \_\_\_\_\_  
Amount to be paid by ☐ BN ☐ BN-WP ☐ FEF: \$ \_\_\_\_\_  
Amount paid by Homeowner or other sources: \$ \_\_\_\_\_

CM Name/Signature \_\_\_\_\_ Date \_\_\_\_\_

Rev. 05-13-18

- This form should be completed by the mortgage holder.
- The principle and interest are clearly identified and does not include additional fees (such as escrow, home insurance, etc.).
- The information provided matches the client's mortgage statement.
- The form has been signed and dated by the mortgage holder.  
*If the mortgage holder cannot sign the form, it must be signed by the case manager indicating who has verified the information on the form.*
- The form states other fees listed on the lease such as **late fees, legal fees, escrows, deposits, fees for other services, insurance, and option products.**
- The case manager has completed the verification section and signed and dated the form.

#### 3. A copy of the client's mortgage statement which details:

- The name and address of the bank/mortgage company/lienholder;
- The name of the client who owns the mortgage;
- The address of the property;
- The terms of the mortgage (verifying this is an active mortgage in repayment);
- Clearly identified breakout of principal, interest, escrow and other costs;
- Property appraiser print out.
- Print out of Google satellite view of address of client and landlord mailing address.



## **Emergency Funds Network Operations Manual**

- 4. Copies of identification and social security cards for all members of the household.**
- 5. Copies of birth certificates and social security cards for all children in the household.**



## Emergency Funds Network Operations Manual

### UTILITY ASSISTANCE

#### 1. Utility Bill / Statement of Service

- Must include all bills being cover including the **most recent** billing cycle.
- Documents must be legible and easy to read when copied or scanned.
- Names and addresses on bill must match names and addresses on EAR and in MAACLink. If the client's name is misspelled on the bill, you are responsible for verifying the client with the utility company using the client's social security number.
- The client being served by your organization must be the account holder for the utility bill. If not, you are required to verify the client is an "authorized user" on the account and note it on the bill.
- Ensure you can separate the costs of electricity, water, and/or gas from fees that may or may not qualify (such as reconnection fees, meter protection, late fees, etc.) depending on the fund being used.
- Ensure arrears have been calculated correctly. Installment payments must be applied to the oldest balance.
- Ensure that you have verified the client's current due balance. **Note:** EHS Technician looks at current charges when reviewing the billing statement.

**OCU**  
The Reliable One

Billing Statement for John Doe

Bill Date: 10/20/15  
Account Number: 0456789012  
PIN: 5432100001

Service Address: 123 MAIN STREET

**BILL SUMMARY**

Current Charges	\$285.85	Payments	\$0.00	Current Charges	\$292.88
				Total Amount Due	\$292.88

**CURRENT CHARGES**

Electric Service	\$173.15
Water Service	\$9.40
City of Orlando Charges	\$105.81
State of Florida Charges	\$4.52

**CUSTOMER SERVICE**

Online: www.ou.com  
Telephone: 407-423-0018  
PO Box 31229  
Tampa, FL 33631-0029

**MESSAGE CENTER**

YOUR CONSUMPTION CHARTS ARE NOW ON A FOLLOWING PAGE!

Effective November 1st, 2015, your thermostat rate will change to \$11.35 per kWh.

**PLEASE PAY THIS AMOUNT**  
\$292.88

Pay by the due date to avoid a 1.5% late charge.

**DUKE ENERGY**

STATEMENT OF ELECTRIC SERVICE

March 2015

Tom H. Smith  
1234 Main Street  
Anytown, NC 10000

Service Address: 1234 Main Street, Anytown, FLA 10000

Due Date: April 01, 2015  
Next Read: April 15, 2015

**METER READINGS**

Meter ID: 00000000  
Previous: 10000000  
Current: 10000000  
Difference: 0

**YOUR PAYMENT FOR THIS STATEMENT WILL BE ELECTRONICALLY PROCESSED**

FOR FEB. 2015, SEE 04/01/15 05-40 THANK YOU

**RESIDENTIAL SERVICE**

BILLING PERIOD: FEB 01 TO FEB 28 2015

Electric Service	\$72.00
Gas Service	\$15.00
City of Orlando Charges	\$2.51

**TOTAL CURRENT BILL**  
\$89.51

**KUA**  
Kissimmee Utility Authority

Customer Service: 407-933-9800  
Outage Reporting: 407-933-9808  
www.kua.com

Customer ID - Account ID: 012345678901234567  
First Name Last Name: JOHN DOE  
Service Address: 425 FAIR LANE  
Date: 01/01/17

**BILL SUMMARY**

Previous Balance	\$267.00	Payments	\$267.00	Current Charges	\$280.00	Balance Due	\$280.00
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**CURRENT CHARGES**

Electric Service	\$211.99
Gas Service	\$58.00
City of Orlando Charges	\$10.00

**USAGE DETAILS**

Electric: Residential  
Daily Avg. 44.4 kWh/Day  
Gas: Residential  
Daily Avg. 15.0 kWh/Day

**METER DATA**

Meter ID: 00000000  
Current: 10000000  
Previous: 10000000  
Total Usage: 1,000 kWh  
Days of Service: 30

**MESSAGE FROM KUA**

**CHECK OUT OUR NEW BILL DESIGN**

For more details on how to read your bill, visit [www.kua.com/newbill](http://www.kua.com/newbill).

PO Box 850001  
Orlando, FL 32885-0006

012345678901234567 \$0.00 07/25/17 \$280.00

#### 2. Guarantee

- Ensure you have included a copy of the guarantee that has been signed and submitted to the utility company by your organization.
  - o **Note:** If the payment is being made to Duke Energy and your organization is requesting to use two or more funds, ensure there is a separate guarantee for each fund requested.



## Emergency Funds Network Operations Manual

3. A copy of the client's lease agreement which details:
  - The name and address of the landlord;
  - The name of the client and all applicable household members;
  - The address of the rented property;
  - The term of the lease (beginning and end date; for month-to-month leases, must specify end date or indicate "indefinite");
  - Signatures for the landlord(s) and the client(s).
4. Copies of identification and social security cards for all members of the household.
5. Copies of birth certificates and social security cards for all children in the household.
6. If requesting funds through the OUC Utility Assistance Program (UAP), the OUC-UAP Checklist.

**OUC-UAP Checklist**

Client of Record Name: \_\_\_\_\_

OUC Account #: \_\_\_\_\_

In order to utilize OUC Utility Assistance Program (UAP) funds, the following information must be verified by OUC Customer Service staff at (407) 423-9100:

Name of OUC Customer Service Representative: \_\_\_\_\_

☐ Own ☐ Rent Does client own or rent the property for which this payment is being made?

☐ Yes ☐ No Is assistance for the customer or authorized user of record?  
(UAP funds can only be used for the customer or authorized user of record. If the bill is in a third party's name, UAP funds CANNOT be utilized. OUC records indicate the responsible party for the bill. A contact person on a Customer's OUC record is NOT the responsible party for the bill.)

☐ Yes ☐ No Has there been 2 or more disconnections on this account in the last 12 months? (If yes, client cannot be assisted with UAP funds.)

☐ Yes ☐ No Has an unauthorized restoration of utility services been noted on Customer's account?  
(If yes, client cannot be assisted with UAP funds.)

☐ Yes ☐ No Is the client's unanticipated expense related to theft of utility services (tampering, etc.)?  
(If yes, UAP funds CANNOT be utilized for assistance.)

☐ Yes ☐ No Is the same emergency that client requested UAP assistance for previously, being re-addressed for additional assistance?  
It is acknowledged that a client can have more than one emergency in any given time; therefore, it is necessary to check that the same emergency is not being re-addressed. (If the same emergency is being addressed, UAP funds CANNOT be utilized for assistance.)

☐ Yes ☐ No Is a deposit part of the bill you are considering paying?  
(If yes, the deposit portion of the bill CANNOT be paid with UAP funds.)

Completed by: \_\_\_\_\_

Rev. 10/2116

- This form should be completed by the case manager.
- It ensures we have verified the client's information with OUC.



## Emergency Funds Network Operations Manual

### EAR Packet Review Checklist

Please use this checklist to review the EAR packet before submission to HFUW. ***Please note:*** If continued errors are received from your organization, you may be required to provide a completed and signed checklist with all submitted EAR packets.

#### I. Completing the Emergency Assistance Request (EAR) Packet

- ☐ The EAR has been typed or written legibly; copies of identification are legible.
- ☐ The information/data signatures provided are not more than 30 days old.
- ☐ The names and addresses on the EAR match and are spelled consistently with the client's identification, bills, etc.
  - Ensure that if client has two last names on their IDs, their last names should also be included on the EAR and on ML.
- ☐ Reviewed the financial assessment on the EAR and made sure:
  - Earned income matches on both page 1 and 2 of the EAR.
  - The electricity expense is listed.
  - That the financial assessment can show that the client can sustain themselves moving forward. If not, the case note has provided enough evidence that the client will be able to sustain themselves after 30 days of one-time assistance.
- ☐ The case manager has entered the information correctly under office only section specifying the type of service, the reason for service, the amount to be paid, the payee address, and the fund to be used.
  - ☐ Authorized Signature and Date
- ☐ All required documentation has been provided, as follows:

#### **Rent Assistance Required Documentation**

- ☐ Three-day notice ***or*** eviction notice ***or*** lease and LV form that confirm rent is due or past due.
- ☐ A lease or rental agreement has been provided, clearly detailing:
  - \_ (1) The client as the lessee (and lists all adults in the household);
  - \_ (2) The landlord (which matches Property Appraiser print-out);
  - \_ (3) The address for both the lessee and the lessor;
  - \_ (4) Signatures for both the lessee and lessor (and these signatures match both the Landlord Verification form and/or the Rent/Mortgage Documentation form);
  - \_ (5) The date of the lease is current ***or*** there is a proper month-to-month clause in effect;
  - \_ (6) The base rent (not including any additional fees or utilities);
  - \_ (7) The lease clearly states when the rent is due and when the rent is considered late;
  - \_ (8) The lease clearly identifies the late fee that will be charged (if applicable).



## Emergency Funds Network Operations Manual

- ☐ The Property Appraiser print-out has been provided; matches the client's address on lease; verifies property ownership.
- ☐ The completed Landlord Verification Form is dated **on or after the date of the EAR**.
- ☐ If due date any time after the 1<sup>st</sup>, make sure it is reflected in the bottom under caseworker verification (e.g. March 15, 2018 – April 14, 2018)
- ☐ If landlord supplies an electronic signature in the LV or lease, please have them also provide an IP address for that signature.

### **Mortgage Assistance Required Documentation**

- ☐ The client's Mortgage Statement and Mortgage Holder Statement & Caseworker Verification form have been provided, clearly detailing:
  - \_ (1) The client as the mortgage holder;
  - \_ (2) The physical address is accurate and matches the property in question;
  - \_ (3) The monthly mortgage amount on the Mortgage Statement matches the amount on the Mortgage Holder Statement & Caseworker Verification;
  - \_ (4) The payee on the Mortgage Statement matches the amount on the Mortgage Holder Statement & Caseworker Verification;
  - \_ (5) The Mortgage Holder Statement & Caseworker Verification has been signed;
  - \_ (6) The case manager verifies on the Mortgage Holder Statement & Caseworker Verification that the name of the mortgage company has been verified.

### **Utility Assistance Required Documentation**

- ☐ The client's **most recent** utility bill/statement of service (for at least two months) has been provided, detailing:
  - \_ (1) The client's name (if the client's name is misspelled, the case manager must verify the client and social security number with the utility company) verifying the client is the account holder **or** a note from the case manager verifying the client is an authorized user on the account; ***please make a note on utility bill.***
  - \_ (2) The address where services are being provided **and** the address on bill matches the client's address;
- ☐ The case manager can clearly identify current charges, past due charges, reconnection fees, and other fees (depending on the fund, some fees may not qualify).
- ☐ If paying arrears, the case manager has calculated the past due amount correctly, especially if the client is making any installment payments.
- ☐ The case manager has included a copy of the Guarantee submitted to the utility company. If payment is to Duke Energy and more than one fund is being used, a Guarantee has been provided for each fund being used

### **Client Identification Required Documentation**

- ☐ A legible copy of the client/head of household's current identification (must include the client's name and picture; the identification cannot be more than six months' past the expiration date).



