

**DEPARTMENT OF PUBLIC SOCIAL SERVICES
ADMINISTRATIVE DIRECTIVE**



NUMBER 4821 Supp I	DATE 05/20/10
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SUBJECT: HOMELESSNESS PREVENTION AND RAPID RE-HOUSING PROGRAM (HPRP)

REFERENCE: AD 4821, dated 12/02/09

CANCELS: NONE

CANCEL DATE: June 30, 2012 **FILE IN:** NONE

SPECIAL ATTENTION: REPORT REQUIRED YES NO
 CalWORKs SURVEY REQUIRED YES NO

I. PURPOSE/BACKGROUND

The purpose of this Administrative Directive (AD) is to introduce HPRP policy changes and to give guidance on how to assist HPRP applicants who are potentially eligible to CalWORKs. It also provides instructions to HPRP eligibility staff on the submission of Time Study Sheets, HPRP Temp 22 (Attachment A); the completion of the Homelessness Prevention and Rapid Re-Housing Program (HPRP) Staff Certification of Eligibility for HPRP Assistance form (Attachment B); and provides the revised Sustainability Tool (Attachment C).

All other policies and procedures contained in AD 4821, dated 12/02/09, must continue to be followed.

District Directors must ensure that this AD is reviewed with all appropriate staff.

II. KEY POINTS

- Families that are potentially eligible to CalWORKs, and have a Pay Rent or Quit Notice should immediately be referred to the Department of Consumer Affairs (DCA) general helpline for legal assistance.
- Families that are potentially eligible to CalWORKs, and have an Unlawful Detainer, should immediately be referred to Self-Help Legal Action Centers (SHLAC) for legal assistance.
- HPRP applicants that are potentially eligible to CalWORKs must be referred to the CalWORKs Intake Section to apply for CalWORKs.
- HPRP families potentially eligible to CalWORKs must be referred and seen by an Intake Eligibility Worker (EW) the same day.

II. **KEY POINTS** (Continued)

- Families that are potentially eligible to CalWORKs and have a housing need must be screened by the CalWORKs Intake EW for eligibility to any CalWORKs homeless programs.
- All families that are referred to the HPRP EW to apply for HPRP by another County Department or partner agency must first be evaluated for CalWORKs eligibility.
- Families who are not eligible to CalWORKs or HPRP with an Unlawful Detainer or a Three-Day Notice must be referred to SHLAC or DCA general helpline respectively for legal assistance.
- Eligible families who are at risk of homelessness can receive financial assistance to secure a rental unit under the Eviction Prevention (EP) program.
- CalWORKs eligible families with a housing need, and who have an Unlawful Detainer (UD) or a Three-Day Notice, must be evaluated for Emergency Assistance to Prevent Eviction the same day, and referred to SHLAC if they have an UD, or DCA general helpline if they have a Three-Day Notice, for legal assistance.

III. **POLICY AND PROCEDURES**

A. **HPRP General Program Changes**

The financial hardship criterion has been extended to include unexpected expenses such as medical expenses and car repairs. There have been some HPRP policy changes to the eligibility criteria, HPRP EP Program and HPRP forms.

B. **Eligible Population**

1. Families with fixed income who are receiving EP or Rapid Re-Housing will not be eligible to the Housing Subsidy program.
2. For families who are applying for HPRP, the recent economic downturn does not have to be the only cause of their financial hardship.
3. Families who do not meet CalWORKs eligibility for any reason other than the following must be referred to the HPRP EW:
 - Cases with no eligible children;
 - Cases that failed to comply with procedural requirements;
 - Cases denied due to Diversion;

II. KEY POINTS (Continued)

- Families that are potentially eligible to CalWORKs and have a housing need must be screened by the CalWORKs Intake EW for eligibility to any CalWORKs homeless programs.
- All families that are referred to the HPRP EW to apply for HPRP by another County Department or partner agency must first be evaluated for CalWORKs eligibility.
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III. POLICY AND PROCEDURES

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 - Cases that failed to comply with procedural requirements;
 - Cases denied due to Diversion;

III. POLICY AND PROCEDURES (Continued)

B. Eligible Population (Continued)

3. Families who do not meet CalWORKs eligibility for any reason other than the following must be referred to the HPRP EW: (Continued)
 - Cases where the entire household are ineligible non-citizens; or
 - Cases with a non-resident of Los Angeles County.

