

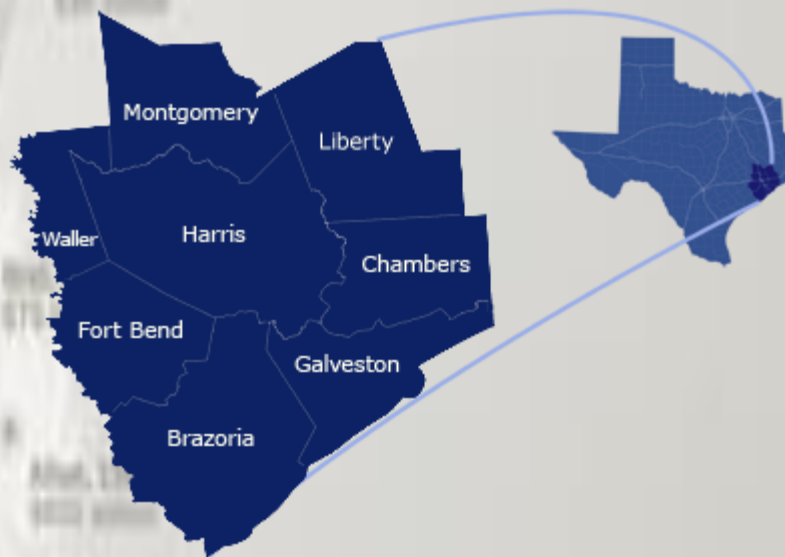


Home Sweet Home Community Redevelopment Corporation
"Rebuilding our community one day at a time."

Recovery Program

Handbook and Forms

April 2016



HOME SWEET HOME COMMUNITY REDEVELOPMENT

HANDBOOK OUTLINE AND FORMS

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Home Sweet Home Community Redevelopment Corp Mission:

The mission of the Home Sweet Home Community Redevelopment Corp is coordination between Home Sweet Home Community Redevelopment, other nonprofits and government programs in the Greater Houston, Harris County, and Fort Bend County community by assisting Hurricane IKE families with service of unmet needs and making each home safe, sanitary and secure home repaired/rebuilt.

We will strive to:

- Provide coordinated management of the recovery process.
- Provide recovery assistance to individuals and families affected by Hurricane IKE that do not have the adequate personal resources for basic needs and services.
- Provide advocacy to the Greater Houston and Harris County most vulnerable residents, especially seniors, individuals with disabilities and lower income families that are below the 50% medium income level.
- To collaborate with other nonprofits organization and for Profit Corporation that are offering services that we may use to assist with home repair/rebuilding.

Home Sweet Home Community Redevelopment Corp Objectives:

The Home Sweet Home Community Redevelopment Corp will work with the City of Houston and Houston Long-Term Recovery Program to ensure that all assets to funding are available to our clients.

The Home Sweet Home Community Redevelopment Corp will meet as needed and otherwise communicate on an ongoing basis to assure the most possible collaboration in addressing its mission.

The Home Sweet Home Community Redevelopment Corp will assure appropriate linkage for communities with governmental and nongovernmental disaster response organizations.

The Home Sweet Home Community Redevelopment Corp development data collection and reporting systems for needs analysis and resource matching.

The Home Sweet Home Community Redevelopment Corp will encourage the availability of training to agencies who have had limited or no direct interaction with disaster recovery or recent prior disaster recovery training.

The Home Sweet Home Community Redevelopment Corp will develop a data collection and reporting systems for needs analysis and resource matching.

The Home Sweet Home Community Redevelopment Corp will work together to assure our community and public visibility for disaster recovery efforts.

The Home Sweet Home Community Redevelopment Corp will seek to build constructive relationships with other nonprofit organizations groups engaged in long-term recovery efforts.

The Home Sweet Home Community Redevelopment Corp will assist families with unmet needs of home repairs and/or rebuilding of a destroyed home from Hurricane IKE.

