

# 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 (\$)
<b>Monthly Income and Assets</b>	
- Monthly Household Income:	<input style="width: 80px;" type="text"/>
- Liquid Assets (Savings and Investments) ÷ 6 mos.:	<input style="width: 80px;" type="text"/>
- <b>Total:</b>	<input style="width: 80px;" type="text"/>
<b>Monthly Expenses</b>	
- Rent/monthly mortgage payment:	<input style="width: 80px;" type="text"/>
- Utilities (electricity, gas, heating, water, etc.)	<input style="width: 80px;" type="text"/>
- Phone:	<input style="width: 80px;" type="text"/>
- Food:	<input style="width: 80px;" type="text"/>
- Miscellaneous:	<input style="width: 80px;" type="text"/>
- <b>Total:</b>	<input style="width: 80px;" type="text"/>
<b>Net Income</b> (income&assets – expenses):	<input style="width: 80px;" type="text"/>

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