## Emergency Funds Network Operations Manual

- ☐ A legible copy of the client's/head of household's social security card or other documentation that verifies the client/head of household's social security number.
- ☐ A legible copy of all adults in the household's current identification (must include the client's name and picture; the identification cannot be more than six months' past the expiration date).
- ☐ A legible copy of all members in the household's social security card or other acceptable document that verifies the members of the household's social security card.
- ☐ Birth certificates are provided for all minors in the household.

### II. Entering & Verifying Data in MAACLink

- ☐ The case manager has reviewed the client's information in MAACLink and provided any additional information, updates or corrections, including:
  - \_ (1) The client's current address and household members, which **must match** the information on the EAR;
  - \_ (2) The client's most recent Financial Assessment (which **must match** the budget information provided on the EAR);
  - \_ (3) The case manager has entered updated detailed case notes using DAP format;
  - \_ (4) If needed to remove members of the household, the case manager has provided a case note reflecting the removal of the member.





## Emergency Funds Network Operations Manual

### Expired EAR Packets

The EAR is reviewed for the date it was signed by the client. If the signature date is 30+ days old, the EAR is considered ***expired*** and will be returned to your organization. This is a measure that is used to protect both the client and the organization by ensuring the past due/owed amounts are current and that any payment issued guarantees the client will receive another 30 days of service.

If your EAR packet is returned due to expiration, we ask that your organization:

1. Complete a new EAR, verifying the information is correct and collecting a new signature from the client.
2. Verify the current situation in terms of payments owed and collect updated verifications, statements, bills, etc.
3. Submit the new EAR packet to HFUW as soon as possible.
4. To avoid expiration of EAR forms and packets, please submit them within ten business days of meeting with your client. This allows time for HFUW to review and avoid expiration while corrections are being made.

### Denied Requests, Appeals, & Waivers

HFUW recognizes there may be instances where your organization may not agree with a decision to deny a request for assistance. Additionally, there may be instances in which the organizations believes that while the client may not meet the fund guidelines, there are verifiable extenuating circumstances that warrant special consideration. The following procedure should be used when requesting a review of decision or waiver:

1. Ensure the Emergency Assistance Form (EAR) has been fully completed and the information verified by the organization's case manager.
2. Discuss the request for assistance and the reason(s) why the request was denied internally (with the case management supervisor) to ensure the organization would like to appeal HFUW's decision or ask for a waiver.
3. Submit a written account (e-mail) detailing the rationale for the appeal or waiver and providing any supplemental information that was not available when the packet was first submitted.

All appeals and waivers will be reviewed by HFUW's senior leadership team with three dates of receipt from the organization. The decision made regarding the appeal or waiver will be final.





## Emergency Funds Network Operations Manual

### Conflicts of Interest

HFUW will avoid any conflict of interest in carrying out all activities funded by private or federal grants dollars.

This means that a person who is an employee, otherwise in a decision-making position, or has information about decisions made by HFUW (such as a case manager, director, vice president, officer or elected or appointed official or recipient) may not obtain a personal or financial interest or benefit from HFUW's activity, including through contracts, subcontracts or agreements.

This exclusion continues during the employee's tenure and for one year following employment.

As part of general guidelines for the procurement of goods and services using federal funding, grantees and recipients are required to have a "code of conduct" in place that prohibits employees, officers or agents of the organization from participating in the decision making process related to procurement if that person, or that person's family, partner or any organizations employing any of the above has a direct financial interest or benefit from that procurement. In addition, these persons may not accept any gratuity, favors, or anything of monetary value from a contractor, consultant or other entity whose services are procured for the organization.

The federal regulations at 24 CFR 576.57 (d) describe the conflict of interest requirements as follows:

#### **24 CFR 576.57**

*Conflicts of interest. In addition to the conflict of interest requirements in OMB Circulars A-102 and A-110, no person -*

*Who is an employee, agent, consultant, officer, or elected or appointed official of the grantee, State recipient, or nonprofit recipient (or of any designated public agency) that receives emergency shelter grant amounts and*

*Who exercises or has exercised any functions or responsibilities with respect to assisted activities, or*

*Who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for him or herself or for those with whom he or she has family or business ties, during his or her tenure, or for one year thereafter. HUD may grant an exception to this exclusion as provided in 570.611 (d) and (e) of this chapter.*

In cases where a conflict of interest may exist, the employee or party will be required to recuse themselves from process. Case managers involved in household determination of services will be required to complete an affidavit certifying the following:

- Neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties
- Eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.



## Emergency Funds Network Operations Manual

- I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641.
- I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

## Confidentiality

A confidentiality policy is necessary to protect clients, staff, volunteers and case managers from the possibility of information about them being passed on to individuals or organizations who have no right to that information. It is also important to provide guidance to all concerned on the extent to which confidentiality is to be preserved, circumstances in which it may be breached, and measures to be taken in either eventuality.

HFUW, the organization and its staff, and volunteers are expected to respect the right of clients and of other employees and volunteers to privacy and confidentiality as far as possible within the constraints of legal requirements and the safety of other people.

Absolute confidentiality cannot be guaranteed and this will be made clear to clients at the earliest possible opportunity using the Release of Information. Where it is thought necessary to pass on information to another individual or organization this will be on a strictly “need to know” basis. This policy covers not only information given deliberately by the person concerned or by other people about the person, but also information acquired accidentally or through observation.

HFUW, the organization and its staff, and volunteers share with all citizens a duty of care towards minors and people whose mental or physical condition makes them particularly vulnerable. If HFUW or EFN agency case managers know or suspect that a child or vulnerable person is being sexually or physically abused or they have been abandoned or neglected the Florida Department of Children and Families must be informed. According to state law, any adult with reasonable suspicion of the mentioned above is a mandated reporter. Abuse should be reported [here](#) or by calling 1-800-962-2873.

HFUW also owes a more general duty of care towards members of the public. It may be necessary to inform the police or statutory authorities where there is the possibility of serious risk to a particular person or persons, or to the public in general. For example, if a client discloses suicidal and or homicidal ideation with a plan, the case manager must contact the local police department immediately.

## Fair Housing & Equal Opportunity

HFUW will comply with all applicable fair housing and civil rights requirements in 24 CFR 5.105(a). In addition, all services will be available on a non-discriminatory basis and we will ensure that all citizens have equal access to information about the program as well as equal access to the services provided under this program.



## Emergency Funds Network Operations Manual

### Fraud

HFUW is committed to protecting the integrity of the funds and programs that are administered and ensuring that benefits are received only by eligible families in accordance to funding regulations. Fraud involves false statements, omissions, misrepresentations, or actions made with the intent to deceive or mislead, resulting in funds being misused or program rules violated or circumvented.

Both HFUW and our EFN partner agencies are responsible for preventing, detecting, and reporting fraud. All EFN partner agencies must have a fraud prevention process in place. Each staff member should be familiar with the types of signals suggesting possible fraud within his or her scope of responsibilities. If fraud is reported, your organization's management will be responsible for investigating suspected irregularities.

Examples of fraud include:

- Failure to report correct household composition
- Not reporting total amount of income or benefits
- Forgery or alteration of documents
- Profiting from funds

Any investigation resulting from suspected irregularities will not be disclosed to general public, except to the appropriate law enforcement or management, as appropriate.

#### Authorization for Investigation

Heart of Florida United Way has the authority to take control and examine records as needed to determine if fraud has occurred. Clients through the Emergency Assistance Request and/or Release of Information forms (signed at point of request for services) authorize HFUW to review case and make a determination.

#### Corrective Action

Final determination regarding action against client or other person found to have committed fraud will be made by HFUW's management. Determinations will be made based on finding of facts in each case, actual or potential damage, and funder and/or legal requirements.

#### Termination of Services

Depending upon the seriousness of the offense and the facts of each individual case, action against the client will result in an immediate termination of services and a ban from receipt of services directly or indirectly offered by HFUW for a period of up to three (3) years. Furthermore, depending on funder's request or policy, client may be subject to legal action resulting from attempts to recover monetary losses as a result of ineligible services received.

If determined that an organization's staff have been involved in the fraudulent activities, HFUW will no longer accept service requests from the identified party.

#### Documenting Termination of Services

After HFUW's management has confirmed fraud, the EFP partner agency will be notified of the determination. Next steps are as follows:

- 1) The EFN partner agency will deny the service to the client and inform the client why the services have been denied.
- 2) The EFN partner agency will provide case management services to help the client best navigate their situation, if a crisis does exist.



## Emergency Funds Network Operations Manual

- 3) The EFN partner agency will provide written correspondence (a certified letter) reiterating why the client's request for services was denied, informing the client they are now ineligible to be served with any funds administered by HFUW for three years, and reminding the client of any information or referrals to help the client navigate their crisis situation (if applicable). This letter should be approved and signed by the EFN partner agency's case management program director.
- 4) The EFN partner agencies will document the case and fraud in a MAACLink note and create a red alert in the client's profile. The case note should also indicate if the client is eligible to be served by the EFN partner agency using the agency's private funds or if the client is ineligible to be served with private funds.
- 5) HFUW will document the case and fraud in REFER, indicating the client is not eligible to be served by funds administered by HFUW. If applicable, HFUW will also add a note that the client is ineligible to be served with the applicable EFN partner agency's private funds.
- 6) HFUW will inform 2-1-1 senior staff that the client is not eligible for appointments for the next three years. 2-1-1 senior staff will note the client's ineligibility status in the supervisor's comments section of the client's REFER profile.

***Please be advised:*** It is the EFN partner agency's responsibility to review the client's MAACLink profile prior to the client's appointment. If the EFN partner agency realizes an appointment was made for an ineligible client 1 business day before the appointment occurs, the EFN partner agency may contact HFUW about the error so that HFUW may cancel the appointment (please send an urgent email to [Seniorcrisis.specialist@hfuw.org](mailto:Seniorcrisis.specialist@hfuw.org) and [EHS@hfuw.org](mailto:EHS@hfuw.org)). If the EFN partner agency realizes an appointment was made for an ineligible client less than 1 business day before the appointment occurs, it is the EFN partner agency's responsibility to notify the client of their ineligibility, but provide case management services if the client is facing a crisis. The EFN partner agency may then contact HFUW about the error (please send an urgent email to [Seniorcrisis.specialist@hfuw.org](mailto:Seniorcrisis.specialist@hfuw.org) and [EHS@hfuw.org](mailto:EHS@hfuw.org)).

## Records Retention

All documentation related to payments, should be maintained for a minimum of five (5) years. The documentation to be retained includes financial records, supporting documentation, statistical records, and all other records pertinent to the funding. The documentation must be accessible should there be reason for your agency to produce the documentation for review.



## Emergency Funds Network Operations Manual

### Emergency Service Program Monitoring

On an annual basis, HFUW will conduct audit reviews on funded EFN agencies, which will include a site visit. The site reviews will occur at the agencies direct service offices and case file documentation will be required.

The purpose of these site reviews/monitoring sessions includes:

- Gaining an understanding of the organization's management system and its program performance;
- To determine program effectiveness and any potential areas of concern;
- To ensure the organization and program is fulfilling all funder requirements;
- To verify compliance with any contractual requirements;
- To evaluate the compatibility of the organization's program with HFUW's EFN goals and objectives.

Your organization will be notified in writing of when the monitoring will occur and which programs will be monitored. Your organization will be provided a list of documents that must be submitted prior to the monitoring session. On the day of the monitoring session, your organization will be provided with a list of requested documentation and/or records that have been randomly identified and must be provided at the time of the monitoring session.

After the monitoring, your organization will receive a report with any findings and recommendations. Your organization is encouraged to provide a response to any findings and/or recommendations with your plan of action for addressing the issues. **Please Note:** The opportunity to access funds through HFUW can be impacted as a result of findings from the monitoring session. If any significant issues have been identified, your organization will be contacted to schedule a meeting to discuss the issues and the plan of action for addressing the issues.