C. Changes to the HPRP EP Program

1. Eligibility Criteria to the EP Program

Per Housing and Urban Development (HUD) guidelines, HPRP funds can be used to serve two eligible populations: 1) persons who are still housed but at risk of becoming homeless; and 2) persons who are already homeless. Families/individuals that are already homeless (based on HUD's definition) can receive Rapid Re-Housing assistance. Families/individuals who are at risk of homelessness can receive homeless prevention assistance (EP and/or Housing Subsidy). Initially, EP provided eligible families with funds to help pay for past due rent and/or utilities when a family has experienced an unexpected financial hardship. Effective upon release of this AD, EP will also assist families who are **at risk of becoming homeless** with funds to move into a new rental unit and pay for security and/or utility deposits. Examples of those at-risk of homelessness:

- a. Families/individuals who lost their jobs and the rent is now unaffordable.
- b. Families/individuals who were recently evicted and are temporarily staying with a friend or family member.

2. Payment Issuance Method

The following are the payment types for the EP security deposits and/or utility deposits:

- DPSS – HPRP – EP/Housing Dep.
- DPSS – HPRP – EP/Gas Dep.
- DPSS – HPRP – EP/Elec Dep.

III. POLICY AND PROCEDURES (Continued)

D. HPRP Referral Process

The HPRP EW will receive referrals from:

- Intake EWs who have denied the family's CalWORKs application on LEADER and have already completed a pre-screening for HPRP.
- The case-carrying EW for families with an open Food Stamps and/or Medi-Cal only case or applicants referred from other agencies such as, but not limited to, Neighborhood Legal Services (NLS) and other County departments.
- Applicants who have assessed themselves for HPRP through an on-line pre-screening tool available through the Los Angeles Housing Resource Center (LAHRC) website at <http://housing.lacounty.gov>.

Upon receiving an HPRP referral, the HPRP EW will take actions described in AD 4821, dated 12/02/09 to complete the HPRP application process.

E. HPRP Forms

1. Sustainability Tool

The revised Sustainability Tool has a new formula designed to decrease rent rather than increase income. The following changes are reflected on the spreadsheet:

Step 1: Rent Ratio = Rent after HPRP assistance/total income.

Step 2: Total income includes income and benefits (cell B47 does not include HPRP assistance); and the rent ratio aligns with Step 1.

NOTE: For cases where the family is applying for EP under the HPRP, and the case fails the sustainability test due to monthly rent exceeding 50% of total household income, the HPRP EW must consider the following factors and if all are met, must contact CalWORKs Program at (562) 908-5833, before the HPRP application is denied:

- The family has been residing at the same place for a year or more;
- The rent amount has been the same for a year or more;
- The family is on a fixed income or the household income has remained the same for a year or more; and
- The family has been able to maintain the rent, but for the current financial hardship.

III. POLICY AND PROCEDURES (Continued)

E. HPRP Forms (Continued)

1. Sustainability Tool (Continued)

CalWORKs Program will evaluate these applications on a case-by-case basis and assist the HPRP EW to determine eligibility to the HPRP EP Program.

2. Staff Certification of Eligibility for HPRP Assistance

HUD recently issued the attached *HPRP Staff Certification of Eligibility for HPRP Assistance* form which is a **new requirement** for all HPRP staff to complete after making an eligibility determination for HPRP assistance.

The Staff Certification of Eligibility for HPRP Assistance:

- Documents that the HPRP household meets all eligibility criteria;
- Certifies that true and complete information was used to determine eligibility; and
- Certifies that no conflict of interest exists related to the provision of HPRP assistance.

The Staff Certification of Eligibility for HPRP Assistance **must** be completed and signed by the person determining eligibility and his/her supervisor for all households determined eligible on or after November 1, 2009. A new Staff Certification of Eligibility for HPRP Assistance form is only required if a different staff person redetermines eligibility at a later date. For example, if an HPRP EW makes the initial determination of eligibility, he/she signs the Staff Certification form. If the household's eligibility is recertified by another case manager, a new Staff Certification form must be signed by the case manager and his/her supervisor.

