



ADULT APPLICATION

Phone: _____
Your phone # or a number where you can be reached.

UBAOG COMMUNITY SERVICE ASSISTANCE
YOUR APPLICATION CANNOT BE PROCESSED
UNTIL **ALL** OF THE REQUIRED DOCUMENTS ARE
RECIEVED.

IMPORTANT NOTICE: Unless you receive assistance, applications will only be active for 60 days. After 60 days application documents are shredded, and you will need to re-apply if you are still in need of services.

Upon completion of this application, you must call the office at 435-722-4518 and make an appointment. **Our funds are very limited and there is no guarantee that you will receive assistance.**

Depending on the assistance program, you may need to provide the following:

- A completed and signed application for EACH family member including children.
 - Proof of income for the past 30 days.
 - Social Security cards for EVERYONE in the household.
 - Birth Certificates for EVERYONE in the household
 - Valid Photo ID or Driver License for everyone over 18 in the household.
- The assistance we provide must make you **current** on your rent.
 - You will need to provide proof of the total household income from the previous 30 days. (This includes roommates, friends, family, etc...)

Please write a brief statement as to why you need our services:

I am aware that providing false information to the Community Services program is grounds for denial of my application, or may require that I repay **IN FULL** any payment that has been made in behalf of my household from the Community Services program.

By signing below, I hereby acknowledge and understand the information provided in this application is true and correct to the best of my knowledge.

Applicant's Signature

Date



We are an equal opportunity provider, any accommodation including auxiliary aids and services are available upon request to individuals with disabilities by calling 435-722-4518 at least 3 days prior to your appointment. Individuals with speech and/or hearing impairments may call the Relay Utah by dialing 711, and or Spanish Relay Utah: 1-888-346-3162

ADULT APPLICATION

(1 application for each adult in household)

UBAOG Utah Homeless Prevention – Assessment of Eligibility and Suitability

SPDAT/Diversion/Priority Assessment/Application Date: ___/___/___ Staff: _____
 Assessment Type (circle one): Entry Annual During Program Enrollment
 Eligibility Determination Date: ___/___/___ Eligibility determined by: _____
 Program Enrollment Date: ___/___/___
 HMIS Data Entry Date: ___/___/___
 Relationship to HOH: Self Spouse Partner Child Other
Community Referral Source: Self Community Provider (Name: _____)
 School District (Name: _____)

Translation Assistance Needed? (circle one) **Yes No**

(if yes) **Preferred Language(s)** (circle all that apply)

ASL	Croatian	Hawaiian	Russian
Arabic	English	Mandarin	Samoan
Cantonese	Filipino	Navajo	Spanish
Chinese	French	Portuguese	Ukrainian
Other:			

First Name: _____ MI: _____ Last Name: _____ Suffix: _____
 Social Security # _____ - _____ - _____ Email _____
 Date of Birth: _____
 Current STREET ADDRESS: _____
 Current MAILING ADDRESS: _____
 PHONE NUMBER: (____) _____ - _____ MESSAGE PHONE (____) _____ - _____
 Have you sought services from this agency before? Yes No If yes, approximately how long ago? _____

PLEASE LIST ALL FAMILY MEMBERS WHO ARE CURRENTLY LIVING WITH YOU BELOW:

Household Members Name: (First, middle initial, Last)	Date of Birth	Age	Social Security Number	Relationship to Head of Household	Disabled Y/N

	FINANCIAL – INCOME (check all that apply)	\$ AMOUNT PER MONTH
<input type="checkbox"/>	Earned Income	
<input type="checkbox"/>	Unemployment Insurance	
<input type="checkbox"/>	Supplemental Security Income (SSI)	
<input type="checkbox"/>	Social Security Disability/Survivors (SSDI)	
<input type="checkbox"/>	VA Service-Connected Disability Compensation	
<input type="checkbox"/>	VA Non-Service-Disability Pension	
<input type="checkbox"/>	Private Disability Insurance	
<input type="checkbox"/>	Workers Compensation	
<input type="checkbox"/>	Temporary Aid to Needy Families (TANF)	
<input type="checkbox"/>	General Assistance (GA)	
<input type="checkbox"/>	Retirement Income from Social Security	
<input type="checkbox"/>	Child Support	
<input type="checkbox"/>	Pension or retirement income from a former job	
<input type="checkbox"/>	Alimony or other spousal support	
<input type="checkbox"/>	Other Source:	
<input type="checkbox"/>	None, no income sources	