## Emergency Funds Network Operations Manual

*Notes:*



## **Emergency Funds Network Operations Manual**

### **ATTACHMENT 1:**

### **Funds Eligibility & Documentation Guidelines**



## Emergency Funds Network Operations Manual

### Basic Needs – Winter Park Health Foundation (BN-WP)

- **Description:** Funds serving residents of Eatonville, Maitland, or Winter Park only.
- **Limits:** \$750 per household in a 12 -month period.
- **Counties:** Orange and Seminole

Eligible Services	Criteria	Inclusions	Exclusions/ Disallowed Costs	Required Documentation
Rent	To prevent eviction or to relocate  Room Rental acceptable (specific criteria – not available through 2-1-1)  No other resources available	Base Rent  Deposits	Optional Service Fees	EAR Landlord/Property Manager Verification Form Lease Property Appraiser Printout/Form <i>(if applicable)</i> Proof of Client's Portion of Payment <i>(if applicable)</i> IDs/SS Cards
Utilities	Must be customer of record or authorized on the account  Payable 10 days before due date or if in arrears  No other resources available	Late Fees	Deposits NSF Fees Old Debt Tampering Fees Credit Charge Backs Telephone (only payable, if element for life support)	EAR Detailed bill reflecting past due Guarantee IDs/SS Cards
Other	No other resources available	Food Special Baby Items Prescription Meds		EAR Demonstration of Need Dependent Care Info IDs/SS Cards
Day Care	For employment purposes only  Gap is due to unexpected event or while subsidized childcare is obtained  No other resources available		Not for long-term – only to cover gap due to unexpected event	EAR Demonstration of Need Dependent Care Information IDs/SS Cards





## Emergency Funds Network Operations Manual

### Emergency Food & Shelter Program (EFSP)

- **Description:** Accessible only by agencies that have been awarded funding through the EFSP grant process.
- **Limits:** Once within each award phase.
- **Counties:** Orange, Osceola, and Seminole

Eligible Services	Criteria	Inclusions	Exclusions/ Disallowed Costs	Required Documentation
Mortgage	<p>Payable 10 days before due date or if in arrears</p> <p><b>Payment must guarantee an additional 30 days housing/service</b></p> <p>Unanticipated Need/Increased Expenses</p>	Principal and Interest (P&I) Only	<p>Late fees</p> <p>Legal fees</p> <p>Service Charges</p> <p>Insurance</p> <p>Condo/HOA fees</p> <p>Escrow</p> <p>2nd Mortgages</p> <p>Down payments</p>	<p>EAR</p> <p>EFSP Rent/Mortgage Form</p> <p>Mortgage Bill Coupon/Statement</p> <p>Property Appraiser printout/form</p> <p>IDs/SS Cards</p>
Base Rent	<p>Services may be concurrent (mortgage/rent &amp; utilities)</p> <p>Ability to maintain housing 30 days' post service</p> <p>Must demonstrate ability to meet basic needs for coming month</p> <p>Payment is limited to a maximum of one month's assistance for each individual or household</p>	<p>Arrears</p> <p>First Month's Rent</p>	<p>Late Fees</p> <p>Legal Fees</p> <p>Service Charges</p> <p>Deposits</p> <p>Insurance</p> <p>Optional Services</p> <p>Application Fees</p>	<p>EAR</p> <p>EFSP Rent/Mortgage Form</p> <p>Lease</p> <p>Property Management Agreement (<i>if applicable</i>)</p> <p>Property Appraiser printout/form</p> <p>Past Due or Current Month Notice</p> <p>IDs/SS Cards</p>



## Emergency Funds Network Operations Manual

### Energy Neighbor Fund (ENF)

- **Description:** Funds used to pay past due Duke Energy utilities.
- **Limits:** \$300 per household in a 12 -month period.
- **Counties:** Orange, Osceola, and Seminole

Eligible Services	Criteria	Inclusions	Exclusions/ Disallowed Costs	Required Documentation
Utilities	Must be customer of record or authorized person with Duke Energy  Past due status	Reconnection Fees Gas Propane Oil Wood Late Fees	Deposits NSF Fees Old Debt Tampering Fees Water/Sewer Bills Long-Term Chronic Debt	EAR Detailed Bill Reflecting Breakout for Amount Guarantee IDs/SS Cards



## Emergency Funds Network Operations Manual

### Emergency Utility Assistance Program – City of Winter Park (EUAP)

- **Description:** Funds used to pay City of Winter Park utilities.
- **Limits:** \$300 per household in a 12 -month period.
- **Counties:** Winter Park Residents Only

Eligible Services	Criteria	Inclusions	Exclusions/ Disallowed Costs	Required Documentation
Utilities	Must be customer of record or authorized on the account  Past due status  Not involved in criminal activity	Deposits	NSF Tampering Fees Old Debt	EAR Detailed Bill Reflecting Past Due Guarantee IDs/SS Cards



## Emergency Funds Network Operations Manual

### Family Emergency Fund (FEF)

- **Description:** Funds available to HFUW grant funded partner agencies approved to provide emergency services.
- **Limits:** \$750 per household in a 12 -month period.
- **Counties:** Orange, Osceola, and Seminole

Eligible Services	Criteria	Inclusions	Exclusions/ Disallowed Costs	Required Documentation
Mortgage	No other resources available  Room Rental acceptable (specific criteria – not available through 2-1-1)  Must be a member of the household	Principal Interest Escrow	Late fees Legal fees Service Charges 2nd Mortgages Down Payments Optional Services	EAR Mortgage Holder Verification Form Mortgage Bill Coupon/Statement Property Appraiser Printout/Form IDs/SS Cards
Rent		Base Rent Deposits	Application Fees Late Fees Optional Services Service Fees	EAR Landlord/Property Manager Verification Form Lease Property Appraiser Printout/Form ( <i>if applicable</i> ) Proof of Client's Portion of Payment ( <i>if applicable</i> ) IDs/SS Cards
Utilities	Must be customer of record or authorized on the account  No other resources available	Deposits	Late Fees NSF Old Debt Reconnection Fees Telephone (only payable, if element for life support)	EAR Detailed Bill Reflecting Past Due Guarantee IDs/SS Cards
Other	No other resources available	Food Special Baby Items Prescription Meds		EAR Demonstration of Need Dependents IDs/SS Cards



## Emergency Funds Network Operations Manual

### Family Emergency Fund (FEF)

- **Description:** Funds available to HFUW grant funded partner agencies approved to provide emergency services.
- **Limits:** \$750 per household in a 12 -month period.
- **Counties:** Orange, Osceola, and Seminole

Eligible Services	Criteria	Inclusions	Exclusions/ Disallowed Costs	Required Documentation
Day Care	For employment purposes only  Gap is due to unexpected event or while subsidized childcare is obtained  No other resources available		Not for long-term – only to cover gap due to unexpected event	EAR DCF Printout Demonstration of need Dependent Care Info. IDs/SS Cards
Travel	No other resources available	Out-of-Area Travel Assistance for Verified Employment Purposes Only		EAR Demonstration of need Proof of Residency IDs/SS Cards



## Emergency Funds Network Operations Manual

### Family Emergency Fund – Publix Charities (FEF-PC)\*

- **Description:** Only available to active Publix employees that cannot be served by other funds/means.
- **Limits:** \$1,000 per household in a 12 -month period (*can be subject to case-by-case evaluation*).
- **Counties:** Orange, Osceola, and Seminole

Eligible Services	Criteria	Inclusions	Exclusions/ Disallowed Costs	Required Documentation
Mortgage	No other resources available  Room Rental acceptable  Must be a member of the household.  To prevent eviction or to relocate	Principal Interest Escrow	Late fees Legal fees Service Charges 2nd Mortgages Down payments	EAR Mortgage Holder Verification Form Mortgage Bill Coupon/Statement Property Appraiser printout/form IDs/SS Cards Publix Pay Stub (most recent pay period) Store Manager Verification
Rent		Base Rent Deposits	Optional Service Fees	EAR Landlord/Property Manager Verification Form Lease Property Appraiser printout/form (if applicable) Proof of Client's Portion of Payment, if applicable IDs/SS Cards Publix Pay Stub (recent) Store Manager Verification
Utilities	No other resources available  Must be customer of record or authorized on the account	Late Fees Deposits	NSF Fees Old Debt Tampering Fees Credit Charge Backs Telephone (only payable, if element for life support)	EAR Detailed bill reflecting past due Guarantee IDs/SS Cards Publix Pay Stub (recent) Store Manager Verification



## Emergency Funds Network Operations Manual

### Family Emergency Fund – Publix Charities (FEF-PC)\*

- **Description:** Only available to active Publix employees that cannot be served by other funds/means.
- **Limits:** \$1,000 per household in a 12 -month period (*can be subject to case-by-case evaluation*).
- **Counties:** Orange, Osceola, and Seminole

Eligible Services	Criteria	Inclusions	Exclusions/ Disallowed Costs	Required Documentation
Other	No other resources available	Food Special Baby Items	Medical/Prescription Funeral Expenses (or travel related to funeral) Optional Items (i.e., vacation, birthday, gifts, computers, internet, cable, satellite)	EAR Demonstration of need Dependent Care Information IDs/SS Cards Publix Pay Stub (recent) Store Manager Verification

**\*Please Note: HFUW is the only organization with access to this fund and is a last resort option if the Publix employee does not meet any of the other fund eligibility requirements.** If your organization is unable to serve a Publix employee, please provide a reason services were denied in the MAACLink client case notes and email [EHS@hfuw.org](mailto:EHS@hfuw.org) with the clients MAACLink number and the reason services were denied.



## Emergency Funds Network Operations Manual

### OUC Utility Assistance Program (OUC-UAP)

- **Description:** Funds used to pay past due OUC utilities.
- **Limits:** \$500 per household in a 12 -month period.
- **Counties:** Orange and Osceola

Eligible Services	Criteria	Inclusions	Exclusions/ Disallowed Costs	Required Documentation
Utilities	<p>Must be customer of record or authorized on the account</p> <p>Not involved in criminal activity related to tampering</p> <p>Past Due Status</p> <p>Cannot have two (2) or more disconnections in last 12 months</p>	<p>Reconnection Fees</p> <p>Late Fees</p>	<p>Deposits</p> <p>NSF Fees</p> <p>Old Debt</p> <p>Tampering Fees</p> <p>Credit Charge Backs</p> <p>Service Initiation</p>	<p>EAR</p> <p>Detailed bill reflecting past due</p> <p>OUC Checklist</p> <p>Guarantee</p> <p>IDs/SS Cards</p>





## **Emergency Funds Network Operations Manual**

# **ATTACHMENT 2:**

## **MAACLink Data Entry**

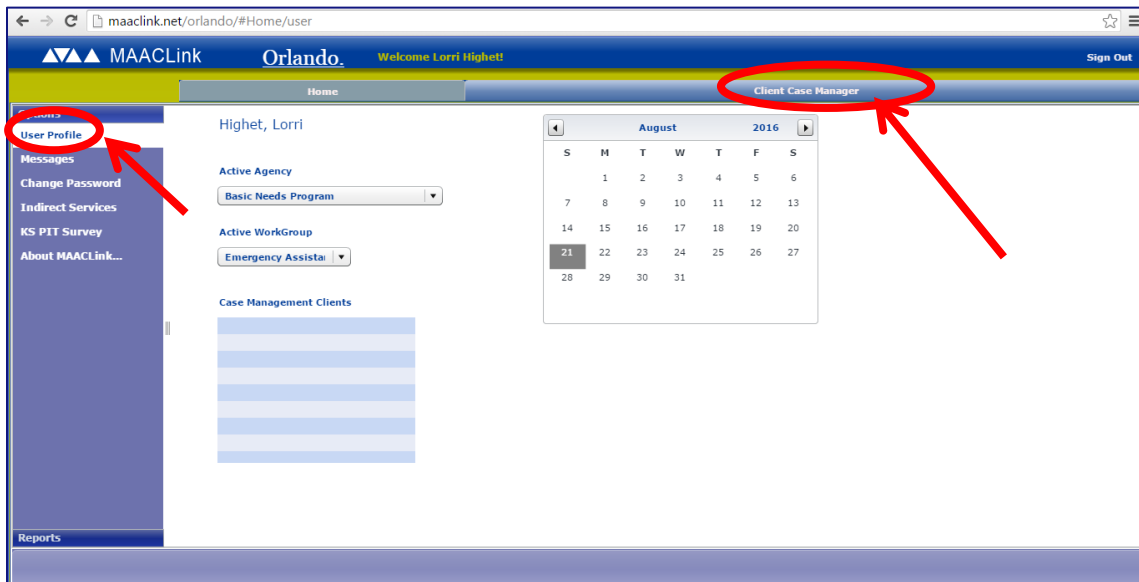


## Emergency Funds Network Operations Manual

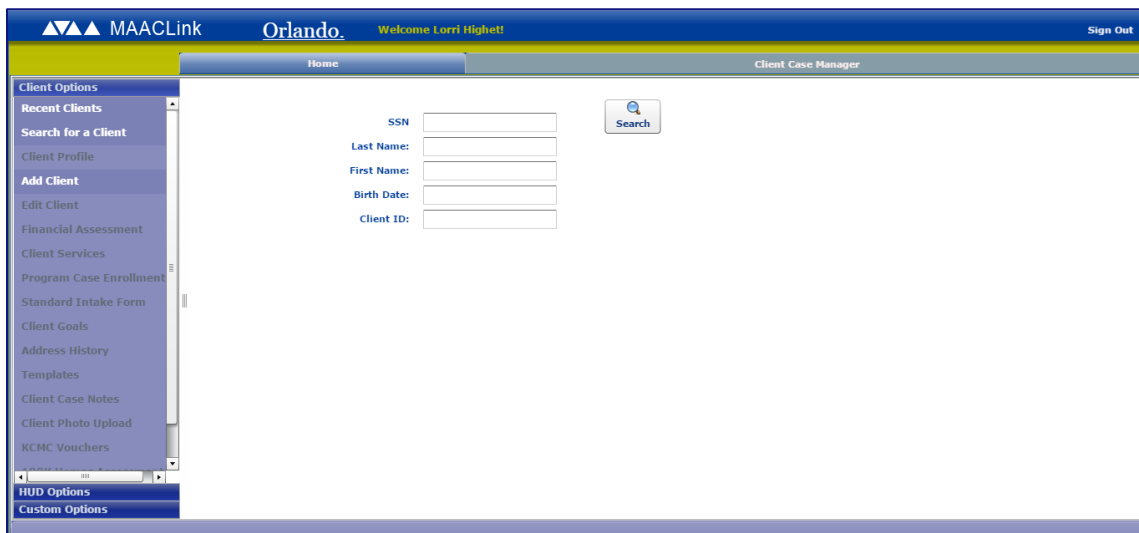
### Entering Client Data into MAACLink

MAACLink web address: <http://maaclink.net/orlando>

1. After logging in, on the left menu, select the link for **User Profile**. For **Active Agency**, select your organization's name. For **Active Workgroup**, select the correct workgroup
2. **Before adding a new client, search the database to ensure the client is not already in the database.** Select the tab for **Client Case Manager**.