NOTE: There is no need to complete a Staff Certification form for cases determine eligible prior to November 1, 2009.

3. HPRP Time Study Sheet Instructions

Responsibility for Completion and Submission of HPRP Time Study Sheets

The HPRP Primary EW and Back-up must:

- Complete and sign the HPRP Time Study Sheet for each month he/she is assigned to this project, beginning with the first month the assignment begins.

III. **POLICY AND PROCEDURES** (Continued)

E. **HPRP Forms** (Continued)

3. **HPRP Time Study Sheet Instructions** (Continued)

Responsibility for Completion and Submission of HPRP Time Study Sheets (Continued)

The HPRP Primary EW and Back-up must: (Continued)

- Have each Time Study Sheet reviewed and signed by his/her designated Supervisor.

The District Deputy Director shall designate a coordinator who will ensure that all Time Study Sheets are completed, collected and submitted by the fifth calendar day of each month for the prior month's report to:

Fiscal Management Branch
Attention: Ana Nicola, HSA I
3435 Wilshire Blvd., 8th Floor
Los Angeles, CA 90010

NOTE: The **original** signed/dated HPRP Time Study Sheet must be submitted to FMD. Districts must keep a copy of the sheets for their records.

Staff assigned to HPRP must complete the Time Study Sheet as follows:

FRONT PAGE

1. **CLASSIFICATION:** In the space provided, enter your payroll title.
2. **DISTRICT:** Enter the district number.
3. **NAME:** Print last name, first name and middle initial.
4. **TELEPHONE NUMBER:** Enter employee's telephone number.
5. **EMPLOYEE NUMBER:** Enter employee's number.
6. **PAY LOCATION:** Enter employee's pay location.
7. **MONTH/YEAR:** Enter the month and year of the time study.

III. POLICY AND PROCEDURES (Continued)

E. HPRP Forms (Continued)

3. HPRP Time Study Sheet Instructions (Continued)

Staff assigned to HPRP must complete the Time Study Sheet as follows: (Continued)

PROGRAM ACTIVITIES - GENERAL INSTRUCTIONS


- Block non-working days (weekends, RDO's, and holidays).
- Only enter the number of hours worked on HPRP-related activities by program per day. Do not record non-HPRP activities on this page.
- Hours need to be rounded to the nearest half hour.
- Record time spent in HPRP-related training.
- Time Study Sheet must reflect staff and supervisor's signatures to certify accuracy of time study hours.

BACK PAGE

- Block the columns for non-working days (weekends, RDO's, and holidays).
- Enter the number of hours worked on non-HPRP related activities by program per day. **Do not record HPRP activities on this page.**
- Hours need to be rounded to the nearest half hour.
- Record time spent in non-HPRP related training.
- Record sick time.
- Record vacation time.
- Skip Row "S".

NOTE: The primary HPRP EW should time study to "Non-Allocable" when his/her name is reflected in the Random Moment Time Study (RMTS) observations. The HPRP Back-up EW should time study to RMTS only if HPRP activities have not been performed prior to RMTS observations.

Questions regarding this release may be directed by Administrative staff to CalWORKs Program Section at (562) 908-6336.



