

LIVE UNITED

Emergency Funds Network

Quarterly Training

November 22, 2019



Heart of Florida United Way

Welcome & Ice Breaker

Share:

- Agency
- Name
- Describe your career in one word
- Years in the field

Emergency Food and Shelter Program Phase 36

EFSP Phase 36

Emergency Food and Shelter Program funds have been received.

The priority spending for this phase was:

- Mass Shelter
- Mass Meals
- Rent and Mortgage
- Other Food

The following agencies were awarded rent and mortgage funding:

- The Sharing Center
- Community Hope Center
- Catholic Charities
- Salvation Army, Orlando

EFSP Phase 36

Things to keep in mind:

- **Spending deadline is March 31, 2020**
- Payment must be in arrears or due within ten days
- Client must be a resident of the home/apartment AND responsible for payment of housing costs to be paid.
- Payment is limited to a maximum of one month's assistance.
- Payment must guarantee an additional 30 days of service.
- Duplication of services from multiple agencies is prohibited.

EFSP Phase 36

Things to keep in mind:

- First month's rent can be paid when client meets one of the following criteria:
 - a. transient and plans to stay in the area for an extended period of time; or
 - b. Is moving from a temporary shelter to a more permanent living arrangement; or
 - c. Is being evicted because one-month's payment will not forestall eviction in current housing.
- First month's rent:
 - a. **Cannot** be provided in addition to emergency rent/mortgage assistance under item 1 above.
 - b. **May** be provided in addition to assistance provided for off-site or mass shelter.
 - c. **Cannot** be paid more than **30** calendar days before occupancy

EFSP Phase 36

Things to keep in mind:

- EFSP is a federal grant. All documents submitted to HFUW and kept on your client's file are eligible for auditing by HFUW and independent auditors assigned by the Federal Government.
- Funds that go unspent may result in cuts for next round of funding.
- Packets are considered expired after 30 days, please submit your packets as soon as possible to allow time for corrections. Follow-up on requested corrections promptly.
- Due to EFSP's requirement that payment guarantees an additional 30 days of service, case managers must obtain proof that the client has paid any additional fees, including amenities or late fees PRIOR to submitting payment request to HFUW. This proof should be attached to the packet and kept on your file as well.

Forms

EFSP Phase 36 Rent/Mortgage Documentation Form

Section 1: Client Information (This section must be completed by the agency.)

Client Name: _____ Date: _____

Client Address: _____
(Complete street address)
(City, State, Zip Code)

Type of Assistance: **Rent** (check one)
☐ Past Due Rent
☐ Current Month's Rent
☐ First Month's Rent (Effective/Move-In Date): _____

Mortgage (check one)
☐ Past Due Mortgage
☐ Current Month's Mortgage

The total monthly rent/mortgage (P+I+Escrow) payment is: \$ _____

The total currently 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: _____ Year: _____

The one month amount being paid is/was due on: Month: _____ Day: _____ Year: _____

Will the one month amount being paid be past due in its entirety at time of payment?: ☐ Yes ☐ No

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

Case Manager Verification

Agency Name: _____ Staff Name: _____

Staff Signature: _____ Date: _____

Section 2: Landlord/Mortgage Holder Verification (This section must be completed by the landlord/mortgage holder.)

I agree that the client will not be evicted or otherwise displaced for non-payment of rent for at least 30 days if the monthly rent/mortgage amount as identified on this form is paid. Payment will guarantee residency for an additional 30 days. Furthermore, I agree to accept Emergency Food & Shelter Program funds for the payment of rent or mortgage. I understand that the check may take up to 21 days (from the time this document has been submitted) to be processed and that the payment will be sent from the Heart of Florida United Way. I understand that any corrections made on this section **MUST BE INITIALED** by landlord/mortgage holder completing this form.