You will be redirected to the search screen:





- [illegible]

1. After the search comes up empty, select **Add Client** from the left menu.

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## Emergency Funds Network Operations Manual

2. You will be prompted to search for the client by name.

Client Options  
Recent Clients  
**Search for a Client**  
Client Profile  
Add Client  
Edit Client  
Financial Assessment  
Client Services  
Program Case Enrollment  
Standard Intake Form  
Client Goals


**Step 1 of 5**

**Search Existing Clients**

The first step in adding a new client is to search existing client records for possible matches to avoid duplicate entry. Enter partial identifying information on the client, and then click Next to search from existing client records.

If the system finds no potential matches, you will be taken directly to Step 2.  
If the system finds potential matches, the search results will display below. If an accurate match appears, select and open that existing client record by clicking on that row.  
If there are no accurate matches, click Next again to continue to Step 2 in adding a new client record.

Last Name:   
First Name:



If nothing is returned in the search box or if you are sure the clients listed are not correct, select **Next** at the bottom of the screen.

Client Options  
Recent Clients  
**Search for a Client**  
Client Profile  
Add Client  
Edit Client  
Financial Assessment  
Client Services  
Program Case Enrollment  
Standard Intake Form  
Client Goals  
Address History  
Templates  
Client Case Notes  
Client Photo Upload  
WCHC Vouchers  
100K Homes Assessments  
Accessibility Programs  
HUD Options  
Custom Options

**Step 1 of 5**

**Search Existing Clients**

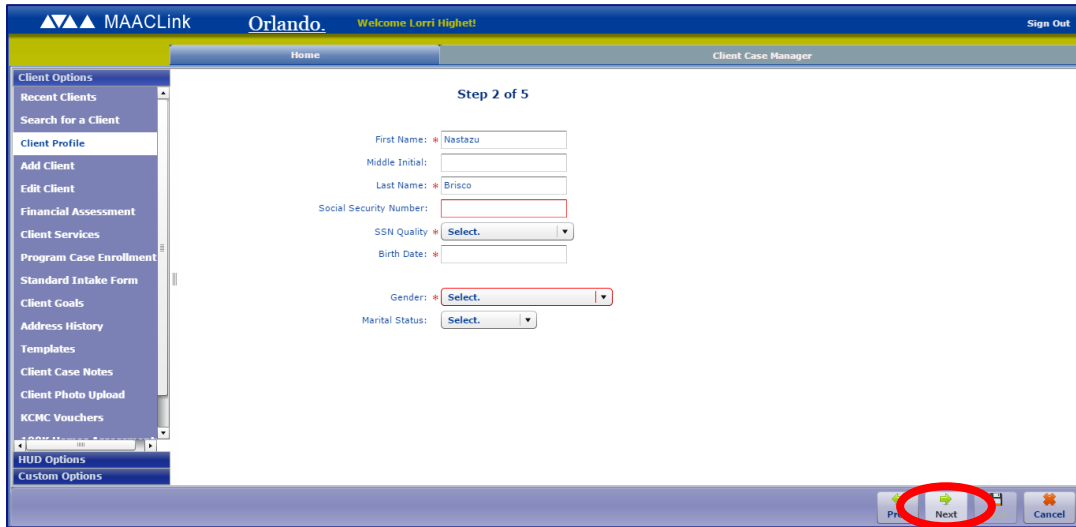
Last Name:   
First Name:

ID	Client	Birth Date	SSN#

3. Please enter the client's:

- Name (first, middle initial, and last; *please do not use all caps or hyphens*);
- Social security number;
- Select the SSN Quality (confirming you have either entered the client's full SSN, the client doesn't know their SSN, or the client refuses to give their SSN);
- Birthdate;
- Gender; and
- Marital status.

## Emergency Funds Network Operations Manual



MAACLink Orlando Welcome Lori Highett Sign Out

Home Client Case Manager

Step 2 of 5

Client Options  
Recent Clients  
Search for a Client  
Client Profile  
Add Client  
Edit Client  
Financial Assessment  
Client Services  
Program Case Enrollment  
Standard Intake Form  
Client Goals  
Address History  
Templates  
Client Case Notes  
Client Photo Upload  
KCMC Vouchers  
HUD Options  
Custom Options

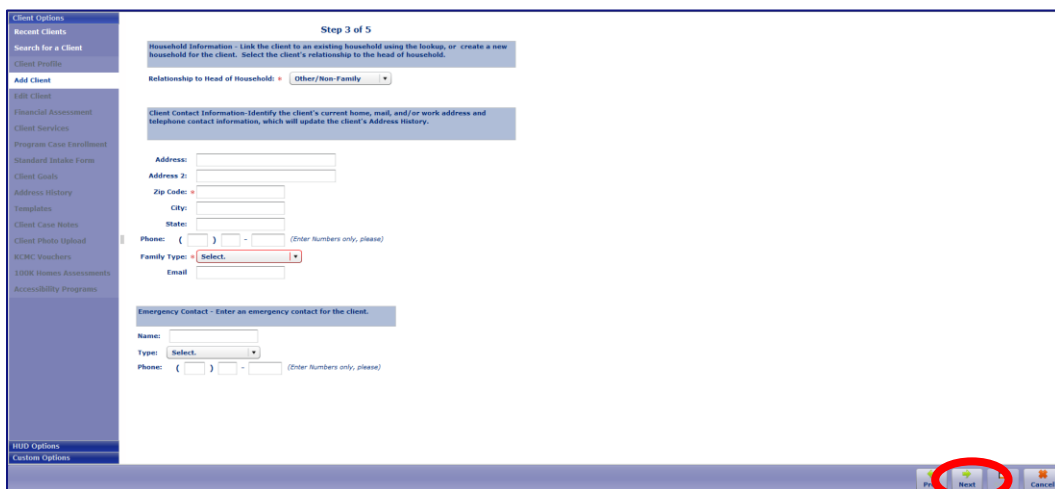
First Name: Nastazu  
Middle Initial:   
Last Name: Brisco  
Social Security Number:   
SSN Quality: Select  
Birth Date:   
Gender: Select  
Marital Status: Select

Next

Once you have entered the required data, select **Next** to move on to the next screen.

#### 4. You will now enter information about:

- Relationship to the Head of Household (Head of Household, Child, Spouse/Partner, Aunt/Uncle, Cohabitant, Cousin, Foster Child, Friend, Grandchild, Grandniece/nephew, Grandparent, Great Aunt/Uncle, Great Grandchild, Guardian, Niece/Nephew, Parent, Sibling, Unknown, Other/Non-Family, or Other/Family);
- Address;
- Phone Number;
- Family Type (Single, Two Parent Household, Single Parent/Female, Single Parent/Male, Two Adult/No Children, Other, or Unknown);
- Email



Client Options  
Recent Clients  
Search for a Client  
Add Client  
Edit Client  
Financial Assessment  
Client Services  
Program Case Enrollment  
Standard Intake Form  
Client Goals  
Address History  
Templates  
Client Case Notes  
Client Photo Upload  
KCMC Vouchers  
HUD Options  
Custom Options

Step 3 of 5

Household Information: Link the client to an existing household using the lookup, or create a new household for the client. Select the client's relationship to the head of household.

Relationship to Head of Household: Other/Non-Family

Client Contact Information: Identify the client's current home, work, and/or work address and telephone contact information, which will update the client's Address History.

Address:   
Address 2:   
Zip Code:   
City:   
State:   
Phone: ( ) - (Enter Numbers only, please)  
Family Type: Select  
Email:

Emergency Contact: Enter an emergency contact for the client.

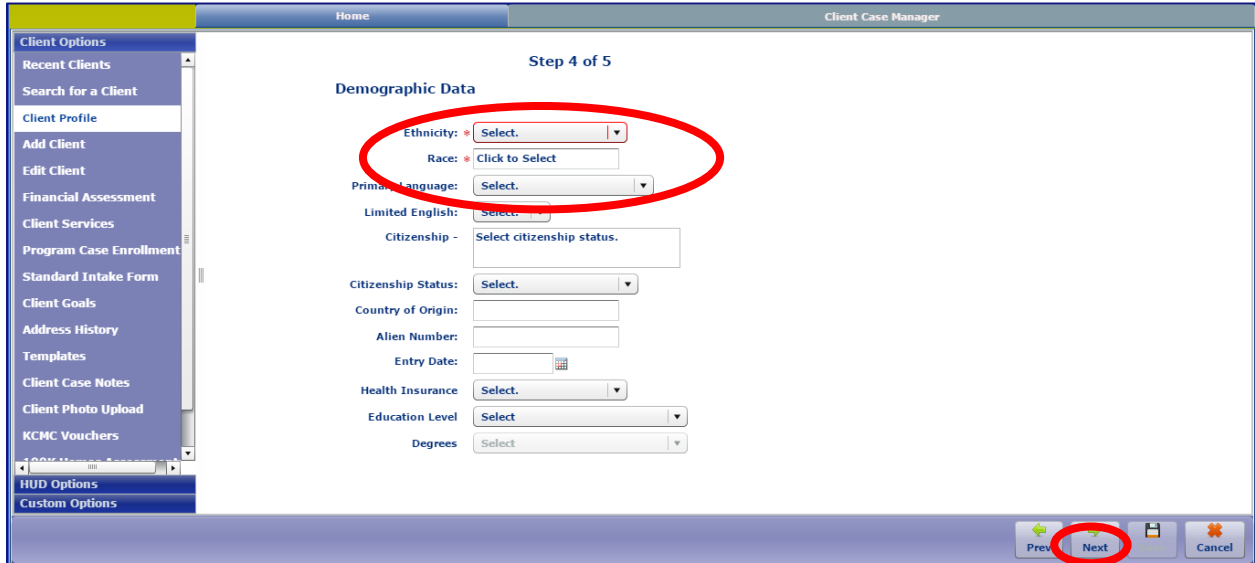
Name:   
Type: Select  
Phone: ( ) - (Enter Numbers only, please)

Next

After entering the complete data, select next to move on.

## Emergency Funds Network Operations Manual

- Next, enter demographic data for the client. **At minimum, please enter the data for the client's ethnicity and race.**



Client Options  
Recent Clients  
Search for a Client  
Client Profile  
Add Client  
Edit Client  
Financial Assessment  
Client Services  
Program Case Enrollment  
Standard Intake Form  
Client Goals  
Address History  
Templates  
Client Case Notes  
Client Photo Upload  
KCMC Vouchers  
HUD Options  
Custom Options

Home Client Case Manager

Step 4 of 5

Demographic Data

Ethnicity: Select.

Race: Click to Select

Primary Language: Select.

Limited English: Select.

Citizenship - Select citizenship status.

Citizenship Status: Select.

