



**Lehigh Valley Regional Housing Advisory Board
Prevention Action Team’s (PAT)
Rooster Relief Fund
Standard Operating Procedures**



31 January 2024

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1. STRATEGIC PHILOSOPHY.

a. Mission: The purpose of the Rooster Relief Fund is to proactively prevent homelessness for those in the Lehigh Valley who do not qualify for government grants or other existing preventive service programs due to economic or other criteria by providing one-time financial assistance for a rental or mortgage payment – and in exceptional circumstances, relocation relief – to households in an effort to provide uninterrupted housing

b. Vision: The Rooster Relief Fund becomes an integral and valued part of the overarching effort by the Lehigh Valley Regional Homelessness Advisory Board (LVRHAB) to ensure no household need become homeless.

2. DEFINITIONS.

a. Client Representative: One whose responsibilities include:

- 1) Investigating and verifying the financial situation and housing status of a client/household needing assistance, to include checking with PA 211 to ascertain no other resources are available and more appropriate.
- 2) Preparing the initial Rooster Relief Fund's application and processing form on behalf of the client/household.
- 3) Forwarding the form to the involved Prevention Action Team member/delegate for review.
- 4) Answering any further questions from the RRF Decision Team on behalf of the client after receipt of the form from the organization's Prevention Action Team member/delegate.

b. Case Management: For the purposes of this SOP, case management is, at a minimum, the assignment of a Client Representative by the participating organization applying.

3. SITUATION.

a. Safe, affordable housing is a key issue for households earning too much to qualify for government assistance and too little to enter the often irrational, speculative housing market which exists in the Lehigh Valley. These households are now known as "Asset-Limited, Income-Constrained, Employed" (ALICE) households.

b. For details, to include Lehigh Valley counties insights, refer to "ALICE in Pennsylvania: A Financial Hardship Study". United Way of Pennsylvania. 2020. <<https://www.unitedwayglv.org/alice>, accessed 28 Jan 2021>

4. GEOGRAPHIC AREA SERVED.

a. The Prevention Action Team (PAT) is currently limited to serving clients who reside in the Lehigh Valley (Lehigh and Northampton counties). The team will abide by restrictions placed on grant funds or private donations to the fund regarding the geographic service area although they are discouraged.

b. In the future, PAT plans to grow in order to serve the Greater Lehigh Valley.

5. POLICIES.

a. Only those households (single or family) already housed but not qualifying for other programs, primarily federal and state programs, will be served. Consequently, analysis of income will occur because this program is primarily intended for those whom the United Way classifies as Asset-Limited, Income-Constrained, Employed (ALICE) households.

b. Grants will be one-time and must resolve the likelihood of homelessness through rent, mortgage, or – in exceptional circumstances – relocation relief. For relocation relief, one of the following circumstances must apply:

- 1) The rent has been raised beyond the reasonable, financial means of the tenant,
- 2) The residence has been deemed to be unfit for human habitation; or
- 3) The landlord has decided to end the lease due to no fault of the tenant.

In any of these circumstances, the relocation relief (defined as the security deposit, first and last month's rent, or any one or combination of these costs) must be expected to resolve the issue of sustained housing. The fund will not provide other movement costs.

- c. Only the Lehigh Valley proper will be served presently.
- d. Participating organizations must be a member of the Lehigh Valley Regional Homelessness Advisory Board. This assures a measure of validation.
- e. As permitted by the PAT member organizations, other organizations may apply based upon the situation. However, case management is still required.
- f. PAT and its subcommittee members will be drawn from the member organizations only.
- g. When program funds are constrained, priority for assistance will be given to families with school-aged children.
- h. Assistance will not be provided to persons and households who are homeless at the time of application. Those applying under relocation relief, must be immediately ready to move, but are still housed during the time of application, for all costs being applied for in the relief must be known in advance.
- i. It is required that PA 211 system screens the individual as ineligible for any other government or nonprofit grants and programs to prevent homelessness before an application is made.
- j. Case management via using a Client Representative is required for any client/household and will be provided by the referring organization.
- k. The result of approved funding for a client will be tracked for its effect at the six-month and one-year points for the homelessness status of the household; *i.e.*, a "yes or no" check.

