



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 additional help instructions.

**FAILURE TO FOLLOW THE INSTRUCTIONS WILL RESULT IN
AUTOMATIC DENIAL!**

For Whom this Fund Applies

The Rooster Relief Fund (RRF) is a program of the Prevention Action Team (PAT) of Lehigh Valley Regional Housing Advisory Board (LVRHAB). Its sole purpose is to proactively prevent homelessness for those in the Lehigh and Northampton counties who do not qualify for governmental 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

The individual must be employed but without the assets and income necessary for the individual or the family to meet one landlord rental or one mortgage payment to resolve the situation permanently.

There must be evidence that the individual will be able to retain long-term housing following receipt of the assistance.

The request must be made before the individual appears before a court for eviction.

Instructions to the Client Representative

1. The client representative must be from one of the participating partner organizations listed below.
2. **It is client representative who is responsible for completing and submitting the application below – not the client!**
3. You must complete all blocks in Parts 1 and 2, 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. Note that checks will not be made out to or mailed to the client.
4. You must include a proof of income or employment (as example: a pay stub or a letter from the employer).
5. You will have the client sign the *Release of Information Authorization and Waiver* attached to the end of the form – unless the individual declines. Refusal will not affect the decision either way. **Use a conformed or pasted e-signature.**
6. You will return this entire document as an active, PDF form together with required attachments via email to both of the PAT Co-Chairs, Seth Campbell (seth.campbell@valleyhealthpartners.org) and Danielle Mineo (Danielle.Mineo@allentownpa.gov). **Do not print it out for completion and then scan it for submission.**
7. You will receive a corresponding letter for forwarding to the client upon either approval or denial of the application.

Preventive Action Team Task Organization

from Annex A of the Policy and Procedure Manual (PPM)

The organizations below, which are members or sub-agents of members of the Lehigh Valley Regional Homelessness Advisory Board, have agreed to be members of Preventive Action Team for the purpose of providing management and making decisions for the Rooster Relief Fund, to include staffing any needed committees.

These organizations alone can submit an application if they provide a client representative:

- 1) Allentown Housing Authority
- 2) Allentown Health Bureau
- 3) Allentown School District
- 4) Allentown YMCA
- 5) Catalyst⁴
- 6) Community Action Lehigh Valley (CALV)
- 7) Community In Schools of Eastern Pennsylvania
- 8) Lehigh Conference of Churches, The
- 9) Lehigh County and contracting agencies
- 10) Lehigh Valley Military Affairs Council (LVMAC)
- 11) Neighborhood Health Centers of the Lehigh Valley
- 12) New Bethany
- 13) Northampton County and contracting agencies
- 14) North Penn Legal
- 15) Ripple Community, Inc.
- 16) Safe Harbor Easton
- 17) St. Luke's University Health Network
- 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

Part 1: Applicant and Client Representative Identification

Applicant's Name:

Date Submitted:

Phone:

Email Address:

Address:

Town:

Zip:

County:

Client Representative submitting:

Phone:

Position:

Email Address:

Organization:

Release of Information Waiver signed:

Part 2: Amount Requested and Purpose

SPECIAL INSTRUCTIONS

- Remember to hover your cursor over text boxes for any additional instructions!
- Type directly into this PDF form. Scanned copies will result in automatic denial.
- Maximum request amount is \$1,500.
- ★ The amount requested cannot exceed the rent/monthly mortgage payment below.

Amount Requested★: \$

for:

needed in:

Make Check Payable to:

Check Mailing Address:

Part 3: Case Summary

Failure to fully complete will result in automatic denial of the application.

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:

Qualifies for VA assistance:

Number of children in household:

Proof of Income/Employment attached:

Category	Amount (\$)
Monthly Income and Assets	
- Monthly <u>Household</u> Income:	<input style="width: 100%; height: 20px;" type="text"/>
- Liquid Assets (Savings and Investments) ÷ 6 mos.:	<input style="width: 100%; height: 20px;" type="text"/>
- Calculate the Total:	<input style="width: 100%; height: 20px;" type="text"/>
Monthly Expenses	
- Rent/monthly mortgage payment★:	<input style="width: 100%; height: 20px;" type="text"/>
- Phone, internet and cable service	<input style="width: 100%; height: 20px;" type="text"/>
- Other utilities (electricity, gas, heating, water, etc.)	<input style="width: 100%; height: 20px;" type="text"/>
- Food:	<input style="width: 100%; height: 20px;" type="text"/>
- Miscellaneous:	<input style="width: 100%; height: 20px;" type="text"/>
- Calculate the Total:	<input style="width: 100%; height: 20px;" type="text"/>
Net Income (Monthly Income&Assets – Monthly Expenses):	<input style="width: 100%; height: 20px;" 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 4: Approval

Decision of Decision Team Majority:

Amount Approved: \$

Approval Date:

Part 5: Administrative Processing Checklist

PAT member designated to complete the administrative steps below:

Name:

Phone:

Position:

Email Address:

Organization:

ADMINISTRATIVE PROCESSING STEPS

1. PAT client representative notified of results:
2. Letter of Approval/Denial sent to client:
- If the application is approved,*
3. W9 Form sent to check name and address:
4. W9 Form received:
5. Check mailed to name and address specified above:
6. Follow-up to determine if client still housed one year from the award (success analysis):
7. Projected Completion Date of all steps:

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	conformed or pasted e-signature	Date
Witness' Printed Name	conformed or pasted e-signature	Date