Country of Origin:

Alien Number:

Entry Date:

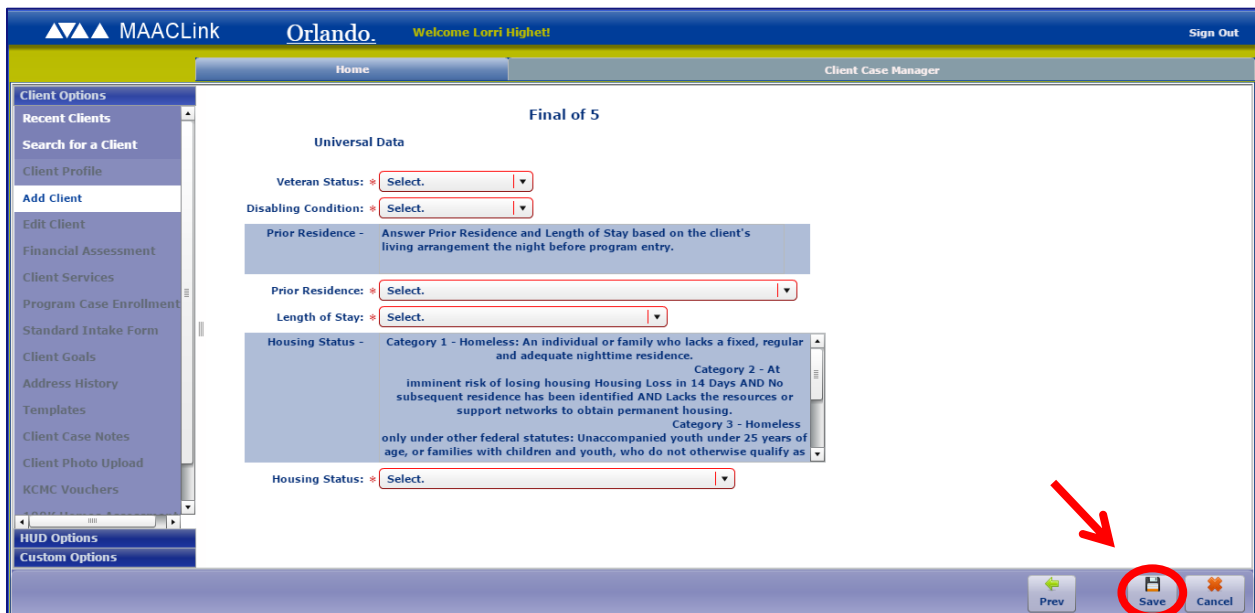
Health Insurance: Select.

Education Level: Select.

Degrees: Select.

Prev Next Cancel

- On the final screen, please enter the Universal Data (such as Veteran Status, Disabling Condition, Prior Resident, Length of Stay, and Housing Status).



MAACLink Orlando Welcome Lorri Highett Sign Out

Home Client Case Manager

Final of 5

Universal Data

Veteran Status: Select.

Disabling Condition: Select.

Prior Residence - Answer Prior Residence and Length of Stay based on the client's living arrangement the night before program entry.

Prior Residence: Select.

Length of Stay: Select.

Housing Status - Category 1 - Homeless: An individual or family who lacks a fixed, regular and adequate nighttime residence. Category 2 - At imminent risk of losing housing Housing Loss in 14 Days AND No subsequent residence has been identified AND Lacks the resources or support networks to obtain permanent housing. Category 3 - Homeless only under other federal statutes: Unaccompanied youth under 25 years of age, or families with children and youth, who do not otherwise qualify as

Housing Status: Select.

Prev Save Cancel

- As a final step, select **Save**. You may now edit data for the client or others in the household.

## Emergency Funds Network Operations Manual

### Editing a Client Profile

If the client is already in MAACLink, you may update the client's information as required. Before editing, please be sure you are adding the most current and accurate information. You may also use the steps to enter other members of the household.

1. Select **Edit Client** from the left menu.
2. Review the data on the blue box at the top of the screen to ensure you are in the correct client's profile. If so, select the icon in the box that looks like a green house.

The screenshot shows the MAACLink Client Case Manager interface. On the left, the 'Edit Client' option is selected in the 'Client Options' menu. The main area displays the client profile for Stanley, Natasha. At the top of the profile, there is a blue box containing client information and a green house icon, which is highlighted with a red circle and an arrow. Below this, there are sections for 'Addresses', 'Household Income', 'Monthly Expenses', 'Monthly Total', and 'Household Services'.

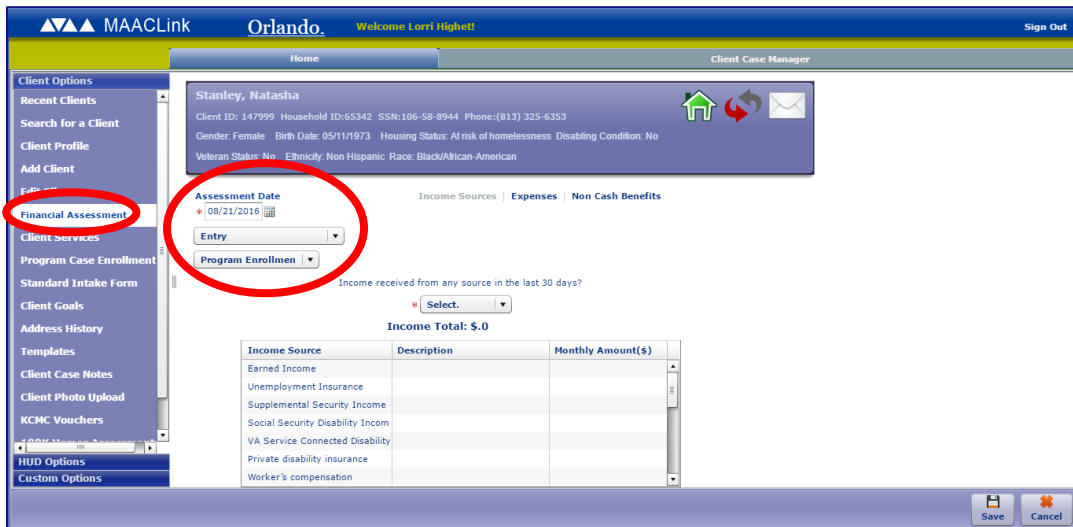
3. If household members are already listed for this client, you will be able to select and edit each member. Otherwise, select **Add New Client** or **Add Existing Client**. At the bottom of the box. You may also use the **Remove Member** button to delete any members no longer in the household. *Please see instructions on page 70 before removing clients from any household.*

The screenshot shows the MAACLink Household Manager interface. A pop-up window titled 'Household Manager - Stanley, Natasha' is displayed. It lists the household members: Stanley, Natasha (Head of Household), Brisco, Nastazu (Child (Daughter/Son)), and Brisco, Todd (Child (Daughter/Son)). At the bottom of the pop-up, there are buttons for 'Remove Member', 'Add New Client', 'Add Existing Client', 'Make Active Client', and 'Exit'. The 'Add New Client' and 'Add Existing Client' buttons are highlighted with a red circle.

## Emergency Funds Network Operations Manual

### Completing the Financial Assessment

1. From the Head of Household's profile, select **Financial Assessment** from the left menu.
2. Enter the **Assessment Date** (which is the date the intake appointment was completed). For a new assessment, you will enter an **Assessment Type** of **Entry** and **Program Enrollment**



MAACLink Orlando Welcome Lori Highett Sign Out

Home Client Case Manager

Stanley, Natasha  
Client ID: 147999 Household ID: 65342 SSN: 106-58-8944 Phone: (813) 325-6353  
Gender: Female Birth Date: 05/11/1973 Housing Status: At risk of homelessness Disabling Condition: No  
Veteran Status: No Ethnicity: Non Hispanic Race: Black/African-American

**Financial Assessment**

Assessment Date: 08/21/2016  
Assessment Type: Entry  
Program Enrollment: Program Enrollment

Income Sources | Expenses | Non Cash Benefits

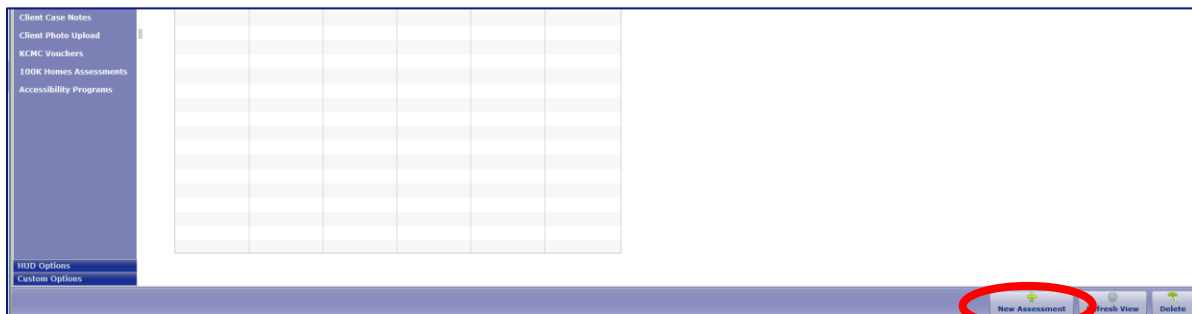
Income received from any source in the last 30 days?  
\* Select \*

Income Total: \$0.00

Income Source	Description	Monthly Amount(\$)
Earned Income		
Unemployment Insurance		
Supplemental Security Income		
Social Security Disability Income		
VA Service Connected Disability		
Private disability insurance		
Worker's compensation		

Save Cancel

However, if you are adding a new financial assessment, you will select **New Assessment** from the bottom right corner on the screen.



Client Case Notes  
Client Photo Upload  
KCMC Vouchers  
100K Homes Assessments  
Accessibility Programs

HUD Options  
Custom Options

New Assessment Fresh View Delete



## Emergency Funds Network Operations Manual

- Enter the **Income Sources**, **Expenses**, and **Non-Cash Benefits** for the household.  
*Note:* Remember to select an answer in the box, “Income received from any source in the last 30 days?”

MAACLink Orlando. Welcome Lorri Highett! Sign Out

Home Client Case Manager

Stanley, Natasha  
Client ID: 147999 Household ID: 65342 SSN: 106-58-8944 Phone: (813) 325-6353  
Gender: Female Birth Date: 05/11/1973 Housing Status: At risk of homelessness Disabling Condition: No  
Veteran Status: No Ethnicity: Non Hispanic Race: Black/African American

Assessment Date: 08/21/2016

Income Sources | Expenses | Non Cash Benefits

Entry Program Enrollment

Income received from any source in the last 30 days?  
Select.

Income Total: \$0

Income Source	Description	Monthly Amount(\$)
Earned Income		
Unemployment Insurance		
Supplemental Security Income		
Social Security Disability Income		
VA Service Connected Disability		
Private disability insurance		
Worker's compensation		

Save Cancel

Remember to select the **Save** button to save the data you have entered for all three categories.

- Once you have completed your data entry, review the information you have entered and compare to ensure it matches the data on the EAR.

MAACLink Orlando. Welcome Lorri Highett! Sign Out

Home Client Case Manager

Stanley, Natasha  
Client ID: 147999 Household ID: 65342 SSN: 106-58-8944 Phone: (813) 325-6353  
Gender: Female Birth Date: 05/11/1973 Housing Status: At risk of homelessness Disabling Condition: No  
Veteran Status: No Ethnicity: Non Hispanic Race: Black/African American

Household Income	Income	Family Members	Poverty Level	Poverty Percent
\$400.00	\$400.00	3	\$1,674.16	23.89%

Date	Agency	Income	Non-Cash	Expense	Net Total
08/17/16	Basic Needs Progra	\$400.00	\$500.00	\$2,738.12	-\$1,838.12

New Assessment Refresh View Delete

## Emergency Funds Network Operations Manual

### Entering Case Notes

1. From the Head of Household's profile, select **Client Case Notes** from the left menu.
2. Select the **New Note** button from the bottom of the screen.