	NON-CASH BENEFITS	\$ AMOUNT PER MONTH
<input type="checkbox"/>	Food Stamps (SNAP Benefits)	
<input type="checkbox"/>	WIC (special supplemental nutrition program for women, infants, and children)	
<input type="checkbox"/>	TANF Childcare Funding	
<input type="checkbox"/>	TANF Transportation Funding	
<input type="checkbox"/>	Other TANF-Funded Service	
<input type="checkbox"/>	Other Source:	
<input type="checkbox"/>	None, no non-cash benefits	

HEALTH INSURANCE			
<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	State Health Insurance for Adults
<input type="checkbox"/>	Medicare	<input type="checkbox"/>	Private Pay Health Insurance
<input type="checkbox"/>	State Children's Health Insurance Program (CHIP)	<input type="checkbox"/>	Indian Health Services Program
<input type="checkbox"/>	Veteran's Health Administration (VHA)	<input type="checkbox"/>	Other - Source:
<input type="checkbox"/>	Employer-Provided Health Insurance		
<input type="checkbox"/>	Health Insurance obtained through COBRA		

EMPLOYMENT STATUS			
<input type="checkbox"/>	Employed full time	<input type="checkbox"/>	Employed part time
<input type="checkbox"/>	Migrant or seasonal work	<input type="checkbox"/>	Retired
<input type="checkbox"/>	Unemployed short term, less than 6 months	<input type="checkbox"/>	Unemployed (not in labor force)
<input type="checkbox"/>	Unemployed long term, more than 6 months	<input type="checkbox"/>	Unable to work

Have you been evicted in the last 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you homeless today because of an eviction?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been denied housing due to an eviction on your record?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CONFLICT OF INTEREST:

Is anyone in the household, or anyone related in the household currently serving or has served within the last 12 months as an employee, agent, consultant, officer, elected or appointed official of the Agency?

Yes **No**

If Yes, identify who, organization name and role.

Prior living situation: Where did you sleep last night? (Check only one)

HOMELESS:		TEMPORARY HOUSING	
<input type="checkbox"/>	Place not meant for habitation (outside, car, abandoned building etc)	<input type="checkbox"/>	Residential or halfway house with no homeless criteria
<input type="checkbox"/>	Emergency Shelter	<input type="checkbox"/>	Hotel or motel paid for by yourself ...no emergency shelter voucher
<input type="checkbox"/>	Hotel or motel paid for by an agency or someone other than yourself	<input type="checkbox"/>	Transitional housing for homeless persons
INSTITUTIONAL:		<input type="checkbox"/>	Staying or living with friends
<input type="checkbox"/>	Hospital or other residential non-psychiatric medical facility	<input type="checkbox"/>	Staying or living with family members
<input type="checkbox"/>	Jail, prison, or juvenile detention facility		
<input type="checkbox"/>	Long-term care facility or nursing home		
<input type="checkbox"/>	Psychiatric hospital or other psychiatric facility		
<input type="checkbox"/>	Substance abuse treatment facility or detox center		
<input type="checkbox"/>	Foster care home or foster care group home		
PERMANENT HOUSING:			
<input type="checkbox"/>	Rental by client, no ongoing housing subsidy		
<input type="checkbox"/>	Rental by client, with ongoing housing subsidy		
<input type="checkbox"/>	Owned by client, no ongoing housing subsidy		
SUBSIDY TYPE:			
<input type="checkbox"/>	GPD TIP housing subsidy		
<input type="checkbox"/>	VASH housing subsidy		
<input type="checkbox"/>	RRH or equivalent subsidy		
<input type="checkbox"/>	HCV voucher (tenant or project based)		
<input type="checkbox"/>	Public Housing Unit		
<input type="checkbox"/>	Rental by client, with other ongoing housing subsidy		
<input type="checkbox"/>	Emergency Housing Voucher		
<input type="checkbox"/>	Family Unification Voucher (FUP)		
<input type="checkbox"/>	Foster Youth to Independence Initiative (FYI)		
<input type="checkbox"/>	Permanent Supportive Housing		
<input type="checkbox"/>	Other permanent Housing dedicated for formerly homeless persons		
<input type="checkbox"/>	Owned by client, with ongoing housing subsidy		