6. TASK ORGANIZATION (Participating Organizations).

a. As a general rule, the organizations which may seek these funds must be members of the LVHRAB. They must provide case management services via a Client Representative as defined in Section 2 (Definitions) and as instructed in Section 9 (Operating Guidance). They need not be a member of the Prevention Action Team (Subsection 6.b), although this is encouraged to promote better coordination.

b. A committee of the LVHRAB is established to manage this fund, called the Prevention Action Team (PAT). Its members are the delegates from the organizations found in [Annex A \(PAT Task Organization\)](#). The listing will be routinely updated in June for the coming operating year starting July 1.

c. The committee will have the following officers who serve three-year terms: two co-chairs and a secretary. The treasurer and financial officer roles are performed by the Lehigh Conference of Churches for the committee (See Section 8.i. of the Operating Instructions).

7. GENERAL RESPONSIBILITIES.

a. Special, process-oriented responsibilities are primarily delineated and incorporated into Section 6 (Operating Guidelines).

b. It is the responsibility of the Preventive Action Team to maintain this SOP.

c. It is the responsibility of the Prevention Action Team to execute this SOP and ensure cost and results tracking occur, subject to The Lehigh Conference of Churches bylaws and procedures.

8. OPERATING GUIDANCE (Procedures and Special Responsibilities).

a. **Bylaws:** The fund is subject to the Bylaws of The Lehigh Conference of Churches as a restricted fund. This document provides its operating and procedures manual for daily operations. The Prevention Action Team is responsible for the proper execution of this program.

b. **Process Flow Chart:** [See Annex B.](#)

c. **Who is to be assisted and how:** As implied in the mission statement, the Prevention Action Team's Rooster's Relief Fund only assists households and individuals who do not qualify for other existing homelessness prevention services. This requires:

1) a Client Representative be assigned to the client by the organization seeking funds as defined in Section 6 (Task Organization), who will ensure that PA 211 or a coordinated entry site has completed a homelessness prevention screening and determined that the individual does not qualify for other assistance that will alleviate the situation of the client;

2) the Client Representative applying on behalf of the applicant to Rooster Relief Fund to ensure a properly completed application is submitted.

3) A PAT delegate (member) reviewing the application for completeness and contacting the Coordinated Entry Regional Manager (CERM) for 211 verification (See the Process Chart/Schema in [Annex B](#) for further details.);

4) the PAT delegate (member) forwarding the completed application to the RRF Decision Team.

d. **Individual case management is always required:** The individual or household must have case management to ensure the application is properly and promptly completed and to ensure needed further assistance. There are no exceptions. An applicant will not directly apply to the RRF. Any inquiries will be made by the client representative to a PAT member as appropriate.

e. **An application form is required to start the decision process:** See Section 9 (Administrative Instructions) below.

f. **Screening of properly completed applications will be done promptly:** The goal is payment being received by the payee within 10 business days of the receipt of a properly completed W-9 Form from the landlord.

1) **Decision Team:** The application evaluation team for Rooster Relief Fund are selected from the Prevention Action Team found in Annex A (PAT Task Organization). It should consist of at least five members from different member organizations and is to be led by at least one of the co-chairs of the PAT.

2) **Decision Cycle:** It is the goal of the program to make a decision within three business days of receipt of the properly completed application.

3) **Quorum:** Five members from the PAT as evidenced by being involved in the discussion or vote. Members are expected to recuse themselves if the application is from their organization.