MAACLink Orlando. Welcome Lorri Hightet Sign Out

Home Client Case Manager

Client Options

- Recent Clients
- Search for a Client
- Client Profile
- Add Client
- Edit Client
- Financial Assessment
- Client Services
- Program Case Enrollment
- Standard Intake Form
- Client Goals
- Address History
- Templates
- Client Case Notes
- Client Photo Upload
- KCMC Vouchers
- HUD Options
- Custom Options

Stanley, Natasha

Client ID: 147999 Household ID: 65342 SSN: 106-58-8944 Phone: (813) 325-6353

Gender: Female Birth Date: 05/11/1973 Housing Status: At risk of homelessness Disabling Condition: No

Veteran Status: No Ethnicity: Non Hispanic Race: Black/African-American

Client Case Notes

Date	Subject	User	Agency
08/17/2016	Intake	Hightet, Lorri	Basic Needs Program

Refresh Print **New Note** Edit Delete

3. You will be redirected to a new screen where you can entered detailed information, including:



MAACLink Orlando. Welcome Lorri Hightet Sign Out

Home Client Case Manager

Client Options

- Recent Clients
- Search for a Client
- Client Profile
- Add Client
- Edit Client
- Financial Assessment
- Client Services
- Program Case Enrollment
- Standard Intake Form
- Client Goals
- Address History
- Templates
- Client Case Notes
- Client Photo Upload
- KCMC Vouchers
- HUD Options
- Custom Options

Stanley, Natasha

Client ID: 147999 Household ID: 65342 SSN: 106-58-8944 Phone: (813) 325-6353

Gender: Female Birth Date: 05/11/1973 Housing Status: At risk of homelessness Disabling Condition: No

Veteran Status: No Ethnicity: Non Hispanic Race: Black/African-American

Subject Intake Date 08/17/2016

☒ Unrestricted ☐ Restrict to Agency ☐ Restrict to User

Message

8/17/16. Client was early and prepared for her appointment. Client had recently kicked her boyfriend out of the apartment. He was verbally and emotionally abusive. She had a job up until May and was contributing to expenses up until that time, but after that he was paying all of the bills. She is currently behind in her rent for part of June, and July and August. Client has an 8 year old daughter and a 3 year old son. Her children's father is paying \$400 cash per month and provided a letter from the father. She is in the process of applying for official child support. Client has recently secured a 30 hour a week job paying \$10 per hour that she started this week (8/15). Client has been required to provide income verification by the end of the week in order to proceed with case.

Verdana 11 B I U http://

Save Cancel

- **Subject:** Such as "Intake" if it is an intake appointment or another descriptive title that provides insight to the contents of the note.
- **Date:** The date of the intake or other interaction with the client.
- The **Unrestricted** button should always be selected to ensure others can access and read the case notes.



## Emergency Funds Network Operations Manual

- **Message:** Enter your case notes following a modified version of the *Data Assessment Plan* (DAP) case notes format as follows:
- **Data:** Specific, factual information on the client and household, including:
  - e. The household's composition (all members of the household).
  - f. The household's stability (household income and other benefits).
  - g. The crisis/emergency experienced by the household (a specific event? snowball effect?) and the steps the household has taken to mitigate the situation.
  - h. The services requested by the household and the client's perception of how these services will help mitigate the problem.
- **Assessment:** The case manager's assessment of the client's situation, including:
  - a. The needs of the client/household.
  - b. The barriers/challenges that must be addressed in order to increase household stability.
  - c. The resources, tools, etc. the household possesses, has access to, and/or needs that will allow them to increase stability.
- **Plan/Prognosis:** The plan of action to address the identified crisis/emergency, including:
  - e. The services the organization can provide to help the client/household address barriers/challenges.
  - f. The resources (including referrals to internal and external services) that will be provided by the organization.
  - g. The action steps/recommendations that will be provided to the client/household (especially if there will be a follow up meeting or ongoing case management).
  - h. The prognosis of the case (including how likely the client/household will be able to become stable).

**Note:** It is recommended that you type up the notes in a word processing software and copy and paste into MAACLink to ensure spelling, grammar, etc.

## Emergency Funds Network Operations Manual

- Select the **Save** button at the bottom of the screen to save the entered case notes.

The screenshot shows the MAACLink Client Case Manager interface for a client named Stanley, Natasha. The interface includes a sidebar with navigation options like 'Client Options', 'Recent Clients', 'Search for a Client', 'Client Profile', 'Add Client', 'Edit Client', 'Financial Assessment', 'Client Services', 'Program Case Enrollment', 'Standard Intake Form', 'Client Goals', 'Address History', 'Templates', 'Client Case Notes', 'Client Photo Upload', 'KCMC Vouchers', 'HUD Options', and 'Custom Options'. The main area displays client information and a 'Message' field where case notes are entered. At the bottom right, the 'Save' button is circled in red.

- Finally, select the **Active Client Alerts** icon (looks like a white envelope) to alert user that you have entered new case notes using the following levels:

The screenshot shows the MAACLink Client Case Manager interface for the same client. The 'Active Client Alerts' icon, which looks like a white envelope with a yellow bell, is circled in red. Below the client information, there is a table titled 'Client Case Notes' with columns for Date, Subject, User, and Agency. The table contains one entry for 08/17/2016 with the subject 'Intake' and user 'Hightet, Lorri'.

- Green:** Notification to “see case notes”.
- Yellow:** Notification to “see profile enrollment”.
- Red:** Notification about an issue (such as fraud).

Level	Message	Start Date	End Date
Yellow	See new program enrollment	08/21/2016	
Green	See case notes	08/21/2016	

New Alert Exit



## Emergency Funds Network Operations Manual

### Program Case Enrollment

This step is optional. To add a program case enrollment to the client, as follows:

1. From the Head of Household's profile, select **Program Case Enrollment** from the left menu.
2. Enter the appropriate data in the fields provided as follows:
  - **Fund:** Select Case Management as the fund.
  - **Program:** Select the appropriate program that is serving the client/household.
  - **Household Members:** Ensure that all members of the household are listed, have a check mark next to their name and the entry date next to each name is the same as the intake date.
3. Select the **Confirm Enrollment** button at the bottom of the screen.

The screenshot displays the MAACLink software interface. The top navigation bar includes the MAACLink logo, the location 'Orlando', a welcome message 'Welcome Lorri Hightet', and a 'Sign Out' link. The left sidebar contains a menu with options like 'Client Options', 'Recent Clients', 'Search for a Client', 'Client Profile', 'Add Client', 'Edit Client', 'Financial Assessment', 'Program Case Enrollment' (highlighted with a red circle), 'Client Goals', 'Address History', 'Templates', 'Client Case Notes', 'Client Photo Upload', 'KCMC Vouchers', 'HUD Options', and 'Custom Options'. The main content area shows a form for 'Client Case Manager' with fields for Case ID, Fund, Case Name, Created, Agency, Program, and Restricted. Below these fields is a table of household members with checkboxes and dates. The 'Confirm Enrollment' button at the bottom right is also circled in red.

**Note:** Please remember to enter a new yellow **Active Client Alert** for “See Case Enrollment”.

**Before submitting the completed emergency assistance request packet, please ensure:**

- (1) Update household member demographics, budgets, and case notes in MAACLink.
- (2) Circle *either* Rent or Mortgage in the Expense section of the EAR budget.
- (3) Budget columns have been completed and totaled, and match budget in MAACLink.
- (4) Both client and agency authorized signer signatures are provided on the EAR.
- (5) All landlord corrections are initialed by landlord.



## Emergency Funds Network Operations Manual

### Removing Members from a Household in MAACLink

In order to preserve client information, please use the following steps for any individual that must be removed from an existing household in MAACLink:

1. Record the names and social security numbers of the members you wish to remove from the head of household's account/profile.
2. Add a **Case Note** to the head of household's account (that will also be added to removed household member accounts) providing details on why the household member is being removed. Please see below for a sample (your case note should include the same details):

Per meeting with head of household client John Doe (SS #555-555-5555) on 1/09/17, Mary Smith (SS# 999-99-9999) and Joe Smith (SS# 123-456-7890) are no longer members in the household at 123 Main Street, Pleasantville, FL 32111. New profiles have been created for Mary Smith and Joe Smith.

3. Copy and paste this case note into the profile **of each** of member that was removed from the head of household's account/profile.
4. For each removed household number, be sure to add an **Active Client Alert** (with a **Green** notification) that says "See Case Notes". This will draw attention to the updated account/profile.
5. Once you have created case notes and alerts for each household member to be removed, you may go back to the head of household's account/profile and delete the members that should be removed.

Once you have completed these steps, please double check your work to ensure case notes have been provided on all applicable accounts/profiles.



## **Emergency Funds Network Operations Manual**

### **ATTACHMENT 3:**

## **Emergency Food & Shelter Program Approved Program Cost Categories**



## Emergency Funds Network Operations Manual

### Emergency Food & Shelter Program

Services provided under the Emergency Food & Shelter Program (EFSP) are subject to the same case management standards as all other program services. Further, the following describes the **Approved Program Cost Categories**:

Category: <b>Mass Shelter</b>	
<b><i>Per Diem Allowance</i></b>	<p>Per diem allowance of <b>exactly \$12.50 per person</b>, per night for mass shelter providers (five beds or more in one location), only if:</p> <ul style="list-style-type: none"><li>d. Approved in advance by the Local Board; and,</li><li>e. LRO's total mass shelter award is expended in this manner.</li></ul> <p><b>Note:</b> The per diem allowance may be used to cover costs such as shelter rent, shelter utilities, and shelter staff salaries if necessary to provide a night of shelter. The per diem allowance does not include the additional costs associated with food or the food per meal allowance. Agency will be required to submit Daily Per Diem Schedules documenting the number of clients by date. Supporting documentation must be retained on-site, (i.e. invoices, service records and proof of payment to vendor by an acceptable payment method).</p>

Category: <b>Meals Served</b>	
<b><i>Per Meal Allowance</i></b>	<p>Per meal allowance of <b>exactly \$2 per meal served</b> if:</p> <ul style="list-style-type: none"><li>b. Approved in advance by the Local Board; and,</li><li>c. LRO's total mass feeding award is expended in this manner.</li></ul> <p><b>Note:</b> EFSP funding is intended to provide for daily, basic, nutritional meal costs on an ongoing basis. The funding is not intended to be used for a singular event, special events/celebratory events/holiday meals, etc. Basic non-excessive meal costs may be applied towards special/celebratory/holiday meals served only as part of an ongoing program. Also, dessert items (e.g., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in limited amounts.</p>





## Emergency Funds Network Operations Manual

	Agency will be required to submit Daily Per Meal Schedules documenting the number of meals served by date with totals. Supporting documentation must be retained on-site, (i.e. invoices, service records and proof of payment to vendor by an acceptable payment method).
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### Category: Other Food

<b><i>Food Purchases for Food Banks/Pantries and Other Food Providers</i></b>	<p>For food banks/pantries and other food providers. Only food banks may operate under EFSP as both vendor and LRO. <b>Note:</b> EFSP funding is intended to provide for basic, nutritional meals on an ongoing basis not for non-nutritive items. The funding is not intended to be used for a singular event, special celebratory events, holiday baskets, etc. Also, dessert items (i.e., cookies, snack food, candy, etc.) used as part of a daily meal plan may be purchased in <u><b>limited amounts</b></u>. Purchased food must be distributed during the phase spend out period.</p> <p><b>Note:</b> Agency is responsible for purchasing and paying for food from food banks, pantries or other food providers. Agency is responsible for submitting timely payment to food provider. Heart of Florida United Way will issue reimbursement payment to agency with proof of purchase and cancelled check.</p>
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## Emergency Funds Network Operations Manual

Category: <b>Rent/Mortgage</b>	
<b>Assistance/ Eviction Prevention</b>	<p>For rent/mortgage assistance, eligible program costs include limited emergency rent or mortgage assistance principal and interest only (P&amp;I), for individuals or households provided conditions “a” through “f” below are met:</p> <ul style="list-style-type: none"> <li>a. Payment is in arrears or due within <b>10</b> calendar days.</li> <li>b. other resources have been exhausted;</li> <li>c. The client is 1) a resident of the home or apartment and 2) responsible for the rent/mortgage on the home or apartment where the rent/mortgage assistance is to be paid;</li> <li>d. Payment is limited to a maximum of <b>one month's assistance</b> for each individual or household; assistance can be provided 1) for a full month's rent/mortgage (P&amp;I) all at one time, or 2) in separate payments over a period of up to 90 consecutive days so long as the total amount paid does not exceed one month's cost and is paid by a single LRO;</li> <li>e. Assistance is provided only once in a jurisdiction by a single LRO in each award phase for each individual/household (with exception of item d [2] above);</li> <li>f. The month paid is the current amount or part of the arrearage that is still owed at the time of payment and is from the current award phase and,</li> <li>g. <u><b>Payment must guarantee an additional 30 days service.</b></u></li> </ul> <p><b>Note:</b> Late fees, legal fees, deposits, optional services fees, and condo fees are ineligible. If a client has two mortgages, assistance may only be given on the principal or first mortgage for the client's residence. Payments for mobile homes and lots are eligible and can be paid to a mortgage company or to a private landlord. All payments are issued from HFUW to third party vendors for all rent and mortgage requests. All agencies providing rent/mortgage assistance will be required to use the MAACLink Case Management System. Participating agencies will need to comply with the EFSP documentation and HFUW requirements.</p>
<b>First Month's Rent Payment</b>	<p>First month's rent may be paid when an individual or household:</p> <ul style="list-style-type: none"> <li>a. Is transient and plans to stay in the area for an extended period of time; or</li> <li>b. Is moving from a temporary shelter to a more permanent living arrangement; or</li> <li>c. Is being evicted because one-month's payment will not forestall eviction in current housing.</li> </ul> <p>First month's rent:</p> <ul style="list-style-type: none"> <li>a. <b>Cannot</b> be provided in addition to emergency rent/mortgage assistance.</li> <li>b. <b>May</b> be provided in addition to assistance provided for off-site or mass shelter.</li> <li>c. <b>May</b> only be provided by a single LRO in a jurisdiction each award phase for an individual/household.</li> </ul>



## Emergency Funds Network Operations Manual

d. **Cannot** be paid more than **30** calendar days before occupancy.