How long have you stayed at the place where you stayed last night or prior to program entry?

<input type="checkbox"/>	1 night or less	<input type="checkbox"/>	90 days (3 months) or more but, less than 1 year
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<input type="checkbox"/>	2-6 nights	<input type="checkbox"/>	1 year or longer
<input type="checkbox"/>	1 week or more, but less than 1 month		
<input type="checkbox"/>	1 month or more but, less than 90 days (3 months)		

If where you stayed last night was in jail, substance abuse treatment, hospital, psychiatric facility, or foster care setting, were you in shelter or on the streets prior to going to one of these places?

- Yes** No Don't Know Refused to Answer

Are you currently homeless today? Yes _____ No _____

<input type="checkbox"/>	Approximate date this episode of homelessness started: __/___/___		Total number of months homeless on the street or in emergency shelter in the past 3 years
	Number of times you have been literally homeless in the past 3 years:	<input type="checkbox"/>	1 month (this time is the first month)
		<input type="checkbox"/>	2-12 months exactly (write number of months)
<input type="checkbox"/>	1 time	<input type="checkbox"/>	More than 12 months
<input type="checkbox"/>	2 times		
<input type="checkbox"/>	3 times		
<input type="checkbox"/>	4 or more times		

Current living situation additional questions:

	Are you going to have to leave your current living situation within 14 days?		Do you have resources or support networks to obtain other permanent housing?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
<input type="checkbox"/>	No	<input type="checkbox"/>	No
<input type="checkbox"/>	Unsure	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	Client prefers not to answer	<input type="checkbox"/>	Client prefers not to answer
	If yes, has a subsequent residence been identified?		Have you had a lease or ownership in a permanent housing unit in the last 60 days?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Yes
<input type="checkbox"/>	No	<input type="checkbox"/>	No
<input type="checkbox"/>	Unsure	<input type="checkbox"/>	Unsure
<input type="checkbox"/>	Client prefers not to answer	<input type="checkbox"/>	Client prefers not to answer
	Has the client moved 2 or more times in the last 60 days?		Where was the apartment, room, or house of your last permanent address where you lived for 90 days or more?
<input type="checkbox"/>	Yes	<input type="checkbox"/>	Zip Code of the last permanent address you lived at. _____
<input type="checkbox"/>	No		

Are you pregnant? Yes No Unsure --- Approximate Due Date (if known): _____

Are you being evicted, discharged, or otherwise notified that you are imminently losing this housing?

- Yes No Unsure Client prefers not to answer

If yes, when do you have to be out? _____
 How many months past due? _____
 Amount owed to make you current \$ _____

Are you escaping a domestic violence situation?

- Yes** No Unsure Client prefers not to answer
 Currently Fleeing? Yes No Unsure Client prefers not to answer

If yes, when experience occurred: Within the past 3 month's 3-6 months ago 6 months – 1 year ago
 1 year or more Client prefers not to answer

Gender: (check all that apply) Woman (Girl, if child) Transgender Non-Binary
 Man (Boy, if child) Questioning Culturally Specific Identity (e.g., Two-Spirit)
 Different Identity (describe): _____

Race and Ethnicity: (check all that apply)

- White American Indian/Alaskan Native or Indigenous Black/African American, or African
 Asian or Asian American Middle Eastern or North African Native Native Hawaiian or Pacific Islander
 Hispanic/Latina/e/o (Optional) Additional Details: _____

Current marital status: Single, never married Married Cohabiting or living with a significant other.
 Widowed Separated Divorced Unsure Client prefers not to answer

Veteran Status: Yes No Unsure Client prefers not to answer.