4) **Voting:** A majority of the quorum is required but no less than five votes. Electronic voting is encouraged.

g. Disbursement procedures will be in accordance with The Lehigh Conference of Churches policies and procedures:

- 1) **Manner of Payment:** Transactions will normally be by check.
- 2) **Payment Cycle:** Checks will be issued within ten business days upon receipt of the IRS Form W-9; and will be monitored by the Decision Team Chair. s
- 3) **Manner of Receipt:** The client representative will offer the landlord two options for receiving the check:
 - a) The landlord picks up the check in the main lobby of Sacred Heart Hospital, 421 West Chew Street, Allentown, Pa 18102, or
 - b) The check is mailed to landlord's address as written on the application.
- 4) **Payee:** Payment will be made directly to the landlord or business owed.
- 5) **Memo Line Requirement:** Any application code will be placed on the memo line on all checks. At the minimum "RRF" will be entered. This is important to tracking purposes.
- 6) **Use of Alternative Means of Payment:** Electronic, bank transfer payment may be used if the landlord or business provides account and routing numbers.
- 7) **Cyclic Payments:** Not allowed. These are one-time payments.

h. Reporting is required:

- 1) The PAT will maintain a reporting (tickler) system for reports and payments made.
- 2) The participating organization's PAT member/delegate will reach out to the Client Representative to follow-up and report on the results of RRF's intervention on behalf of their client at the six month and one year point. A short survey form ([Annex G](#)) will be used in conjunction with this effort to determine the effectiveness and quality of the effort. It is recommended that the PAT member/delegate use a calendar tracking system to assist in this responsibility.
- 3) As a minimum, the PAT will prepare an annual report for the period July 1 through June 30 on the performance of this fund for the purpose of analyzing where improvements must be made and to assist in fundraising.

i. Program Funding special instructions:

- 1) The fiscal year is July 1 through June 30 – to correspond with the reporting cycle.
- 2) The Prevention Action Team accepts private and grant funds. Funds are deposited into the Rooster's Relief Fund administered by The Lehigh Conference of Churches, 457 W. Allen Street, Allentown, PA 18102. Donations may be mailed to The Lehigh Conference of Churches or provided online specifically to the Rooster Relief Fund through the donation site at <https://lehighchurches.org/>.
- 3) The Prevention Action Team is expected to solicit funds and send donor "Thank You" letters ([Annex H](#))
- 4) Presently, administrative costs are borne by the participating organizations with the exception of bookkeeping, accounting, and auditing costs. Examples of costs currently absorbed by these organizations are advertising, case management services, preparation costs in applying for funding, and personnel.

9. ADMINISTRATIVE INSTRUCTIONS FOR FORMS.

a. Forms to be used: The standardized forms and templates to be used by this program are illustrated in Annexes C through G below. Current versions are provided separately for actual inputs:

- 1) [Request and Processing Form Instructions](#)
- 2) [Request and Processing Form](#)
- 3) [Letter of Approval template](#)
- 4) [Letter of Denial template](#)
- 5) [Survey Form template](#)
- 6) [Donor “Thank You” letter](#)

b. Cost Determinations: The participating organization is expected to obtain the cost of the assistance. Any request from the household in need is to be verified.

c. Tracking: As these are one-time grants, the household will be checked against past issuances before proceeding with the rest of the process.

/s/
Seth Campbell
Co-Chair

/s/
Ben Stephens
Co-Chair

Annexes:

[A – PAT Task Organization](#)

[B – Rooster Relief Fund Process Chart/Schema](#)

[C – Request and Processing Form Instructions](#) (Deleted, incorporated into Annex D)

[D – Request and Processing Form](#)

[E – Approval Letter Template](#)

[F – Denial Letter Template](#)

[G – Survey Form Template](#)

[H – Donor “Thank You” Letter Template](#)

Preventive Action Team Task Organization

These organizations, which are members or subagents of members of the Lehigh Valley Regional Homelessness Advisory Board, have agreed to be members of Preventive Action Team to provide management and make decisions for the Rooster Relief Fund, to include staffing any needed committees:

- 1) Allentown Housing Authority
- 2) Allentown Health Bureau
- 3) Allentown School District
- 4) Allentown YMCA
- 5) Community Action Committee of the Lehigh Valley (CACLV)
- 6) Community In Schools of Eastern Pennsylvania
- 7) Lehigh Conference of Churches, The
- 8) Lehigh County Jail
- 9) Lehigh County
- 10) Lehigh Valley Military Affairs Council (LVMAC)
- 11) Lehigh Valley Regional Homeless Advisory Board (LVRHAB)
- 12) Neighborhood Health Centers of the Lehigh Valley
- 13) Northampton County
- 14) North Penn Legal
- 15) Ripple Community, Inc.
- 16) Safe Harbor Easton
- 17) St. Luke's University Health Network (Parish Nursing)
- 18) Strongly Embracing Life's Future! (SELF!)
- 19) Trexler Trust
- 20) United Way of the Greater Lehigh Valley (Coordinated Entry)
- 21) Valley Health Partners (Street Medicine)
- 22) Valley Youth House



