



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 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 Management 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, _____ have read the above and agree to abide by all terms and conditions listed therein.

Client
Signature: X

Agency
Witness: X

Date:



New Image Emergency Shelter
for the Homeless, Inc.

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).

GUEST INFORMATION

Name: <small>Last</small>		<small>First</small>		<small>M.I.</small>	Date:	
Date of Birth:		City/State of Birth:		S.S.N.:		
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 or have you been in a Domestic Violence Situation?				
Chronically Homeless?		Cause and length of Homelessness?				
Before applying to this program, what was your living situation?						

MEDICAL INFORMATION

Are you HIV+?	Date of Most Current Diagnosis:	Diagnosis:
Transmission Category:		
Date of Most Current TB Test:	TB Results:	
Mental Health and/or other Problems:	Substance Abuse:	Drug of Choice:

SOURCE OF INCOME

1. Employment Income (Monthly Gross)	\$	2012 Los Angeles 80% Area Median Income (AMI) Median Monthly Income 1 person @ \$3,937.50/month 2 persons @ \$4,500.00/month 3 persons @ \$5,062.50/month 4 persons @ \$5,620.83/month 5 persons @ \$6,070.83/month Median Yearly Income 1 person @ \$47,250/year 2 persons @ \$54,000/year 3 persons @ \$60,750/year 4 persons @ \$67,450/year 5 persons @ \$72,850/year
2. General Relief (G.R.)	\$	
3. Private Disability Benefits:	\$	
4. Supplemental Security Income	\$	
5. Social Security Disability Income	\$	
6. Social Security Retirement Income	\$	
7. State Disability Insurance (SDI) (Monthly)	\$	
8. Unemployment Insurance (Monthly Gross)	\$	
9. V.A. Pension	\$	
10. Aid to Families with Dependent Children (AFDC)	\$	
11: Income from family and/or friends	\$	
12. Other: (Specify)	\$	
Total Monthly Income (Add lines 1 thru 12):	\$	Compare the total income to HUD Guidelines above. Does the client meet the Income Limits?
Total Yearly Income (Monthly Total x 12):	\$	
Total Members Living in Household:		

AFFIDAVIT OF ZERO INCOME

I, _____, have no income from any source. I agree to notify New Image **in writing immediately**, if this information changes.

DISCLAIMER AND SIGNATURES

By signing below, I acknowledge that I am applying for federal funds for the expressed purpose of receiving emergency voucher services and hereby certify under penalty of perjury that, to the best of my knowledge the information on this form is true and correct in all respects.

Accompanying Guest Signature: X	Date:
Witness Signature: X	Date:

**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/State of Birth:		
Race:			Hispanic:			Ethnic Group:		
SSN#:		Veteran:		Chronically Homeless:		D.V. Survivor:		
Source of Income _____				Monthly Amount \$ _____		Pay Dates: _____		
SSI/GR/TANF/UNEMPLOYMENT/JOB/FOOD STAMPS/ OTHER/SSDI						(if applicable)		
Adults:								
	Last Name	First Name	Relation	Date of Birth	SSN#	Age		
1	_____	_____	_____	____/____/____	____-____-____	____	_____	
2	_____	_____	_____	____/____/____	____-____-____	____	_____	
Children:								
	Last Name	First Name	Relation	Date of Birth	SSN#	Age		
1	_____	_____	_____	____/____/____	____-____-____	____	_____	
2	_____	_____	_____	____/____/____	____-____-____	____	_____	
3	_____	_____	_____	____/____/____	____-____-____	____	_____	
4	_____	_____	_____	____/____/____	____-____-____	____	_____	
Medical Information:								
Diagnosis:				Date of Current Diagnosis: _____				
TB Status:				Date of Most Current Test: _____				
Probable Transmission Category:								
Drug of Choice:			Other Health Problems:					
How Long Homeless?				Cause of Homelessness:				
Recent Living Situation (Prior to Applying for the Program) :								
Referring Agency Information:								
Name						SPA		
Address			City		State	Zip		
Caseworker				Phone Number				
Client is likely to call on :						Time		
Client's Location:				Hotel/Restaurant Voucher Requesting:				

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: _____

Contact: _____ Title: _____ Phone # (____) ____ - _____

Client's Name: _____
Last First MI

Please check all that apply for Housing Placement:

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Private Housing without subsidy | <input type="checkbox"/> Other HOPWA Support | <input type="checkbox"/> Other Housing Subsidy | <input type="checkbox"/> Institution |
| <input type="checkbox"/> Temporary Stable Housing | <input type="checkbox"/> Temporary Transitional | <input type="checkbox"/> Emergency Shelter/Streets | <input type="checkbox"/> Jail/Prison |
| <input type="checkbox"/> Disconnected | <input type="checkbox"/> Deceased | <input type="checkbox"/> Follow up in Progress | |

Name & Address of Facility (if applicable): _____

Section II. Housing Verification

I, _____, _____,
(Confirming Housing Supervisor/Manager/Owner) (Title)
of _____ confirm
(Agency/Property Name) (Phone) (Fax)
that _____ will reside at the address below, effective _____.
(Client's Name) (Date)

Name & Address of Facility (if applicable): _____
(If unknown please check disconnected box above)

Please check all that apply for Housing Placement:

- | | | | |
|--|---|--|--------------------------------------|
| <input type="checkbox"/> Private Housing without subsidy | <input type="checkbox"/> Other HOPWA Support | <input type="checkbox"/> Other Housing Subsidy | <input type="checkbox"/> Institution |
| <input type="checkbox"/> Temporary Stable Housing | <input type="checkbox"/> Temporary Transitional | <input type="checkbox"/> Emergency Shelter/Streets | <input type="checkbox"/> Jail/Prison |
| <input type="checkbox"/> Disconnected | <input type="checkbox"/> Deceased | <input type="checkbox"/> Follow up in Progress | |

Comments: _____

(Housing Specialist/CM) (Title)

Section III. 30 Day Housing Verification

I, _____, _____ confirm that
(Confirming Housing Supervisor/Manager/Owner) (Title)
_____ is still in residence, as of _____.
(Client's Name) (Date)

_____/_____/_____
(Housing Case Manager) (Title) (Voucher Manager) (Date)

OFFICE USE ONLY