Highest level of education completed: 7th Gr 8th Gr 9th Gr 10th Gr 11th Gr High School Graduate
 12th Gr, no diploma GED Some College, but did not finish. College Graduate

Higher Education completed: Associates Bachelors Masters Doctorate Other graduate or professional degree
 Certificate of advanced training

Do you have a disabling condition? Yes _____ No _____ Unsure _____ Client prefers not to answer _____

BARRIERS (check all that apply)	
<input type="checkbox"/> Alcohol Use Disorder	Indefinite? Yes ___ No ___ Unsure ___ Prefers not to answer ___
<input type="checkbox"/> Chronic Health Condition	Indefinite? Yes ___ No ___ Unsure ___ Prefers not to answer ___
<input type="checkbox"/> Developmental Disability	
<input type="checkbox"/> Drug Use Disorder	Indefinite? Yes ___ No ___ Unsure ___ Prefers not to answer ___
<input type="checkbox"/> HIV/AIDS	
<input type="checkbox"/> Mental Health Disorder	Indefinite? Yes ___ No ___ Unsure ___ Prefers not to answer ___
<input type="checkbox"/> Physical Disability	Indefinite? Yes ___ No ___ Unsure ___ Prefers not to answer ___
<input type="checkbox"/> NONE — Client has no reported barriers	

**Office Staff Only:

Date of HMIS program enrollment: _____

Program: _____

Move-in Date: _____

PARTICIPANT RIGHTS AND RESPONSIBILITIES:

POLICY: All participants have rights that must be acknowledged and respected. It is important to UBAOG that participants have a clear understanding of their rights and responsibilities as they relate to the utilization of services provided. The rights and responsibilities listed below will be available for participants to review and will be explained to them upon their request. Additionally, you may request a copy of the rules of conduct from the agency personnel providing your services.

RIGHTS: Each participant utilizing services at UBAOG has the right to:

1. Be treated with dignity.
2. Have freedom from discrimination.
3. Be assured of the confidentiality of information and privacy for both current and closed records.
4. Be made aware of reasons for involuntary termination and criteria for re-admission to the program. Reasons may include but are not limited to: The potential for harm or acts of violence to participants or others.
5. Be given information about grievance and complaint procedures.
6. Responsive communication from UBAOG employees, including UBAOG employees responding within a reasonable amount of time.

RESPONSIBILITIES: Each participant utilizing services at UBAOG must:

1. Complete and sign appropriate paperwork for the services they receive.
2. Follow the outlined rules of conduct for the services they receive.
3. Refrain from bringing firearms or knives into any UBAOG facility or sponsored activity.
4. Comply with the Utah Clean Air Act by not smoking or vaping within 25 feet of any UBAOG door to the agency property.
5. Treat all persons in a caring and respectful manner, mindful of individual differences, including cultural and ethnic diversity.
6. Not discriminate against anyone on the basis of race, sex, color, creed, age, religion, disability, sexuality or nationality.
7. Not engage in activities which may be seen as a conflict of interest between UBAOG, others involved at UBAOG and themselves.
8. Communicate with UBAOG in a timely manner. If UBAOG receives no response after two weeks of reaching out, your case may be closed, and you may need to reapply for services.
9. Check in at least monthly with your assigned case manager.

I have read and understand UBAOG's policies regarding my Rights and Responsibilities while I am receiving services at UBAOG. I agree to abide by these policies during the time that I am utilizing any of UBAOG's services.