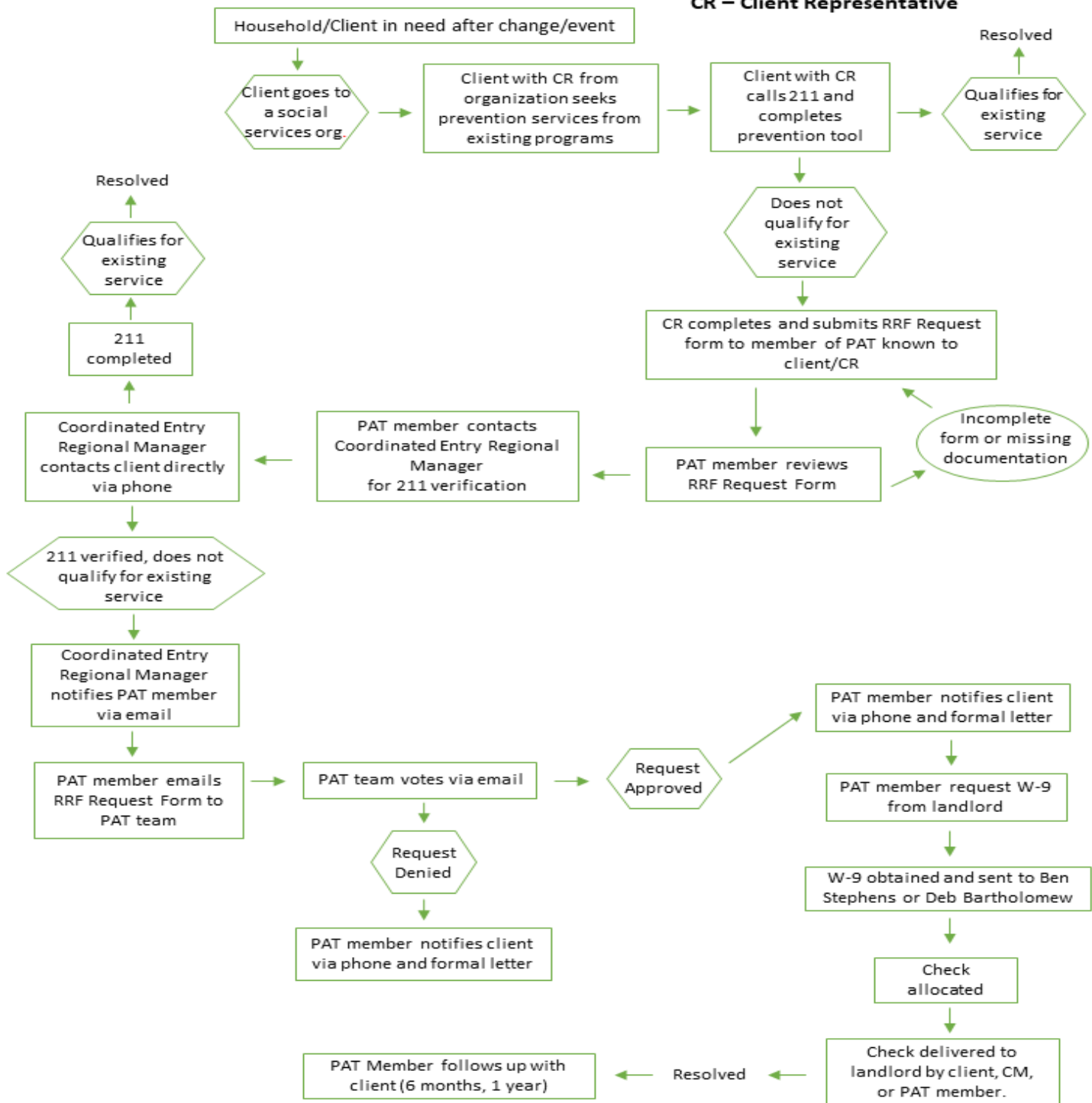
Prevention Action Team

Rooster's Relief Fund

Flow Sheet



Legend:
CR – Client Representative





DELETED
See Annex D

See Pages Following

Rooster Relief Fund Request and Processing Form

Guidance and Form Instructions

Note: Use Tab/Shift-Tab to work through form. Hover over block for any help instructions.

The Rooster’s Relief Fund (RRF) is a program of the Prevention Action Team (PAT) under the Lehigh Valley Regional Housing Advisory Board (LVRHAB). a. The purpose of the Rooster Relief Fund is to proactively prevent homelessness for those in the Lehigh Valley who do not qualify for government grants or other existing preventive service programs due to economic or other criteria by providing one-time financial assistance for a rental or mortgage payment – and in exceptional circumstances, relocation relief – to households in an effort to provide uninterrupted housing.

In general, persons and families who meet the “Asset-Limited, Income-Constrained, Employed” (ALICE) criteria may benefit from the RRF. For details, please refer to the “ALICE in Pennsylvania: A Financial Hardship Study”. < <https://www.unitedwayglv.org/alice> > The fund was formed to assist those who do not qualify for funding from other, existing homeless prevention resources.

Therefore, remember that it is only appropriate for client representatives to contact PAT after being declined by all other homeless prevention agencies. Therefore, as part of that requirement, the client representative will need to contact or ensure the contact of PA 211 to complete their homelessness prevention screening process. This procedural step is also meant to ensure other existing programs continue to receive funding reflective of the true need for homeless prevention.