**Notes:** Late fees, legal fees, deposits, optional services fees, and condo fees are ineligible. Payments for mobile homes and lots are eligible and can be paid to a mortgage company or to a private landlord. All payments are issued from HFUW to third party vendors for all rent requests. All agencies providing rent assistance will be required to use the MAACLink Case Management System. Participating agencies will need to comply with the EFSP documentation and HFUW requirements.

**Note:** Please ensure your organization only uses EFSP specific forms during the EFSP spending period. Please review the list above to determine if EFSP funds can be utilized for the transaction.

Also, when using EFSP funds to provide assistance, please ensure your organization uses only those forms found on HFUW's website at <https://secure.hfuw.org/epledge/EFN>, to include:

### RENT ASSISTANCE

#### 1. The Emergency Assistance Request (EAR) Form

Heart of Florida United Way Emergency Assistance Request (Please print legibly in dark ink)

HEAD OF HOUSEHOLD (HON) INFORMATION									
Head of Household Name		MAACLink Account #		Age	Gender	Marital Status			
Address		APT.	City	Zip Code	Phone	County	MMYY of Residence		
Family Type		Ethnicity		Race	Education Level	Veterans	Disability		
<input type="checkbox"/> Single <input type="checkbox"/> Two Parent Household <input type="checkbox"/> Single Parent/Child <input type="checkbox"/> Other		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Employer (Company Name)		Occupation		Net Monthly Pay (after taxes)					
Employer's Address		Employer's Phone #							
HOUSEHOLD HOUSING INFORMATION									
Prior Residence (where did you stay last night?)									
<input type="checkbox"/> Room, apartment, or house that you rent, with NO subsidy <input type="checkbox"/> Emergency shelter, including hotel or motel with voucher <input type="checkbox"/> Room, apartment, or house that you rent, with subsidy <input type="checkbox"/> Hotel or motel and without voucher <input type="checkbox"/> Apartment or house that you own, with NO subsidy <input type="checkbox"/> Transitional housing for homeless persons <input type="checkbox"/> Apartment or house that you own, with subsidy <input type="checkbox"/> Permanent housing for formerly homeless									
Length of Stay									
<input type="checkbox"/> One week or less <input type="checkbox"/> More than one week, but less than one month <input type="checkbox"/> One to three months <input type="checkbox"/> More than three months, but less than one year <input type="checkbox"/> One year or longer									
Housing Status									
<input type="checkbox"/> Literally homeless <input type="checkbox"/> Imminently losing housing <input type="checkbox"/> Unstably housed and at risk of losing housing <input type="checkbox"/> Stably housed									
Other Adult in Household Information									
Other Adult Name		Age		Gender	Marital Status				
Relationship to HON		Ethnicity		Race	Education Level	Veterans	Disability		
<input type="checkbox"/> Spouse <input type="checkbox"/> Non-Spouse/Latino		<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Adult's Employer (Company Name)		Occupation		Net Monthly Pay (after taxes)					
Employer's Address		Employer's Phone #							
ADDITIONAL HOUSEHOLD MEMBERS									
Name(s)		Age		Relationship to HON		Education Level			

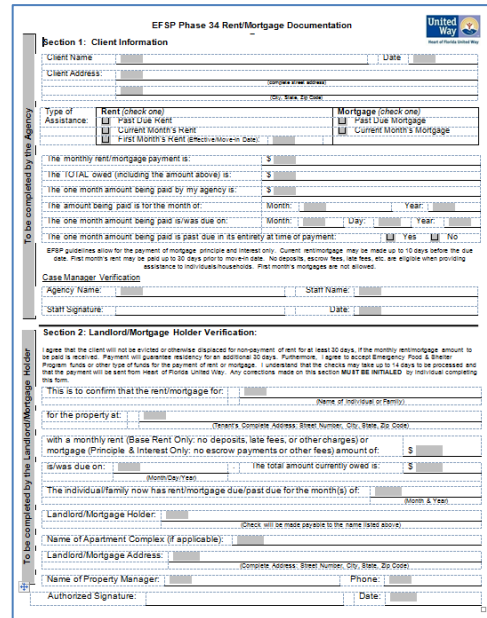
Heart of Florida United Way Emergency Assistance Request (Please print legibly in dark ink)

Monthly Income		Non-Cash Benefits		Expenses	
Earned Income	\$	Food Stamps	\$	Bus Pass	\$
Unemployment	\$	Medicaid	\$	Car Payment	\$
Social Security (SSI)	\$	Medicare	\$	Child Care	\$
TOTAL SECURITY Disability (SSDI)	\$	Health Aid	\$	Child Support Expense	\$
VA Disability	\$	VAC	\$	Electricity	\$
Private Disability	\$	VA Medical	\$	Food	\$
Worker's Compensation	\$	TANF Child Care	\$	Gas/Heating	\$
Public Assistance (TANF)	\$	TANF Transportation	\$	Gas (Car)	\$
Veteran's Pension	\$	Section 8	\$	Car/home Insurance	\$
Pension	\$	Other	\$	Medical	\$
Child Support	\$			Miscellaneous	\$
Alimony	\$			Mortgage	\$
Other	\$			Rent	\$
Other	\$			Severance/Trash	\$
Other	\$			Telephone	\$
				Water	\$
				Other	\$
				Other	\$
				Other	\$
Total Income	\$	Total Benefits	\$	Total Expense	\$
State specific need: <input type="checkbox"/> Rent/Mortgage Assistance <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Other: _____					
State why income is not available to pay monthly expenses: _____					
Applicant Certification/Release of Information					
I certify that all information I have provided above is true and correct. I consent to the release of information contained in this request to Heart of Florida United Way, other local social service agencies, and/or funders who distribute emergency financial assistance, and/or to the vendor receiving these funds, as necessary to confirm service to my household, provide statistics or emergency assistance and as a guaranty against duplication of assistance. I also certify that I or anyone in my household has been given emergency financial assistance in the past. I have advised the caseworker in this agency of that information.					
I have read the Applicant Certification/Release of Information statement and understand it.					
Signature: _____ Date: _____					
OFFICE USE ONLY					
Authorized Agency: _____					
Caseworker Name: _____ Caseworker Phone #: _____					
Fund: _____ Service: _____					
Amount: \$ _____ Reason: _____					
Vendor: _____ Account #: _____					
Payee: _____ Mail Check to Payee: <input type="checkbox"/>					
Address: _____					
Authorized Signature: _____ Date: _____					

## Emergency Funds Network Operations Manual

### 2. EFSP Rent/Mortgage Documentation Form (if the client is requesting rent/mortgage assistance)

**Please Note:** This form must be error free as corrections are generally not allowed. If landlord information must be correct, requires the changes be made and initialed by the landlord only.



The form is titled "EFSP Phase 34 Rent/Mortgage Documentation" and includes the United Way logo. It is divided into two main sections: "Section 1: Client Information" and "Section 2: Landlord/Mortgage Holder Verification".

**Section 1: Client Information** includes fields for Client Name, Client Address, and Date. It also has checkboxes for "Type of Assistance": Rent (check one) and Mortgage (check one). Under Rent, there are checkboxes for "First Month's Rent" and "Current Month's Rent". Under Mortgage, there are checkboxes for "First Month's Mortgage" and "Current Month's Mortgage".

Below these are fields for "The monthly rent/mortgage payment is:", "The TOTAL owed (including the amount above) is:", "The one month amount being paid by my agency is:", "The amount being paid is for this month on:", "The one month amount being paid is/was due on:", and "The one month amount being paid is past due in its entirety at time of payment:". There are also checkboxes for "Yes" and "No" for the last question.

**Section 2: Landlord/Mortgage Holder Verification** includes a "Case Manager Verification" section with fields for Agency Name, Staff Name, Staff Signature, and Date. It also has a "Landlord/Mortgage Holder Verification" section with fields for "This is to confirm that the rent/mortgage for:", "for the property at:", "with a monthly rent (Base Rent Only: no deposits, late fees, or other charges) or mortgage (Principal & Interest Only: no escrow payments or other fees) amount of:", "is/was due on:", "the total amount currently owed is:", "The individual/family now has rent/mortgage due/past due for the month(s) of:", "Landlord/Mortgage Holder:", "Name of Apartment Complex (if applicable):", "Landlord/Mortgage Address:", "Name of Property Manager:", "Phone:", "Authorized Signature:", and "Date:".

### 3. A copy of the client's lease agreement which details:

- The name and address of the landlord;
- The name of the client and all applicable household members;
- The address of the rented property;
- The terms of the lease (beginning and end date);
- The base monthly rent for the property;
- Any additional deposits and/or fees;
- Signatures for the landlord(s) and the client(s).



## Emergency Funds Network Operations Manual

### 4. Property Appraiser Website Print Out or Property Appraiser and Caseworker Verification Form

Heart of Florida United  
Property Appraiser Verification Form  
For Rental or Mortgage Payment Assistance

**Property Information**

This form must be completed by the agency caseworker only when the agency is unable to obtain updated printed information from the property appraiser's website. This form requires the caseworker to contact the property appraiser's office to verify the property information and provide the name of the staff person who provided the verification.

Property Appraiser (County): \_\_\_\_\_

Name of Property Appraiser  
Staff Verifying Information: \_\_\_\_\_

Property Street Address and City: \_\_\_\_\_

Name of Property  
Owner/Landlord: \_\_\_\_\_

Date Verified: \_\_\_\_\_

**Caseworker Verification**

I confirm that the landlord/property manager/homeowner information noted above has been verified with the property appraiser's office.

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_

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### 5. Identification Documents

- Copies of identification and social security cards for all members of the household.
- Copies of birth certificates and social security cards for all children in the household.