Participant Signature _____

Date _____

Participant Signature _____

Date _____

Staff Signature _____

Date _____



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RIGHT TO FAIR HOUSING

It is illegal to discriminate in the sale or rental of housing, including against individuals seeking a mortgage or housing assistance, or in other housing-related activities. The Fair Housing Act prohibits this discrimination because of race, color, national origin, religion, sex (including gender identity and sexual orientation), familial status, and disability. A variety of other federal civil rights laws, including Title VI of the Civil Rights Act, Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act, prohibit discrimination in housing and community development programs and activities, particularly those that are assisted with HUD funding. These civil rights laws include obligations such as taking reasonable steps to ensure meaningful access to their programs and activities for persons with limited English proficiency (LEP) and taking appropriate steps to ensure effective communication with individuals with disabilities through the provision of appropriate auxiliary aids and services. Various federal fair housing and civil rights laws require HUD and its program participants to affirmatively further the purposes of the Fair Housing Act.

HUD’s Office of Fair Housing and Equal Opportunity (FHEO) works to eliminate housing discrimination and promote civil rights and economic opportunity through housing. FHEO enforces fair housing laws. One of its roles is to investigate complaints of housing discrimination. If you believe you have been discriminated against in violation of any of these federal fair housing laws, you can file a complaint with FHEO at:

https://www.hud.gov/program_offices/fair_housing_equal_opp/online-complaint

I have read and understand my rights under HUD’s Fair Housing and Equal Opportunity provisions.

Head of Household

Date

Case Manager

Date



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**THE UINTAH BASIN ASSOCIATION OF GOVERNMENTS
COMMUNITY SERVICES CLIENT CODE OF ETHICS**

The primary mission of the Uintah Basin Association of Governments Community Services program is to provide shelter, utility, medical, tuition and other emergency services to low-income eligible clients in need to help them become more self-sufficient. "Clients" is used inclusively to refer to individuals and those applying for services. The Uintah Basin Association of Governments Community Services Department will provide clients with accurate and complete information regarding the extent and nature of the current services available to them.

The Uintah Basin Association of Governments Community Services Department will respect and protect the appropriate privacy of records and information concerning clients and will not disclose such information to un-authorized personnel or use it for personal purposes without the client's written consent unless there is appropriate authorization and compelling legal or professional reasons.

They will be held accountable for personal inappropriate misbehavior on their part and that of the Uintah Basin Association of Governments Community Services Department and staff reserves the right to institute consequences for such behavior.

The Uintah Basin Association of Governments considers all applications without regard to race, color, sex, age, or national origin. If you have any questions, concerns or complaints about your services you may call the Program Director of the Uintah Basin Association of Governments.

Grievance Procedures:

UBAOG seeks to provide a fair and objective procedure for handling client grievances. Clients who feel they have a grievance are entitled to seek relief without fear of restraint, reprisal, interference, coercion, or discrimination.

A "grievance" is a complaint by a client concerning the interpretation of policy, procedures, and/or conditions of personal treatment that have not been satisfactorily resolved in an informal manner between the client and offending party. Grievances by clients are to be addressed as follows: a.) Verbal or written with the Program Director; b.) if not resolved, provide a written letter to the Executive Director.

I've read and understand the Client Code of Ethics for the Uintah Basin Association of Governments Community Services application process, and agree to comply.

Client Signature

Date

Utah Homeless Management Information System: Informed Consent Release Form

What is UHMIS?

(Agency) UBADG participates in the Utah Homeless Management Information System (UHMIS), an online database that collects information about persons in Utah who are experiencing homelessness, those at risk of homelessness, and those who are formerly homeless.

What type of information is asked of me?

UHMIS asks for identifying information including, but not limited to, basic demographics (i.e., Name, Date of Birth, etc.), limited health data (i.e., disabling condition), and financial information. Each question has been carefully reviewed to ensure only the minimum required information necessary is collected.

Who is it shared with?



(Agency) UBADG must collect client information in UHMIS for program participation, even if you choose not to sign this form. However, information is shared with other providers only **after** you sign this consent form to release that information. For more information on how your information is protected and shared, please scan the QR code on this page or go to UtahHMIS.org/For-Clients.

What happens if I choose not to sign this form?