The *Request and Processing Form* itself is meant to clearly and *fully* communicate the need of the client for our funding to the members of PAT, while also verifying that it is reasonable to believe the individual will be self-sufficient moving forward with one-time financial assistance. Consequently, the submitting organization’s client representative will:

- complete all blocks in Parts 1 and 2 prior to submission to the PAT, providing as much detail as possible when answering the question on what steps the applicant will take to keep such a situation from happening again;
- attach a proof of income or employment (as example: a pay stub or a letter from employer);
- have the client sign the *Release of Information Authorization and Waiver* attached to the end of the form and attach it to the submission – unless the individual declines release of information for the purposes expressed.
- Submit the application to one of the co-chairs of the PAT via email. The contact information can be obtained from any PAT organization listed in Annex A of the Lehigh Valley Regional Housing Advisory Board Prevention Action Team’s (PAT) Rooster Relief Fund Standard Operating Procedures.

Upon either approval or denial of the application, the client representative will receive a corresponding letter for forwarding to both the client and landlord.

Part 1: Applicant Identification and Initial Clearances

Applicant's Name:
[Text Box]

Date Submitted:
[Text Box]

Phone:
[Text Box]

Email Address:
[Text Box]

Address:
[Text Box]

Town:
[Text Box]

Zip:
[Text Box]

County:
[Text Box]

Client Representative submitting:
[Text Box]

Position:
[Text Box]

Organization:
[Text Box]

Phone:
[Text Box]

Email Address:
[Text Box]

Reviewed by PAT Member:
[Text Box]

Phone:
[Text Box]

Email Address:
[Text Box]

Release of Information Waiver signed:

Reported to PA 211/Coordinated Entry on: [Text Box]

PA 211/Coordinated Entry Site has determined cannot assist:

Part 2: Amount Requested and Case Summary

Maximum request amount is normally \$1200, the estimated median gross rental for the area.