Home Sweet Home Community Redevelopment Corp Guiding Principles:

In our practice, we will strive to:

- *Embrace a spirit of cooperation
- *Support every nonprofit organization and recovery program so that the ability to contribute according to their capacity and capability
- *Uphold ethical standards of our fields of practice
- *Maintain quality and accountability
- *Bring each home to safe, sanitary, and secure standards

- *To work with FEMA, Insurance Companies and other nonprofit to ensure that their funding is use wisely and have accountability.
- *Honor openness and fairness

Home Sweet Home Community Redevelopment Corp Membership Expectations:

As Participants, we expect to:

- *Have access to Unmet Needs Fund and Construction Fund.
- * Have access to information collected or generated by Houston-Harris and FEMA Recovery.
- *Have access to organizational resources offered by the Greater Houston Long-term Recovery and Voad.

As participants, they would agree to:

- Provide material, manpower or monetary support for work of the Recovery.
- Participate constructively in the Sunnyside Recovery and honor its mission and guide principles.
- Regularly attend meetings or send a reprehensive if necessary.
- Agree to work with the other Recovery Programs in collaboration projects.
- Address problems and concerns openly with a focus on resolution.
- Collect and report data according to the standards developed by the Recovery committee.
- Maintain confidentiality in compliance with standards developed by the Recovery committee.
- Reduce the occurrence of duplicated services and duplication of efforts.
- Understand that participation is voluntary and can be withdrawn at any time.
- Assist where expertise is needed.

Home Sweet Home Community Redevelopment Corp Committee:

Purpose: to provide administration and coordination of partners and resources, to maintain open communication among workgroups, and to provide a forum for conflict resolution, in a highly accountable way, to the **Home Sweet Home Community Redevelopment Corp.**

Membership: drawn from members of the **Home Sweet Home Community Redevelopment Corp** who have signed this participating Agency Agreement, and composed of two representatives from each of the Committee's work groups and two At-Large representatives. Each work group's representatives shall consist of the active work group facilitator and one other chosen by work group members, except that no single organization should be twice represented. At-Large members shall be chosen by **Home Sweet Home Community Redevelopment Corp** Committee members present at the nominating meeting. Additional non-voting advisory members may be asked to join from time to time.

Facilitator: Home Sweet Home Community Redevelopment and VOAD Texas has agreed to facilitate the meetings.

Participating Agency Agreement

Agency Name: _____

Signature of Authorizing Official: _____

Title: _____

Date: _____

Home Sweet Home Community Redevelopment Corp

UNMET NEEDS REQUEST FORM

Client Name (Please Print)

Case Manager: _____

Last Name:	First Name:	Date of Birth	Last 4 Digits of SS#
Last Name:	First Name:	Date of Birth	Last 4 Digits of SS#

Is this person the Head of Household? Yes No if no, who is? _____

Name of Apartment Complex (if applicable)			
Address:			Apt #
City:	State:	Zip Code:	
Phone Number:		Alt Number:	
Alternative Contact Relative/Friend Phone Number:		Email Address:	

Address prior to displacement (if applicable)

Address, City, State & Zip Code:	
Type of Housing: <input type="checkbox"/> Homeowner <input type="checkbox"/> Rental Property <input type="checkbox"/> Shelter <input type="checkbox"/> Boarding House <input type="checkbox"/> Relative <input type="checkbox"/> Friend/Hotel	
FEMA Number:	Whose name is FEMA number listed?

If client does not have a FEMA number how was eligibility determined? Low Income Senior Citizen Disable VA Vet.

Insurance Company & Address:		
Policy Number:	Agent Name:	
Claim Number:	Deductible Amount:	Phone Number:

Source of Income:	Amount: _____ <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Daily
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Signature

Date

Home Sweet Home Community Redevelopment Corp
UNMET NEEDS REQUEST FORM
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Additional Information:

CASE PRESENTATION:

Client is seeking assistance for:

Date needed:

Background information on client (please provide any information on client's background that will assist in the decision making process):

Client efforts towards resolution: (List efforts client has done to resolve matter, including case management referrals, and why efforts were successful.)

Continued Plan for Sustaining if Applicable: (If request is for ongoing need, please explain how it will be addressed beyond this assistance and how assistance requested will significantly move the client forward.)

