HOPWA Hotel/Motel and Meal Voucher Program

RULES AND REGULATIONS

HOTEL/MOTEL AND RESTAURANT RULES AND REGULATIONS

While under a HOPWA Hotel/Motel and Meal Voucher, recipient(s) and dependents:

- 1. Should treat Case Managers, Agency Staff, Hotel/Restaurant Staff, and Hotel Guests with respect at all times. If you have a concern or problem regarding your stay or meals, please refer back to your Case Manager for proper grievance procedure.
- 2. Must refrain from asking for extra services other than food and lodging. The HOPWA Program does not compensate for additional services; therefore, the voucher recipient is responsible for any additional charges incurred (i.e. telephone charges, movie rentals, damages to property, etc.). However, clients should never surrender credit cards to Hotel staff; if they do, it it is at their own expense.
- 3. Should not steal, deface or damage any of the contents and/or belongings in the hotel/motel room. Any such occurrence will be the client's financial responsibility to repair or replace.
- 4. **Are required to comply with all Hotel/Restaurant Rules and Regulations.** Being under the HOPWA Voucher program does not allow you any additional services or exemptions from following the Hotel/Restaurant's rules.
- 5. Must check-out by 11:00 am the day of voucher expiration and/or when asked by the hotel management. Any questions or concerns regarding an extension must be addressed by the Referring Agency and the HOPWA Staff ONLY. Voucher recipient(s) may not leave belongings in the hotel room after check-out time. Note: Hotel-Wanagement is not responsible for personal belongings left in the room.
- 6. Must refrain from behaving inappropriately, making loud noise and excessive foot traffic, loitering and disturbing the peace as well as other guests. Hotel/Restaurant staff has the right to refuse services to voucher recipients at any time for behaving inappropriately.
- 7. May not allow hotel room access to anyone other than those listed on the hotel vouchers. No visitors are allowed in the hotel room at any time. Voucher recipients must arrange meeting with family/friends outside of hotel property. No exceptions!
- 8. **Should not get involved in any illegal activities** (i.e. prostitution, use/sale of drugs/alcohol, panhandling, soliciting, etc.)
- 9. **Must refrain from duplicating services.** Voucher recipients must inform the referring agency of all services they are receiving by other agencies.
- 10. Must not falsify documentation (i.e.: I.D., Proof of Diagnosis, etc.)

VIOLATIONS

A VIOLATION OF ONE OR MORE OF THE LISTED ITEMS WILL RESULT IN A TERMINATION FROM THE HOPWA EMERGENCY HOTEL/MOTEL & MEAL VOUCHER PROGRAM services for a period of one to three years depending on the transgression. At the time a violation occurs, the client will be asked to leave the premises immediately and will be referred to emergency shelter services. A letter will be sent to the Referring Agency within a 48-hour period defining the violation/offense and the length of time the client will be ineligible for services, including any supportive documentation. If an outstanding balance is left with the hotel/restaurant or damages to the hotel/restaurant property is discovered, New Image may deduct voucher services from any remaining voucher time available as reimbursement to the hotel/restaurant.

DISCLAIMER AND SIGNATURES							
I, conditions listed therein.	have read the above and agr	ee to abide by all terms and					
Client Signature: X	Agency Witness: X	Date:					

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HOPWA Hotel/Motel and Meal Voucher Program



ACCOMPANYING GUEST FORM

Any adults (18+) accompanying the client must complete this form, in full; provide a State Recognizes I.D.; and Income Verification (if applicable).