Amount Requested: \$ for: needed in:

Make Check Payable to:

Check Mailing Address:

Purpose of the Request:

BACKGROUND INFORMATION

No other program (federal, state, local) can satisfy this request due to income level or other criteria:

Years at current address:

The Head of Household is a military veteran:

Number of adults in household:

Does not qualify for VA assistance:

Number of children in household:

Proof of Income/Employment attached:

Category	Amount (\$)
Monthly Income and Assets	
- Monthly Household Income:	0
- Liquid Assets (Savings and Investments) ÷ 6 mos.:	0
- Total:	0
Monthly Expenses	
- Rent/monthly mortgage payment:	0
- Utilities (electricity, gas, heating, water, etc.)	0
- Phone:	0
- Food:	0
- Miscellaneous:	0
- Total:	0
Net Income (income&assets – expenses):	0

Net Income is negative:

What event(s)/circumstances contributed to the issue prompting this request?

What steps will the applicant take to prevent this from happening again?

---- For Organizational Use Only ----

Part 3: Approval

Recommendation of Decision Team Majority:

Amount Approved: \$

Approval Date:

Explanation of why applicant was denied:

Part 4: Follow-On Processing Steps

PAT member notified of results:

Letter of Approval/Denial sent to client:

W9 Form sent to check name and address:

W9 Form received:

Check mailed to name and address specified above:

Required information submitted to HMIS for LVRHAB/RRF use:

Date of Completion of all steps:

Part 5: Reports

Completion Date of Six-Month Report:

Completion Date of One-Year Report:

Attachment:

1 – Release of Information Authorization and Waiver

Release of Information Authorization and Waiver

The Prevention Action Team’s (PAT) is an action committee of the Lehigh Valley Regional Homeless Advisory Board. The Rooster’s Relief Fund is a project of PAT. Its mission is to prevent individuals and families from becoming homeless by providing one-time financial assistance to help stabilize their housing situation.

In addition to the normal and confidential sharing of your information with those providers who might best be able to assist you, we are separately asking if you would be willing to anonymously share your story on how you arrived at facing homelessness to educate others on the need for our services and the ways we can help – and to provide incentive for donors to contribute to our efforts. That sharing involves the use of social and print media and emails. ***Neither your name or age nor that of your family will be shared without your permission. If it is necessary to use a name for the story, we will use a pseudonym. However, you should recognize something in your story may make you identifiable despite our best efforts to the contrary.***

For us to share your story, we are formally asking you, as the individual/head of the household affected, to sign this authorization and release. If you are willing, please read this statement before signing:

- a. In consideration of the service offered by Rooster Relief Fund (hereafter, the Fund) and my participation in it, I agree to permit it to use pictures, photographs, or other visual images of me and narrative material about me and my participation for their educational and promotional efforts and their websites.
- b. I assign all rights, title and interest in and to the copyright of the materials to the Rooster Relief Fund.
- c. I waive any right to inspect and approve the photos or narrative materials about me and any advertising and promotional copy with which they are connected.
- d. I understand that the circulation of such materials could be nationwide and that there will be no compensation to me for the use of such materials by the Fund.
- e. I waive any claim and all causes of action I may have against the Fund for its use of the pictures, photographs or visual images and narrative material, to include but not limited to any and all claims for invasion of privacy, defamation or infringement of copyright.
- f. I understand the rights and protections granted in this document may be exercised by the Fund at any time without limitation. These rights and protections extend to the PAT, its committee members, officers, agents, affiliates, subsidiaries, related companies, successors, designees, employees and others acting on their behalf for the Fund.
- g. I understand that should PAT want to use additional identifying information, it will request that separately, explicitly and in writing.
- h. When I sign, I am stating I have read (or had read to me) and understand the provisions of this agreement, and also declare that I am 18 years of age or older.

This authorization and waiver expresses the complete understanding between the Fund and me/us:

Printed Name	Signature	Date
Witness' Printed Name	Signature	Date

Annex E (Approval Letter Template) to RRF SOP



Prevention Action Team
c/o Lehigh Conference of Churches
457 W. Allen St,
Allentown, PA 18102

<<Date, Long Form>>

To:

<<Applicant Name>>

<<Applicant Address>>

<<Town>>, PA <<Zip Code>>

Dear <<Applicant>>,

This letter is to notify you that your application to the Rooster's Relief Fund has been approved. A member from the Prevention Action Team will be requesting a W-9 from your landlord. Once the W-9 is received, a check that is made payable to your landlord will be generated with the requested amount of \$_____.