Additional Information: (Please provide other pertinent facts or nuances that will describe/illuminate case.)

Home Sweet Home Community Redevelopment Corp
UNMET NEED CERTIFICATION FORM

The purpose of this form is to confirm that households receiving emerging needs fund from the Gulf Coast Relief Fund, State, Local or Federal Grants are eligible and active in case management. Your name and information will be place in the HMIS for Houston Texas.

I _____, hereby certify that I am the case manager for _____ and _____ that they are compliant with our service plan.

Please check all that apply:

- Yes No Client's household has been affected by Hurricane IKE.
- Yes No I have confirmed that the need described in this request is valid and that the client has no other resources available to meet this need.
- Yes No I certify that the information in this application is accurate to the best of my knowledge.
- Yes No I certify that a release of Information form is on file that permits the sharing of client information with the Unmet Needs Committee.

Case Manager Signature

Date

Supervisor Signature

Date

Name of Agency

Client's Name: _____ Date: _____
Agency Name: _____

Expense	
Category	Monthly Amount
Rent	
Subside Amount	
Client Portion	
Mortgage	
Loan 1	
Loan 2	
Property Taxes	
Condo	
Co-op Assoc	
Total Amount	
INCOME	
Renter's Insurance	
Property Maint. & Repairs	
UTILITIES	
Gas Bill	
Electric Bill	
Oil Bill	
Propane Bill	
Trash	
Sewer	
Water	
TELEPHONE	
Home 1	
Home 2	
Cell 1	
Cell 2	
Cell 3	
Pager	
Internet Access	
Cable	
Satellite TV	
Food	
Clothing	
AUTO	
Car Payment 1	
Car Payment 2	
Insurance 1	
Insurance 2	
Repair & Maintenance	
Gasoline	
Tolls	
TRANSPORATION	
Bus	
Taxi	
Subtotal Amount	
All sources of household income must be indicated	

EXPENSE	
Category	Monthly Amount
Medical	
Medicaid	
Medicare	
Insurance/Cobra	
Life Insurance Perm.	
Deductible Rx	
Deductible Co-pays	
EXPENSES RELATED TO CHILDREN	
Childcare	
Daycare	
Private School Tuition	
College School Tuition	
Room	
Board	
Transportation	
Books	
Uniforms	
Sports, Club, Camps	
CREDIT HISTORY	
VISA	
MASTER CARD	
FORECLOSURE	
Loans other than Mortgage	
Car Loan	
Car Loan	
Bank Loan	
Signature Loan	
Pay Day Loans	List Company
Charitable Contributions	
Other Expenses	
Subtotal Amount	

Salary/Wages	Indicate Net Monthly Amount
Self	
Spouse	
Other adult in the home	
Small Business	
Worker's comp	
Social Security Disability	
Social Security	
Unemployment	
Alimony	
Child Support	
Retirement Income	
Tanf.	
Food Stamps	
Rental Property	
Home Based Business	
Interest/Dividends	
Annuity Payment	
Pension	
IRA	
Keogh	
Other Income (Indicate source and amount)	
Total Income	

Summary	
Monthly Amount	
Total Income	
Less Total Expense	
Excess/Shortfall	

Expense Recap	
Total Column 1(pg 1)	
Total Column 2(pg 1)	
Total Expense	

Signature of Client

Date

Signature of Staff

Date

Organization	Services Offered	Population	Location	Contact Information
Home Sweet Home CRC	Housing, Food, Diapers	100000	9001 Airport Blvd #703 Houston	713-941-4000

Home Sweet Home Community Redevelopment
Home Sweet Home Community Redevelopment Corp
Gulf Cost Construction Agreement

By signing this agreement, the applicant certifies that the information is factual and true representation of the funding project, and agrees to meet the aforementioned edibility stands and reporting requirements upon accepting a check from the HSHCRC Homes Inc Committee. The applicant has reviewed and completed a contractor's application and submitted all forms need to start a job with our organization for home repairs. Please fill out and following information and return it to our office as soon as possible.