Transmission Category: Date of Most Current TB Test: Date of Most Current TB Test: Source OF INCOME 1. Employment Income (Monthly Gross) 2. General Relief (G.R.) 3. Private Disability Benefits: 4. Supplemental Security Income 5. Social Security Income 6. Social Security Retirement Income 7. State Disability Insurance (SDI) (Monthly) 8. Unemployment Insurance (SDI) (Monthly) 9. V.A. Pension 9. V.A. Pension 10. Aid to Families with Dependent Children (AFDC) 11. Income (Form family and/or friends 12. Other: (Specify) 12. Other: (Specify) 13. Provate Disability Income 14. Supplemental Security Retirement Income 15. Social Security Retirement Income 16. Social Security Retirement Income 17. State Disability Insurance (SDI) (Monthly) 18. Unemployment Insurance (Monthly Gross) 19. V.A. Pension 19. V.A. Pension 10. Aid to Families with Dependent Children (AFDC) 10. Aid to Families (AFDC) 11. Income (AMDC) 12. Aid t					GUEST IN	NFORMA	TION				
Date of Birth: Age: Gender: Hispanic? Weight: Eyes: Hair: Height: Origins? Race: Current Form(s) of Identification: Type: Number: If Other (explain): Are you a Veteran? Are you a Veteran? Are you a Veteran? Are you or have you been in a Domestic Violence Situation? Chronically Homeless? Before applying to this program, what was your living situation? MEDICAL INFORMATION Are you of Most Current TB Test: Tamamission Category: Date of Most Current TB Test: Source OF INCOME 1. Employment Income (Monthly Gross) 2. General Relief (G R.) 3. Private Disability Benefits: 4. Supplemental Security Income 5. Social Security Disability Income 5. Social Security Retirement Income 5. Social Security Retirement (Monthly) 6. Social Security Retirement (Monthly) 7. State Disability Income 5. Jenson (S \$47,250) 8. Jenson (S \$47,250) 9. V.A. Pension 9. V.A. Pension 1. Jenson (Monthly) Foreits 2. Jenson (Monthly) Foreits 3. Jenson (Monthly) Foreits	Name:								D 1		
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Assembly Cuset Cinneture: V				_							
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NEW IMAGE EMERGENCY SHELTER FOR THE HOMELESS-HOPWA EMERGENCY HOTEL/MOTEL & MEAL VOUCHER PROGRAM

After-Hour Voucher Request

Last Name:		First Name: M.I.:			Date:						
Date of Birth:		Age:			Gender:			City/Stat	h:		
Race:		Hispanic:				Ethnic Group:					
SSN#:	Vete	ran:		Chronic	ally Homeless:			D.V. Survivor:			
Source of Income			Mon	thly Amo	ount \$ _		Р	ay Dates:_	_		
SSI/GR/TANF/UNEMI	PLOYMENT	/JOB/F	OOD ST	AMPS/ O	THER/S	SDI		(if app	licable)		
Adults:											
Last Name	First Nam	е	Re		Date of Birth			ŧ	Age		
1								-	-		
2									-		
Children:											
Last Name	First Nam	ie	R	elation		Date	of Birth	SSN#	ŧ	Age	
1						1	1	-			
2							1				
3								-			
4								-	<u>- </u>		
Medical Information	:										
Diagnosis:					Date of Current Diagnosis:						
TB Status:					Date of Most Current Test:						
Probable Transmissi	on Categoi	ry:									
Drug of Choice:		(Other He	ealth Pro	blems:						
How Long Homeless	?				Cause of Homelessness:						
Recent Living Situati	on (Prior t	o Apply	ying for	the Progi	ram) :						
Referring Agency Inf	ormation:										
Name									SPA		
Address			City				State	е	Zip		
Caseworker					Phone Number						
Client is likely to call on :					Time						
Client's Location:				Hotel/Restaurant Voucher Requesting:							

HOPWA Hotel/Motel and Meal Voucher Program



This form is to be completed by the client and should be faxed to the CCA at the time of an extension request.