PHIL ANSELL, DIRECTOR
BUREAU OF PROGRAM AND POLICY

CLEARANCE/APPROVAL:
 BAS BPP BSO BWS BCTS

PA:CL
JS:tt

Attachments



HPRP PROGRAMS	CLASSIFICATION		District																													
	TIME CARD FOR STAFF	TELEPHONE NUMBER	HPRP STAFF	EMPLOYEE NUMBER	PAY LOCATION																											
NAME (LAST, FIRST, MI)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total
Program Activities	Community Development Commission (CDC)																															
HPRP12-09, DPSS-EP (CM)* (5544/SS03)																																
HPRP13-09, DPSS-EP (FA)** (5544/SS03)																																
HPRP14-09, DPSS-HS/Rental Assistance (CM) (5544/SS02)																																
HPRP15-09, DPSS-HS/Rental Assistance (FA) (5544/SS02)																																
HPRP16-09, DPSS-RRHA (CM) (5544/SS01)																																
HPRP17-09, DPSS-RRHA (FA) (5544/SS01)																																
HPRP03-09, DCFS-HS Family Reunification (FA) (5544/CF31)																																
HPRP05-09, CSS-EP (FA) (5544/CS14)																																
HPRP07-09, CSS-Housing Relocation (FA) (5544/CS12)																																
HPRP09-09, CSS-HS (FA) (5544/CS13)																																
HPRP11-09, CSS-RRHA (FA) (5544/CS12)																																
Attending HPRP training session																																
Attending HPRP meeting																																
TOTAL HOURS FOR CDC																																
TOTAL HOURS FOR LAHSA																																
TOTAL ALLOCABLE HOURS																																
TOTAL NON-ALLOCABLE HOURS																																
DAILY TOTAL																																

*(CM)= Case Management
**(FA)=Financial Assistance

EMPLOYEE: I certify that this is a true and accurate report of my time and the activities were performed as shown.

Supervisor: I supervise that the employee's time records have been examined and that to the best of my knowledge and belief, this time record is true and correct and the activities were performed as shown.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____



HPRP PROGRAMS		CLASSIFICATION													District																				
TIME CARD FOR STAFF		HPRP STAFF													MONTH/YEAR																				
NAME (LAST, FIRST, MI)		TELEPHONE NUMBER:													EMPLOYEE NUMBER:																				
		Los Angeles Homeless Services Authority (LAHSA)													PAY LOCATION:																				
Program Activities		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Total		
HPRP, DPSS-Alhambra-EP (CM) (5544/AL41)																																			
HPRP, DPSS-Alhambra-EP (FA) (5544/AL41)																																			
HPRP, DPSS-Alhambra-HS (CM) (5544/AL41)																																			
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HPRP, DPSS-Huntington Park-EP (CM) (5544/HP42)																																			
HPRP, DPSS-Huntington Park-EP (FA) (5544/HP42)																																			
HPRP, DPSS-Huntington Park-HS (CM) (5544/HP42)																																			
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HPRP, CSS-Huntington Park-HS (FA) (5544/HP42)																																			
HPRP, CSS-Huntington Park-RRHA (FA) (5544/HP42)																																			
HPRP, CSS-Huntington Park-Housing Relocation (FA) (5544/HP42)																																			
Attending HPRP training session																																			
Attending HPRP meeting																																			
TOTAL HOURS FOR LAHSA																																			

*(CM)= Case Management
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The codes for other non-HPRP activities are as followed:

A	CaiWORKs processing of an application	Name (Last, First, MI)
B	Food Stamp processing of an application	Employee number
C	CaiWORKs payment issuance	District
D	Food Stamp payment issuance	Month/Year
E	CaiWORKs participant interview	Work Schedule
F	Food Stamp participant interview	RDO
G	CaiWORKs updating of caseload	
H	Food Stamp updating of caseload	
I	CaiWORKs filing of documents	
J	Food Stamp filing of documents	
K	CaiWORKs telephone calls	
L	Food Stamp telephone calls	
M	CaiWORKs transferring of cases	
N	Food Stamp transferring of cases	
O	Attending a training session	
P	Attending a meeting	
Q	Out of office- sick	
R	Out of office- vacation	
S	Holiday	

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	Monthly Total	
A																																	
B																																	
C																																	
D																																	
E																																	
F																																	
G																																	
H																																	
I																																	
J																																	
K																																	
L																																	
M																																	
N																																	
O																																	
P																																	
Total for A thru P																																	
Q																																	
R																																	
S																																	
Total for Q thru S																																	
TOTAL																																	

Homelessness Prevention and Rapid Re-Housing Program (HPRP)



STAFF CERTIFICATION OF ELIGIBILITY FOR HPRP ASSISTANCE

Purpose: This form serves as documentation that: (1) the program participant named below meets all eligibility criteria for HPRP assistance; (2) this eligibility determination is based on true and complete information; (3) neither the staff member making this determination nor his or her supervisor are related to the program participant through family, business or other personal ties; and (4) this eligibility determination has not resulted from, nor will result in, any financial benefit to the staff member making this determination, his or her supervisor, or anyone related to them.