This is to confirm that the rent/mortgage for: _____ (Name of individual or family)

for the property at: _____ (Tenant'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: _____ (Check will be made payable to the name listed above)

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: _____

Revised: May 15, 2018

Emergency Food & Shelter Program – Phase 36 Rent/Mortgage Payment Request Checklist

Applicant Name: _____ MAACLink #: _____

Below are the documents required for processing requests:

☐ Emergency Assistance Request (EAR)
 • Budget columns completed and totaled
 • Rent or mortgage identified in the budget section
 • Fund and emergency code identified on the request

☐ Identification Documents (for all requests)
 • Current identification
 • Social Security Cards

Rent*	Mortgage
<input type="checkbox"/> EFSP Rent/Mortgage Documentation Form	<input type="checkbox"/> EFSP Rent/Mortgage Documentation Form
<input type="checkbox"/> Rental Lease (Required)	<input type="checkbox"/> Mortgage Bill Coupon/Statement
<input type="checkbox"/> Property Management Agreement (if applicable)	<input type="checkbox"/> Property Appraiser website printout/form
<input type="checkbox"/> Property Appraiser website printout/form	<input type="checkbox"/> Property Appraiser and Caseworker Verification Form
<input type="checkbox"/> Property Appraiser and Caseworker Verification Form	
<input type="checkbox"/> Current or Past Due Month Rent Verification	

***Please note:** If rent/mortgage is paid to relative, the client must provide copies of cancelled checks and/or money orders showing a minimum of three (3) months of prior payment history.

The following steps **must** be completed prior to submitting request to the HFUW EHS Department:

☐ Client and Agency Authorized Signer signatures must be obtained.
☐ Demographic information for all household members must be entered/updated in MAACLink.
☐ Budget data must be entered in MAACLink and the figures in system must match those on the EAR.
☐ Client case notes must be entered into MAACLink.

Submit documents to:
 Heart of Florida United Way, Attn: EHS Technician, 1940 Traylor Blvd., Orlando, FL 32804;
 Fax: (407) 244-2808; Email: EHS@hfw.org

HFUW OFFICE USE ONLY:

Missing/Illegible Docs: <input type="checkbox"/> RMD Form <input type="checkbox"/> Lease/Mortgage Bill <input type="checkbox"/> Prop. Appraiser <input type="checkbox"/> IDs <input type="checkbox"/> SSN <input type="checkbox"/> Other: Click or tap here to enter text.	Date Received: Click or tap to enter a date.
Issues: <input type="checkbox"/> Expired Lease <input type="checkbox"/> Expired IDs <input type="checkbox"/> Payment > One Month <input type="checkbox"/> Docs older than 30 days <input type="checkbox"/> Other: Click or tap here to enter text.	
<input type="checkbox"/> Other Comments/Issues/Etc.: Click or tap here to enter text.	
Notified agency by <input type="checkbox"/> Email <input type="checkbox"/> Phone on: Click or tap here to enter text.	

Revised: May 15, 2018

Questions



LIVE UNITED

EFN Reminders



Packets Corrections and Expirations

- Packets are considered expired after 30 days of the client's signature on EAR. No exceptions.
- HFUW may take up to 10 business days to process a packet without corrections.
- Case managers should attempt to submit packets to HFUW within five business days of completing the intake with the client. This allows enough time for corrections if the packet has to be returned to the case manager.
- If case managers submit packets between days 20-30 of the EAR and they expire while corrections are made, HFUW will not accept the packet. Case managers have the option of using private funds.

Duke Energy Special Medical Needs

- What is a special medical needs customer?

A person (*not necessarily the Duke Energy of Florida customer*), who resides in the household with a current medical condition that would inhibit the customer from paying the electric bill for a minimum of 90 days. ***An ongoing and/or permanent disability does not qualify for Special Medical Needs consideration.***

Examples include: sudden illness, car accident, accident on the job, final stages of catastrophic conditions, complications of a pre-existing condition that impedes work for 90 days, someone in the household needs 24 hour at home care, extra medical expenses not covered by insurance that would inhibit the customer from paying the electric bill for at least 90 days.