Name of Applicant Agency or Company: _____

Address: _____

Name of Contact Person: _____

Telephone: _____ Fax: _____

Email: _____

Organizational Statements

Non-Discrimination: the applicant certifies that no client will be turned away based on race, color, religion creed, age, sex, national origin or ancestry, immigration status, marital status, veteran status or status as a qualified disabled or handicapped individual.

Conflict of Interest: The company or agency named above has and will avoid the appearance of conflict of interest members of their Board and staff including:

- Avoiding any activity or outside interest which conflicts or appearance to conflict with the interest of agency, including involvement with a current or potential vendor, grantee or competing organization.
- Refraining from participating in or inflecting any decision or other action of the agency that could result in a direct or indirect benefit to the board or staff member or any company or organization employer and complies which he or she is affiliated.
- All organization and corporations will use local handymen from their community that have registered with HUB Zone. You must have at least 1 employee or sub-contractor that is working for the organization that live in the community.
- Your company or organization must have Home Sweet Home Community Redevelopment as a Certificate Holder on your General Liability Insurance Policy. If not received you will not be able to start any jobs.
- Your company must hold at least 1 million dollars of General Liability Insurance before you may begin any repairs.
- If you are seeking work in Fort Bend County or Pasadena your organization or company must have registered in with that City Permits/Housing office. They will issue a certificate that must be on file before you can start any work in that community.

Equal Employment Opportunity: The company or agency named above is an equal opportunity employer and complies with the all applicable federal, state, and local laws governing nondiscrimination in employment in every location in which the agency has facilities.

Other Funding: The agency certifies that if other funding is received for the same purposes as this application, the agency will notify Home Sweet Home Community Redevelopment.

Print the Name of Chairman/Owner

Executive Director or Project Manager

Signature:

Signature:

Date:

Date:

Home Sweet Home Community Redevelopment

Home Sweet Home Community Redevelopment Corp

Hurricane IKE Construction Agreement

Name of Organization or Company: _____

Checklist (All organizations must complete)	Yes	No
Is the company or agency currently in compliance with applicable licensing, accreditation and governmental code requirements?		
Are you permitted for the follow counties		
Port Arthur (Jefferson County),		
City of Houston		
Fort Bend / Brazoria		
Montgomery County		
South Houston		
Galveston		
Attach approvals for all counties		
Are you registered with TRCC?		
Do you plan to register?		
Are you registered with GHAB?		
Do you plan to Register?		
Do you have a project manager over every site: attach Project Manager name		
Volunteer Group		
Are you a member of VOAD?		
Are you a member of TACDC?		
Harris County		
How long have you been in business? Years		
Have you notified your General liability Insurance that you will be working with our organization and you will need to add us to your policy?		
You may not start a job without completed paperwork		

Requirements:

1. Copy of General Liability Insurance. (If you have more than 1 sub-contractor you must submit copies of their Insurance. (\$1,000,000.00)
2. Copy of all Licenses
3. Secretary of States documents
4. Last year financial Taxes returns
5. Copy of ID from the owner of the organization or 501c3 letter showing that you have a board.
6. A letter from the organization showing that they wanting to be a part of this program. (Must be on their letter head with owner signature).

Signature of Board/Owner Approval

Date

Home Sweet Home Community Redevelopment

Home Sweet Home Community Redevelopment Corp

Name of Agency or Corporation: _____

1. What is your Company or Agency mission?
2. Briefly describe your services that will be offering us?
3. Briefly describe your case management services or client intake?
4. Describe any other disaster-recovery services your agency or organization provides?
5. What is the home repair capacity of your agency? (i.e. how many home repair projects can you take on at one time? How long does an average project take? How many projects do typically complete per month?)
6. Will your company be willing to do volunteer work on some of our projects? If no, explain?
7. Describe the quality control methods your agency or company utilizes to ensure that home repairs are completed competently and home-owners are satisfied.

Home Sweet Home Community Redevelopment

Home Sweet Home Community Redevelopment Corp

Disaster Address: _____ City: _____ Zip Code: _____

TEXAS ONLY APPLICATION

Section 1: Qualifiers

- Below 50% AMI
- Elderly (Age 60+)
- Disabled
- VA Veterans
- Homeless