The client representative will offer two options to the landlord regarding receipt of the check:

- Option #1: The check is to be picked up by the landlord in the Main Lobby of Sacred Heart Hospital, 421 West Chew Street, Allentown, Pa 18102.
- Option #2: The check is to be mailed to the landlord's address as written on the Rooster's Relief Fund Request Form.

After providing a properly completed W-9 Form, please allow 10 business days for receipt of the check.

As a reminder, funds from Rooster's Relief provide one-time assistance and you will not be eligible to apply again.

If you have any questions concerning your application or the information in this notification letter, please contact the member of the Prevention Action Team involved in processing your request. We wish you all the best.

Sincerely,

Prevention Action Team

Annex F (Denial Letter Template) to RRF SOP



Prevention Action Team
c/o Lehigh Conference of Churches
457 W. Allen St,
Allentown, PA 18102

<<Date, Long Form>>

To:

<<Applicant Name>>

<<Applicant Address>>

<<Town>>, PA <<Zip Code>>

Dear <<Applicant>>,

We regret to inform you that your application to the Rooster's Relief Fund has been denied based upon the policies and/or criteria of the program.

If you have any questions concerning your application or the information in this notification letter, please contact the member of the Prevention Action Team involved in processing your request.

This denial does not preclude you from applying in the future should your circumstances change.

Sincerely,

Prevention Action Team



Prevention Action Team
c/o Lehigh Conference of Churches
457 W. Allen St,
Allentown, PA 18102

<<Date, Long Form>>

To:

<<Applicant Name>>

<<Applicant Address>>

<<Town>>, PA <<Zip Code>>

Dear <<Applicant>>,

In an effort to serve others better, please complete the survey below.

Please email a copy of the completed survey to Seth.A.Campbell@lvhn.org or mail it to The Lehigh Conference of Churches, ATTN: Ben Stephens, 457 W. Allen St., Allentown, PA 1802.

Sincerely,

Prevention Action Team

SURVEY

Check which applies:

1. Report is for: 6 months since receiving assistance: 12 months since receiving assistance:
2. Are you currently stably housed? Yes: No:
3. Did the assistance received by the Prevention Action Team Rooster's Relief Fund allow you to remain housed? Yes: No:

If you have a comment you would like to make, please share it below:

(Write on the back of this form to continue.)

Annex H (Donor “Thank You” Letter Template) to RRF SOP



Prevention Action Team
c/o Lehigh Conference of Churches
457 W. Allen St,
Allentown, PA 18102

<<Date, Long Form>>

To:

<<Donor Name>>, <<Position Title, if applicable>>

<<Donor Organization, if applicable>>

<<Donor Address>>

<<Town>>, PA <<Zip Code>>

Dear <<Donor Last Name>>:

Thank you for the incredibly generous donation of \$<<AMOUNT>>, received on <<GIFT_DATE>>, to the Rooster’s Relief Fund!

Rooster’s Relief provides one-time emergency funding to families and individuals that are housed but are at risk of homelessness and do not qualify for other assistance. Your contribution helps individuals and families remain housed and disrupt the traumatic cycle of housing loss.

Naming the fund after Russell “Rooster” Valentini, who retired in 2020, was the obvious choice for the members of the Prevention Action Team. To say that Rooster is a legend in Allentown and across the Lehigh Valley for his work as the Allentown School District’s homeless liaison is an understatement. He has helped thousands of kids (and their families) experiencing the trauma of homelessness. Even in his retirement, Rooster remains relentless in the pursuit of safe and secure housing and other resources for kids.

Rooster’s Relief is a project of the Prevention Action Team of the Lehigh Valley Regional Homeless Advisory Board. The Lehigh Conference of Churches graciously administers the program and serves as our fiscal agent.

Thank you again for helping someone stay in their home!

Sincerely,

Ben Stephens
Co-chair, Prevention Action Team

Seth Campbell
Co-chair, Prevention Action Team

No goods or services were received for this contribution. Gifts to The Lehigh Conference of Churches are tax deductible as allowed by law. Always consult your tax adviser for further details.