

**ESG-CV Homelessness Prevention Reimbursement Form**  
**Homelessness Prevention: Individuals/families who are at imminent risk, or at risk, of homelessness. Household income below 50% AMI.**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Staff Member: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Last)

Client's Program Entry Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Exit Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Housing Relocation & Stabilization Services – To prevent persons from becoming homeless in a shelter or an unsheltered situation and to help such persons regain stability in their current housing or other permanent housing to prevent the spread of coronavirus.**

**Services:**

**Housing Search & Placement** – \*Eligible Costs: Assessment of housing barriers, needs & preferences; Development of an action plan for locating housing; Housing search to and negotiation with owner; Assistance with submitting rental applications & understanding leases; Assessment of housing for compliance with ESG requirements for habitability, lead based paint & rent reasonableness; Assistance with obtaining utilities & making moving arrangements; Tenant counseling.

Description of services provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Service Submitted: \_\_\_\_\_ to \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Case notes attached (if not in HMIS)

Staff Member: \_\_\_\_\_ \*\*Provide all documentation necessary for review\*\*

**Housing Stability Case Management – Assessing, arranging, coordinating & monitoring the delivery of individualized services to facilitate housing stability.**

*\*Eligible Costs: Counseling, Developing, securing & coordinating services including Federal, state & local benefits, Monitoring & evaluating program participant progress, Providing information & referrals to other providers, Developing an individualized housing & service plan.*

Description of services provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Service Submitted: \_\_\_\_\_ to \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Case notes attached (if not in HMIS)

Staff Member: \_\_\_\_\_ \*\*Provide all documentation necessary for review\*\*

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**Mediation** - Mediation between the program participant & the owner or person(s) with whom the program participant is living, to prevent the program participant from losing permanent housing in which they currently reside.

*\*Eligible Costs: Time and/or services associated with mediation activities*

Description of services provided: \_\_\_\_\_  
\_\_\_\_\_

Dates of Service Submitted: \_\_\_\_\_ to \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Case notes attached (if not in HMIS)

Staff Member: \_\_\_\_\_ \*\*Provide all documentation necessary for review\*\*

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**Legal Services** - Legal services that are necessary to resolve a legal problem that prohibits the program participant from obtaining or maintaining permanent housing.

*\*Eligible Costs: Hourly fees for legal advice and representation; Fees based on the actual service performed (i.e. fee for service), but only if the cost would be less than the cost of hourly fees; Client intake, preparation of cases for trial, provision of legal advice, representation at hearings, and counseling; Filing fees & other necessary court costs; Subrecipient's employees' salaries & other costs necessary to perform the services, if the subrecipient is a legal services provider & performs the services itself.*

Description of services provided: \_\_\_\_\_  
\_\_\_\_\_

Dates of Service Submitted: \_\_\_\_\_ to \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Case notes attached (if not in HMIS)

Staff Member: \_\_\_\_\_  Copy of statement for legal services

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**Credit Repair** - Services necessary to assist program participants with critical skills related to household budgeting, managing money, accessing a free personal credit report and resolving personal credit problems. *\*Eligible Costs: Credit Counseling; Other Related Service; \*Assistance cannot include the payment or modification of a debt.*

Description of services provided: \_\_\_\_\_  
\_\_\_\_\_

Dates of Service Submitted: \_\_\_\_\_ to \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Case notes attached (if not in HMIS)

Staff Member: \_\_\_\_\_ \*\*Provide all documentation necessary for review\*\*

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**Hazard Pay** – Funds may be used to pay hazard pay for staff working directly to prevent, prepare for and respond to coronavirus among persons who are homeless or at risk of homelessness.

Staff receiving Hazard Pay & Amount of Hazard Pay: \_\_\_\_\_  
\_\_\_\_\_

Dates of Hazard Pay Provided: \_\_\_\_\_ to \_\_\_\_\_ Total Amount Requested: \$ \_\_\_\_\_

Staff Member: \_\_\_\_\_ \*\*Provide all documentation necessary for review\*\*