## MORTGAGE ASSISTANCE

### 1. The Emergency Assistance Request Form

Heart of Florida United Way Emergency Assistance Request (Please print legibly in dark ink)

**Head of Household (HCH) Information**

Name of Head of Household: \_\_\_\_\_ MAADLINE Account #: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Address: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_ Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed  
County: \_\_\_\_\_  
Manner of Residence: ☐ Own ☐ Rent ☐ Other

Family Type: ☐ Single ☐ Single Parent/Head of Household ☐ Two Adults/No Child ☐ Single Parent/Head of Household ☐ Other

Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Non-Hispanic/White ☐ Other

Race: \_\_\_\_\_ Education Level: \_\_\_\_\_ Veteran: ☐ Yes ☐ No Disability: ☐ Yes ☐ No

Employer (Company Name): \_\_\_\_\_ Occupation: \_\_\_\_\_ Net Monthly Pay (after taxes): \$ \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

**Household Housing Information**

Prior Residence (Where did you stay last night?) ☐ Staying in family member's apartment/house ☐ Psychiatric hospital or other psychiatric facility  
☐ Room, apartment, or house that you rent, with NO subsidy ☐ Staying in family member's apartment/house ☐ Staying in family member's apartment/house  
☐ Emergency shelter, housing hotel or motel with voucher ☐ Substance abuse treatment facility or detox center  
☐ Room, apartment, or house that you rent, with subsidy ☐ Foster care home or group home  
☐ Home or motel (paid without voucher) ☐ Homeless (not in shelter) ☐ Homeless (not in shelter)  
☐ Apartment or house that you own, with NO subsidy ☐ Jail, prison, or juvenile detention facility  
☐ Transitional housing for homeless persons ☐ Other ☐ Please not meant for habitation (see abandoned building, rubble, etc.)  
☐ Apartment or house that you own, with subsidy ☐ Other

Length of Stay: ☐ One week or less ☐ Less than one week, but less than one month ☐ One to three months ☐ More than three months, but less than one year ☐ One year or longer

Housing Status: ☐ Literally homeless ☐ Imminently losing housing ☐ Unstable housing and at risk of losing housing ☐ Stably housed

Prior Zip Code (Last place residence of at least 60 days): \_\_\_\_\_

**Other Adult in Household Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: ☐ Male ☐ Female  
Relationship to HCH: \_\_\_\_\_ Ethnicity: ☐ Hispanic/Latino ☐ Non-Hispanic/Latino ☐ Non-Hispanic/White ☐ Other  
Race: \_\_\_\_\_ Education Level: \_\_\_\_\_ Veteran: ☐ Yes ☐ No Disability: ☐ Yes ☐ No

Other Adult's Employer (Company Name): \_\_\_\_\_ Occupation: \_\_\_\_\_ Net Monthly Pay (after taxes): \$ \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Employer's Phone #: \_\_\_\_\_

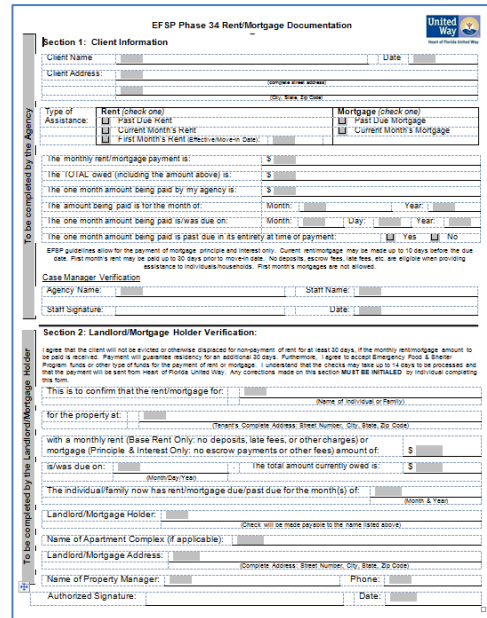
**Additional Household Members**

Name(s)	Age	Relationship to HCH	Education Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Rev. 05-13-19

## Emergency Funds Network Operations Manual

### 2. EFSP Rent/Mortgage Documentation Form (if the client is requesting rent/mortgage assistance)



**EFSP Phase 34 Rent/Mortgage Documentation**

**Section 1: Client Information**

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_

Client Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Type of Assistance: ☐ Rent (check one) ☐ Mortgage (check one)

☐ Past Due Rent ☐ Past Due Mortgage

☐ Current Month's Rent ☐ Current Month's Mortgage

☐ Past Month's Rent ☐ Past Month's Mortgage

The monthly rent/mortgage payment is: \$ \_\_\_\_\_

The TOTAL owed (including the amount above) is: \$ \_\_\_\_\_

The one month amount being paid by my agency is: \$ \_\_\_\_\_

The amount being paid is for the month of: \_\_\_\_\_

The one month amount being paid is always due on: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

The one month amount being paid is past due in its entirety at time of payment: ☐ Yes ☐ No

EFSP guidelines allow for the payment of mortgage principle and interest only. Current mortgage may be made up to 10 days before the due date. Past month's rent may be paid up to 30 days prior to month-end date. No deposits, escrow fees, late fees, etc. are eligible when providing assistance to individuals/households. Past month's mortgages are not allowed.

**Case Manager Verification**

Agency Name: \_\_\_\_\_ Staff Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Section 2: Landlord/Mortgage Holder Verification:**

I agree that the client will not be eligible for assistance (charges for non-payment of rent for at least 30 days, if the monthly rent/mortgage amount is not paid as received. Payment will guarantee residency for an additional 30 days. Furthermore, I agree to accept Emergency Fund & Shelter Program funds or other type of funds for the payment of rent or mortgage. I understand that the checks may take up to 14 days to be processed and that the payment will be sent from Heart of Florida United Way. Any corrections made on this section MUST BE INITIALED by individual completing the form.

This is to confirm that the rent/mortgage for: \_\_\_\_\_

Name of individual or family: \_\_\_\_\_

for the property at: \_\_\_\_\_

Parent's Complete Address Street Number, City, State, Zip Code: \_\_\_\_\_

with a monthly rent (Base Rent Only; no deposits, late fees, or other charges) or mortgage (Principle & Interest Only; no escrow payments or other fees) amount of: \$ \_\_\_\_\_

is/was due on: \_\_\_\_\_ Month/Day/Year: \_\_\_\_\_ The total amount currently owed is: \$ \_\_\_\_\_

The individual/family now has rent/mortgage due/past due for the month(s) of: \_\_\_\_\_ Month & Year: \_\_\_\_\_

Landlord/Mortgage Holder: \_\_\_\_\_

NAME OF APARTMENT COMPLEX (if applicable): \_\_\_\_\_

Landlord/Mortgage Address: \_\_\_\_\_

Complete Address Street Number, City, State, Zip Code: \_\_\_\_\_

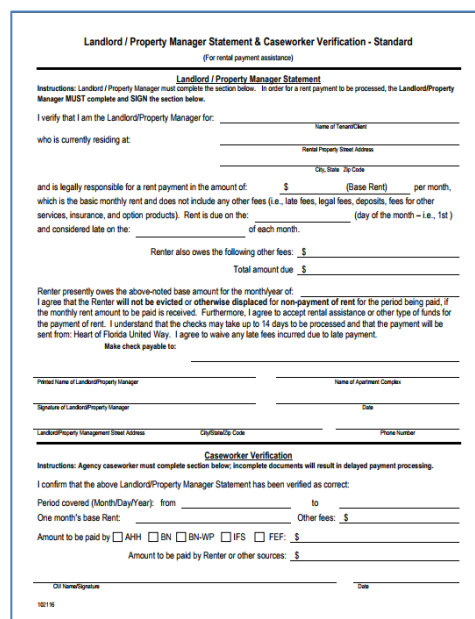
Name of Property Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 3. A copy of the client's mortgage statement which details:

- The name and address of the bank/mortgage company/lienholder;
- The name of the client who owns the mortgage;
- The address of the property;
- The terms of the mortgage (verifying this is an active mortgage in repayment);
- Clearly identified breakout of principal, interest, escrow and other costs.

### 4. Property Appraiser Website Print Out or Property Appraiser and Caseworker Verification Form



**Landlord / Property Manager Statement & Caseworker Verification - Standard**

(For rental payment assistance)

**Landlord / Property Manager Statement**

Instructions: Landlord / Property Manager must complete the section below. In order for a rent payment to be processed, the Landlord/Property Manager MUST complete and SIGN the section below.

I verify that I am the Landlord/Property Manager for: \_\_\_\_\_

who is currently residing at: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

and is legally responsible for a rent payment in the amount of: \$ \_\_\_\_\_ (Base Rent) per month, which is the basic monthly rent and does not include any other fees (i.e., late fees, legal fees, deposits, fees for other services, insurance, and option products). Rent is due on the \_\_\_\_\_ (day of the month - i.e., 1st) and considered late on the \_\_\_\_\_ of each month.

Renter also owes the following other fees: \$ \_\_\_\_\_

Total amount due: \$ \_\_\_\_\_

Renter presently owes the above-noted base amount for the month/year of: \_\_\_\_\_

I agree that the Renter will not be evicted or otherwise displaced for non-payment of rent for the period being paid, if the monthly rent amount to be paid is received. Furthermore, I agree to accept rental assistance or other type of funds for the payment of rent. I understand that the checks may take up to 14 days to be processed and that the payment will be sent from Heart of Florida United Way. I agree to waive any late fees incurred due to late payment.

Make check payable to: \_\_\_\_\_

Printed Name of Landlord/Property Manager: \_\_\_\_\_ Name of Apartment Complex: \_\_\_\_\_

Signature of Landlord/Property Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Landlord/Property Manager Street Address: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Caseworker Verification**

Instructions: Agency caseworker must complete section below; incomplete documents will result in delayed payment processing.

I confirm that the above Landlord/Property Manager Statement has been verified as correct:

Period covered (Month/Day/Year): from \_\_\_\_\_ to \_\_\_\_\_

One month's base Rent: \_\_\_\_\_ Other fees: \$ \_\_\_\_\_

Amount to be paid by ☐ AHH ☐ BN ☐ BN-WP ☐ FFS ☐ FEF: \$ \_\_\_\_\_

Amount to be paid by Renter or other sources: \$ \_\_\_\_\_

City Name/Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## Emergency Funds Network Operations Manual

### 5. Legal Transfer of Property and 3 to 6 months of canceled checks/money orders.

- Required only if the mortgage is to be paid to a relative.
- Three to six months of canceled checks or money orders are required to prove the client has paid mortgage to the relative in the past.

### 6. Identification Documents

- Copies of identification and social security cards for all members of the household.
- Copies of birth certificates and social security cards for all children in the household.

## UTILITY ASSISTANCE

*Please note:* Utility assistance **is not** an approved expenditure for EFSP Phase 36.



## **Emergency Funds Network Operations Manual**

### **ATTACHMENT 4:**

## **Emergency Funds Network Website & Documents**





## Emergency Funds Network Operations Manual

### EFN Documents and Attachments

A comprehensive list of forms and resources you can use as an EFN member can be found on HFUW's website at <https://secure.hfuw.org/epledge/EFN>. This includes:

Form / Document	Use	Revision Date
<a href="#">EFN Operations Manual (PDF)</a>	Provides detailed information on the Emergency Funds Network, including guidelines for fund usage and required documentation.	08/20/18
<a href="#">NEW Reason for Service Codes</a>	Updated list of reasons for service codes with explanations.	7/25/2019
<a href="#">EAR Form (Word)</a>	Required for all assistance requests; provides comprehensive information on the client served which match information entered into MAACLink.	06/13/2019
<a href="#">EAR Additional Members</a>	Use this form to list any additional members in the household not included on the EAR.	06/13/2019
<a href="#">IRS Form W-9: Request for Taxpayer Identification Number and Certification</a>	Must be submitted for all vendors/payees that are individuals and/or an LLC.	October 2018
<b>RENT / MORTGAGE ASSISTANCE</b>		
<a href="#">Landlord-Property Manager Caseworker Verification Form</a>	The landlord/property manager must complete this form for rental properties, verifying the amount of rent owed. <b>This version includes the late fee waiver.</b>	06/13/2019
<a href="#">Landlord/ Property Manager-Caseworker Verification Form</a>	The landlord/property manager must complete this form for rental properties, verifying the amount of rent owed. <b>This version does not include the late fee waiver; late fees are the client's responsibility.</b>	06/13/2019
<a href="#">Landlord/Property Manager-Case Worker Form (First Month)</a>	The landlord/property manager must complete this form for rental properties, verifying the amount of rent owed. This version states landlord will return check to HFUW if the client is not able to move-in. <b>This version includes the late fee waiver and is for first month only.</b>	06/13/2019
<a href="#">Mortgage Holder-Case Manager Verification Form</a>	The caseworker must complete this form providing information about the mortgage and mortgage holder.	06/13/2019
<a href="#">Rental Agreement Form</a>	Use this form for a client that is moving into housing, but does not yet have a signed lease. This form is most applicable for clients being rehoused and are receiving move-in assistance.	06/13/2019
<a href="#">Property Appraiser Verification Form</a>	This form should only be used when the agency is unable to obtain updated information from the appropriate property appraiser's website.	06/13/2019
<b>UTILITY ASSISTANCE</b>		
<a href="#">OUC-UAP Screening/ Questionnaire</a>	Required for all utility assistance requests paid with OUC-UAP.	06/13/2019
<a href="#">Duke Energy Application for Special Medical Needs (Word)</a>	Application for the Duke Energy Special Medical Needs Program.	



## **Emergency Funds Network Operations Manual**

# **ATTACHMENT 6:**

## **Links to Useful Websites**



## Emergency Funds Network Operations Manual

### Links to Useful Websites

Sunbiz

<http://search.sunbiz.org/Inquiry/CorporationSearch/ByName>

Florida Department of Business & Professional Regulation  
(License Portal)

<https://www.myfloridalicense.com/w111.asp>

USPS

[https://tools.usps.com/go/ZipLookupAction\\_input](https://tools.usps.com/go/ZipLookupAction_input)

Orange County Property Appraiser

<http://www.ocpafl.org/searches/ParcelSearch.aspx>

Seminole County Property Appraiser

<http://www.scpafl.org/>

Osceola County Property Appraiser

<http://www.property-appraiser.org/>