Instructions: This form must be completed for each program participant upon the determination of his or her eligibility for HPRP assistance. This form must be signed and dated by the HPRP staff person who makes this determination and that person's supervisor and must be kept in the program participant's case file. This form will remain valid, unless a different staff person re-determines the program participant's eligibility, in which case a new form will be required.

Head of Household Name:
Names of Other Household Members*:

**All members in household that will benefit from HPRP assistance should be listed here.*

Required certifications: Each person signing below certifies to the following: (1) To the best of my knowledge, the program participant named above meets all requirements to receive assistance under the Homelessness Prevention and Rapid Re-Housing Program (HPRP). (2) To the best of my knowledge and ability, all of the information used in making this eligibility determination is true and complete. (3) I am not related to the program participant through family, business or other personal ties. (4) To the best of my knowledge, neither I nor anyone related to me has received or will receive any financial benefit for this eligibility determination. (5) I understand that fraud is investigated by the Department of Housing and Urban Development, Office of Inspector General, and may be punished under Federal laws to include, but not limited to, 18 U.S.C. 1001 and 18 U.S.C. 641. (6) I understand that if any of these certifications is found to be false, I will be subject to criminal, civil and administrative penalties and sanctions.

HPRP Staff Signature: _____ Date: _____

HPRP Supervisor Signature: _____ Date: _____

Housing Sustainability Tool

If resident meets income and geography eligibility, then complete this worksheet to select program(s). Fill in the boxes below.

STEP 1

	With HPRP assistance	
Current monthly income*		
Current monthly benefits**		
Total income and benefits		
HPRP assistance (housing subsidy)		
Monthly rent		
Rent with HPRP assistance		
Rent Ratio	#DIV/0!	

If Rent Ratio is 50% or less, enroll client into one of the following:

- 1) Eviction Prevention with Housing Subsidy (if client is behind in rent 2 or fewer months)
 - 2) Housing Subsidy only (if client is at-risk of becoming homeless but not behind in rent)
 - 3) Rapid Re-Housing and Housing Subsidy (if client is already homeless)
- Repeat calculation at 3 month recertification.

If Rent Ratio is more than 50%, proceed to STEP 3

STEP 2

Is there any potential benefit that client could receive? Enter yes or no. If yes, enter estimated amount in second box.			
Is there any prospective/potential employment? Enter yes or no. If yes, enter estimated amount and start date.			
Did the client recently lose a job and could previously afford the rent (Rent Ratio less than 50%)? Enter yes or no.		If yes, then client's employment history is good. Monitor any offer for employment.	

	With HPRP assistance and Projected Additional Income/Benefits	
Current monthly income	\$0	
Projected future income	\$0	
<i>Income for Calculation</i>		\$0
Current monthly benefits	\$0	
Projected additional benefit	\$0	
<i>Benefit Total for Calculation</i>		\$0
HPRP assistance	\$0	
Rent with HPRP assistance	\$0	
Total income and benefits	\$0	
Rent Ratio	#DIV/0!	

If Rent Ratio is now 50% or less, enroll client into one of the following:

- 1) Eviction Prevention with Housing Subsidy (if client is behind in rent 2 or fewer months)
 - 2) Housing Subsidy only (if client is at-risk of becoming homeless but not behind in rent)
 - 3) Rapid Re-Housing and Housing Subsidy (if client is already homeless)
- Repeat calculation at 3 month recertification.

If Rent Ratio is still more than 50% with HPRP assistance, then inform client of Rapid Re-Housing. If interested in Rapid Re-Housing, staff and client will use LACHRC (website or phone) to locate more affordable housing. Start at Step 1 to recalculate with new monthly rent.

*Examples of income: employment

**Examples of benefits: GR, Food Stamps, SSI, CAPI, UIB (unemployment), DIB (disability), SSA, Veteran's

Note residents with a fixed income may not be able to sustain housing after HPRP assistance.

HPRP is designed for those who would be able to sustain housing following assistance.