- You may refuse and will not be denied services unless a specific funding source for those services requires client information to be shared in UHMIS.
- You may refuse to share your information with only one or all other providers.
- You may choose not to share any specific data element even after signing this consent form.
- For (Agency) UBADG to serve you with this UHMIS participating project, your information will still be entered into UHMIS and be visible to the users who work for this agency. It will also be visible to a small group of people not employed with this agency who provide security, oversight, data analysis, and research to improve services for those served by UHMIS.

When does your consent end?

By default, your consent will end seven years after the signature date; however, you may also change your consent to share at any time. Due to the nature of UHMIS, when your consent ends, this agency will share no new information, but this agency will not remove anything already shared within the system.

Your Rights

- You may request this document in a format better suited to your needs and understanding.
- You may request to see information for yourself and your legal dependents and to change it if it is incorrect.

I understand the above statements and consent to including personally identifying information in UHMIS about me and any dependents listed below. I authorize the information collected to be shared with other providers. I understand that my personal identifying information will not be made public and will only be used with strict confidentiality. I also know that I may withdraw my consent at any time by submitting a UHMIS Informed Consent Revocation Form, which can be provided to me by this agency. I understand I may obtain a copy of my signed consent form from this Agency.

Client Signature (Parent/Guardian)	Client Name (Print Clearly)	Date

Dependent children under 18 in the household, if any (please print first and last names clearly):		

Agency Staff Signature	Agency Staff Name (Print Clearly)	Date

Agency use, check as needed.	
<input type="checkbox"/> Client approved back-dated consent*, to the date: <small>* You may backdate up to five business days from today's date, as defined in UHMIS policy. (E.g., if the client signs the form on 7/5/24, you may backdate it to 7/1/24.)</small>	
<input type="checkbox"/> The client gave verbal consent <input type="checkbox"/> The Client is unable to consent <input type="checkbox"/> The Client refused <input type="checkbox"/> Client restricts some sharing (describe on form)	

UBAOG CASEWORKER SATISFACTION SURVEY 2019

1. What county do you live in?

- Uintah County
 Duchesne County
 Daggett County

Other (please specify)

2. What Community Services are you seeking today? (check all that apply)

- Emergency Shelter
 Rental Assistance
 Deposit Assistance
 Mortgage Assistance
 Utility Assistance
 Food Assistance
 Other (please specify)

3. What is your age group?

- Under 18
 18-24
 25-34
 35-44
 45-54
 55-64
 65+

4. What is your gender?

- Male
- Female

5. Did your caseworker seem to understand your situation?

- Yes
- No
- Unsure
- Other (please specify)

6. Did you have an appointment for a specific time today?

- No, I did not have an appointment, but was able to speak with a caseworker anyway.
- Yes, we met at or before the appointment time.
- Yes, but I had to wait for up to 5 minutes past the appointment time.
- Yes, but I had to wait for up to 10 minutes past the appointment time.
- Other (please specify)

7. Was your caseworker prepared for your meeting?

- Yes
- No
- Unsure
- Other (please specify)

8. Did your caseworker know how to help you?

- Yes
- No
- Unsure
- Other (please specify)

9. Did your caseworker give you any referrals to other community service resources that may be available to you?

- Yes
- No
- Unsure
- Other (please specify)

10. Did you trust your caseworker enough to share all the necessary information with them?

- Yes
- No
- Unsure
- Other (please specify)

11. Do you feel that your situation has, or will improve because of your visit today?

- Yes
- No
- Unsure
- Other (please specify)

12. Have you received help from any department in this agency before?

- Yes
- No
- Unsure
- Other (please specify)

13. If so, what kind of service did you receive? (check all that apply)

Rental/Deposit housing assistance

Utility Assistance

HEAT Assistance

Food Assistance

Water Assistance

Home-Ownership Programs

Home repair/rehab Assistance

Aging Services

Weatherization Services

Transportation Services

Other (please specify)

14. How long ago did you receive services from this agency?

Approximately 1-3 months ago

Approximately 3-6 months ago

Approximately 6-9 months ago

More than a year ago

More than 2 years ago

Unsure

N/A

Other (please specify)