			Clien	ıt In	formatio	n						
Name: Date of Evaluation:												
Signature: Name	Signature: Name of Referral Ag						Agency:					
	Client Hote	el/M	lotel	l & .	Restau	rant Evalu	ation					
Hotel								auran	t			
Hotel/Motel:					Name o	f the Restaura	nt:					
Length of the Stay:					Number	r of Meals Clie	ent has ea	aten at R	estaurant:			
Did you receive toiletries at the Hote	el/Motel? YES	<u> </u>	NO_									
Please circle on a scale of 1 to 3 v	vith:				Please	circle on a sc	ale of 1	to 3 with	n:			
1 poor,							1 poor					
2 satisfacto	•							sfactory				
3 outstand	ling						3 out	standing	3			
Cleanliness of hotel/motel grou	nds	1	2	3	Cleanli	ness of the d	ining ar	ea		1	2	3
Accommodations (room and an		1	2	3		ness of the re	_			1	2	3
Attitude of Personnel		1	2	3	The me	enu has an ex	cellent s	selection	of items	1	2	3
Cleanliness of bathing facilities	3	1	2	3	The foo	od was served	l hot an	d fresh		1	2	3
Hot water and heating		1	2	3	Quality of the food ordered					1	2	3
Condition of beds and linens		1	2	2 3 The waiting time was reasonable						1	2	3
Accessibility of Hotel/Motel		1	2	3 Service and attitude of cashier/food server				1	2	3		
The overall satisfaction of the f	Eacilities	1	2	3	The Ov	erall satisfac	tion of t	the Rest	aurant	1	2	3
	Client 1	Pros	gran	n Se	ervices	Evaluatio	n					
Client Program Evaluation of			<i></i>			Housing C		nager	Vouch	er Pi	rngr	am
Please circle on a scale of 1 to 3	Knowledge	of th	o Dro	arar	<u> </u>	1	2	3	1	2		3
with:	Accessibility		10 1 10	Jgi ai	11	1	2	3	1	2		3
1 poor,	How helpful		the			1	2	3	1	2		3
2 satisfactory and	Efficiency o			•		1	2	3	1	2		3
3 outstanding	Courtesy and			onalis	sm	1	2	3	1	2	2	3
	Overall valu	e of	the			1	2	3	1	2	3	3
Comments/Suggestions/Recomments	ndations:					'						
Comments/ Suggestions/ Recommen	iluations.											
Date:			OR O	FFIC	E USE ON	LY:						
Date: Comments/Concerns:												
Were issues resolved:											-	
When:												
Parties Involved:												

New Image Emergency Shelter for the Homeless, Inc.

2012-13 Emergency Hotel/Motel and Meal Voucher Program

Housing Outcome Verification Form

Section I.			
Referring Agency Name: _			
Referring Agency Address	:		
		Phone # <u>(</u>	
Client's Name:			
		First	MI
		☐ Other Housing Subsidy ☐ Emergency Shelter/Streets ☐ Follow up in Progress	☐ Institution ☐ Jail/Prison
Name & Address of Facility (if applicable):		
Section II. Housing Verification			
_			
I,(Confirming Housing Supervi	sor/Manager/Owner)	(Title)	
of			confirm
(Agency/Property Name)		(Phone) (Fax)	commin
that	will reside at t	he address below, effective	·
(Client's Name)			(Date)
Name 9 Address CF-1	:		
Name & Address of Facil	ity (<i>if applicable</i>):(If un	known please check disconnected	box above)
Please check all that apply for Housing Place Private Housing without subsidy Temporary Stable Housing	☐ Other HOPWA Support ☐ Temporary Transitional	☐ Other Housing Subsidy ☐ Emergency Shelter/Streets	☐ Institution ☐ Jail/Prison
☐ Disconnected Comments:	☐ Deceased	☐ Follow up in Progress	
			
(Housing Specialist/CM)	(Title)		
Section III. 30 Day Housing Veri	fication		
			° 1
I,(Confirming Housing Supervisor/Manager/Owner)		(Title)	confirm that
	is still in residence	as of	
(Chent's Name)		(Date)	
(Housing Case Manager) (Title)	(Voucher M	anager)	/
	OFFICE USE ONLY		
-			