Duke Energy Special Medical Needs

Who determines if the medical condition qualifies for the program?

The physician. A letter from a licensed physician on the doctor's letterhead is

required before tagging a Duke Energy of Florida Account "Special Medical

Needs". The physician's letter must provide the following:

- Name of the customer and/or patient currently being treated.
- Description of the catastrophic medical situation existing in the household.
- The approximate length of time the customer and/or patient has suffered from the catastrophic medical condition.
- The approximate length of time the customer and/or patient will be unable to return to work and /or resume normal activities.

Duke Energy Special Medical Needs

How much and how often can someone qualify for assistance?

The Special Medical Needs Program can assist the customer up to a maximum of \$400.00 per household. This does not automatically mean that the customer will be eligible for a total of \$400.00.

Duke Energy Special Medical Needs

What to do if you have a client who might qualify for assistance?

- Complete an EAR with client.
- Write a detailed case note on MAACLink of how the medical condition affected the client's finances and what's the plan for future sustainability. It is not necessary to list the specific illness/diagnosis on MAACLink.
- Complete the application form.
- Inform client of eligibility requirements and ask them to get letter from physician.
- Send documents to ehs@hfuw.org and let the client know that Sandy Diaz from HFUW will be in touch with final determination. Never tell a client they are approved, even if you think they have a good chance and submitted all documents.

Publix Family Emergency Fund

Who qualifies?

Current Publix Associates (employment will be verified)

Must have and unforeseen event that caused the financial emergency.

Must have future sustainability.

How to enter the program?

Publix employees in need should call 2-1-1, complete a pre-screening, and wait to be contacted by Sandy Diaz.

Why refer clients to this program?

Assessment completed via phone and documents submitted electronically. Threshold is \$1,000.00.

Allowable expenses:

Rent, mortgage, utilities, food, special baby items.

LIVE UNITED

Names

Why so many last names?



Reasons for name discrepancies

- Marriage
- Divorce
- Legal name change due to gender reassignment or other reasons
- Spanish name customs
- Acquiring citizenship or other US official documents for the first time

Reasons for name discrepancies

- Marriage
- Divorce
- Legal name change due to gender reassignment
- Spanish name customs
- Acquiring citizenship or other US official documents for the first time

Marriage and Divorce

- If name discrepancy is due to marriage, request a marriage license and a birth certificate or social security card that proves the birth name and married name belong to the same individual.
- If name discrepancy is due to divorce, request divorce sentence and another identification document that verifies birth name.
- Keep verification documents in your file, include them in your packet, and make a note on MAACLink.

Legal Name Change

- If name discrepancy is due to a legal name change due to gender reassignment or other reason, ask the client to bring the approval of name change from the court. Please note, this is only in cases where the client may have different names on documents because they recently changed their name.
- Keep supporting documents on your file, include them on the packet, and make note of resolution of name discrepancy in MAACLink.

Understanding Spanish Name Customs

- https://www.youtube.com/watch?v=iizL_IQgSow
- <https://youtu.be/Bt6AMP9t1iE>

Example:

Keren Krystal Rohena Jimenez

Keren Krystal Rohena-Jimenez

Keren Krystal Rohena

Keren K. Rohena

Keren Rohena

~~Keren K. Jimenez~~

~~Keren Jimenez~~

Acquiring U.S. Citizenship

- When you become a citizen through the N-400 naturalization process, you can also change your name. You may want to make your name shorter or longer, like by adding or taking out a middle or last name. You may also want to change your name completely or make your middle name your first name.
- Name change becomes effective on the date of the oath of Allegiance to the United States. If new name is approved, it will be printed on the naturalization certificate.

