

Toledo Lucas County Homelessness Board (TLCHB)
HOUSING PLACEMENT REQUIREMENTS, CRITERIA & APPEAL

REQUIREMENTS:

Shelter/Agency is an active participant of the Toledo Lucas County Continuum of Care as demonstrated by all of the following:

- Has on file a signed, current and active Statement of Intent with TLCHB
- Active member of Toledo Area Alliance to End Homelessness as defined by TAAEH
- Contributing HMIS Organization (*unless appropriated waived and otherwise documented*)
- Completed and returned TLCHB Standards Self-Declaration and agrees to improve any items as suggested by TLCHB Standards committee
- Agency participates in the annual CASE Community Wide Meeting to review and further the CASE (Community Alliances & Strategic Efforts) Plan to Prevent, Reduce and End Homelessness
- Agency is registered with *Connect Me Ohio*
- Agency will assist participants of the ODOD/TLCHB Housing Placement Program secure safe, stable affordable housing
- Agency will provide after-care (touch back) to participants of the ODOD/TLCHB Housing Placement Program at no less than the first, third and sixth month following housing placement. These services will be inputted into HMIS

CRITERIA:

- Applicant is a client / resident of a homeless shelter and has been sufficiently stabilized from crisis (*see below*) and is prepared to exit shelter for permanent housing
- Applicant (client/resident) is at or below 35% area median income
- Applicant is included on HMIS unless waived by TLCHB
- Applicant has attended and completed a life-skills course that includes budget management and tenant rights and responsibilities.
- Applicant has substantiated housing permanency beyond assistance
- Applicant agrees to after-care (touch back) and will notify agency as soon as possible of any circumstances that could have an adverse impact on housing permanency.
- Applicant has a signed agreement on file with Agency documenting the above criteria

Vendor must:

- Be a bona-fide utility company
- Provide housing that meets local fair housing standards

Stabilization (*applies to all members of applicant household*):

- Basic needs of food and clothing are met and a plan is in place to assure that these remain secured.
- Assessment of Need has been conducted and a plan is in place to meet these
- Applicant has participated in an Ohio Benefit Bank Review
- Critical documents (proper ID, birth certificate, social security number) are acquired or are in process and on track to be obtained.
- Medical Assessment is current and verified
- When warranted, a Safety Plan has been devised in cooperation with and agreed to by client/resident

APPEAL:

- Submit in writing a request for review of the denied application to the TLCHB Homeless Prevention Committee Chair c/o TLCHB – 1 Stranahan Square, Suite #470 – Toledo, OH 43604
- Include in the letter your argument(s) and/or reason(s) for review
- Include a copy of the application denied
- Appeal must be sent within 30 days of denial
- Homeless Prevention Chair has 30 days to respond to the appeal request
- Homeless Prevention Chair's decision is to be considered final