Acquiring U.S. Citizenship

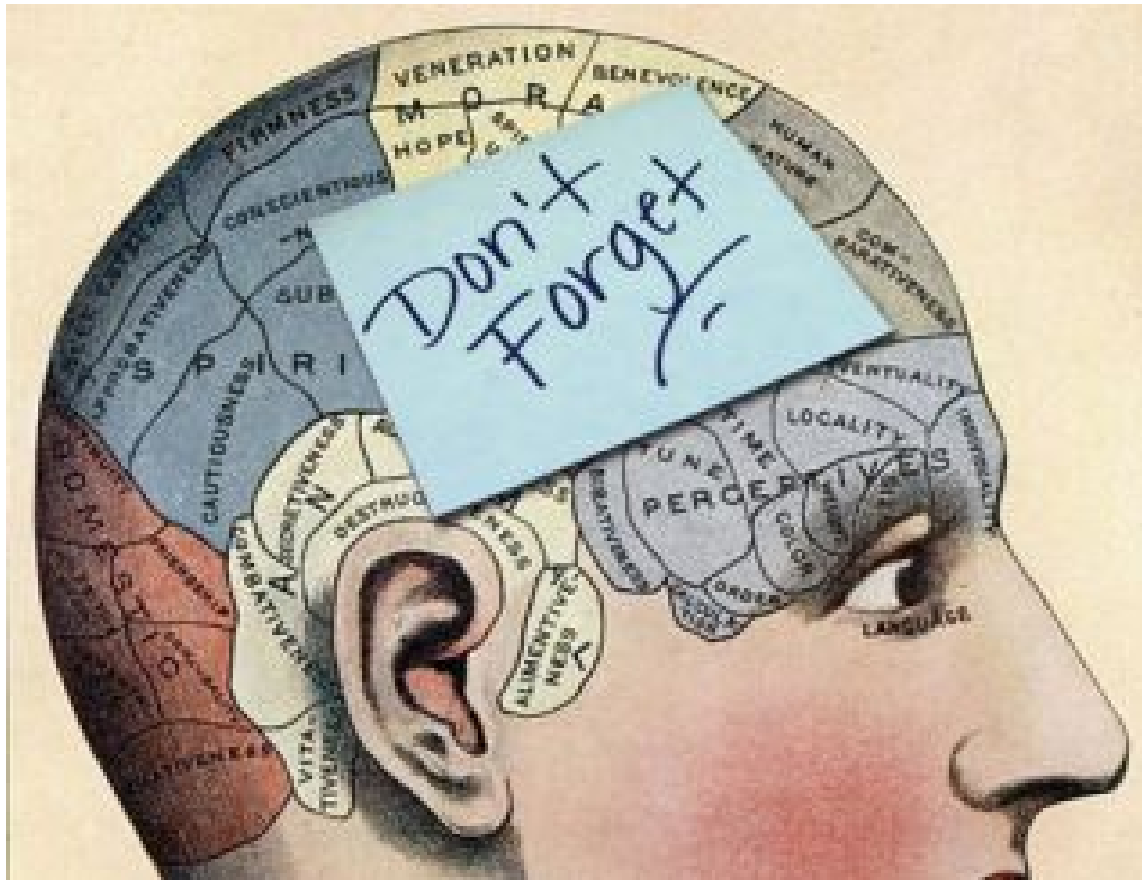
- The name on the naturalization certificate, does not automatically change the name on other documents. Client will have to go to the Social Security Administration, the Department of Motor Vehicles, and other places such as their bank or mortgage lender to change their names consistently.
- If there are name discrepancies due to acquiring US citizenship, please ask the client to bring their naturalization certificate and/ or letters received prior to naturalization. You may also accept unexpired, US or state government issued documents with pre-naturalization name.

LIVE UNITED

Case Studies

Closing Activity

As a team, create a cheat sheet of today's key learning points.



Announcements



Keren Rohena, MSW

*Emergency Assistance Programs Manager
Community Investment*

P: (407) 429-2156

E: Keren.Rohena@hfuw.org

Sandra Diaz

*AHH Coordinator & Case Manager
Emergency & Homelessness Services*

P: (407) 429-2219

E: Sandra.diaz@hfuw.org

Thank You!