

Lawyers Preventing and Ending Homelessness Project Legal Services Referral Form

The legal services program known as the Lawyers Preventing and Ending Homeless Project (PEHP) provides legal services and advocacy to individuals or households experiencing homelessness, or who are at imminent risk of becoming homeless. To obtain assistance, an individual or household must meet HUD Category 1, 2, or 4, and the Income requirement. Please see requirements below. A brief definition of terms has been provided to assist referring agencies with completing the form.

Directions: The referring agency must a) complete the PEHP legal services referral form, b) ensure the participant signs the form, and c) submit the required supporting documents. If requesting financial assistance for homeless prevention services, a referring agency must contact the funded Prevention Program provider in the Service Planning Area (SPA) where the participant resides.

Step 1: Determine if the presenting household meets Homeless Status or Imminently at Risk of becoming homeless. All Individuals or households must meet HUD Category 1, 2, or 4 and provide documentation of homeless status or imminently at risk of becoming homeless. The referring agency staff can provide an agency letter or use the LA CoC Homeless Certification form to document the individual's or household's homeless status. If documenting those imminently at risk of becoming homeless, it is sufficient to provide a copy of the eviction notice or 'pay or vacate' notice from the landlord/property manager.

HOUSING STATUS	
HUD Category 1	<input type="checkbox"/> Living in place not meant for human habitation (i.e. street, sidewalk, car, park, abandoned building, etc.)
	<input type="checkbox"/> Emergency Shelter, Safe Haven, Transitional Housing
	<input type="checkbox"/> Motel or Hotel paid for by Charitable Organization or Federal, State and Local government program.
HUD Category 2	<input type="checkbox"/> Imminent Risk of Homelessness (Residence will be lost within 14 days; No subsequent residence has been identified AND the individual or family lacks the resources or support networks needed to obtain other permanent housing.)
HUD Category 4	<input type="checkbox"/> Fleeing or attempting to flee domestic violence, dating violence, sexual assault, human trafficking, or other dangerous life-threatening conditions that relate to violence against the individual or a family member.
Rapid Rehousing Participant	<input type="checkbox"/> Housed and actively enrolled in a Rapid Rehousing program (A rapid housing participant maintains their homeless status when they are actively enrolled in a Rapid Rehousing program.)

Step 2: Determine if the household meets the Annual Gross income eligibility requirement. If the individual or household is experiencing homelessness, they must fall below 50% of the Area Median Income (AMI) to qualify for legal services. If the individual or household is imminently at risk of becoming homeless AND is in subsidized housing, they can also qualify for legal services with income up to 80% of the Area Median Income (AMI). See income limit summary below (on referenced chart) or at the United States Department of Housing and Urban Development (HUD) link to determine the latest annual income limits.

FY 2018 Income Limits Summary: Los Angeles County, CA								
Income Limits Summary for each fiscal year are found on the United States Department of Housing and Urban Development's (HUD) website at: https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn								
AREA MEDIAN INCOME (AMI)	HOUSEHOLD SIZE							
	1	2	3	4	5	6	7	8
0-30% Income Limits Annual Household Income	\$20,350	\$23,250	\$26,150	\$29,050	\$31,400	\$33,740	\$38,060	\$42,380
31%-50% Income Limits Annual Household Income	\$33,950	\$38,800	\$43,650	\$48,450	\$52,350	\$56,250	\$60,100	\$64,000
51%-80% Income Limits Annual Household Income	\$54,250	\$62,000	\$69,750	\$77,500	\$83,700	\$89,900	\$96,100	\$102,300

Step 3: Determine where to submit the PEHP referral and supporting documentation. See list below. The Referring Agency will send a referral to the legal services provider in each SPA where the participant resides. **Note:** If a referring agency is seeking financial assistance for homeless prevention, please contact the LAHSA funded Prevention Program provider.

SPA 1: Antelope Valley
Neighborhood Legal Services
Email: PEHPspa1@nlsa.org

SPA 2: San Fernando Valley
Neighborhood Legal Services
Email: PEHPspa2@nlsa.org

SPA 3: San Gabriel Valley
Neighborhood Legal Services
Email: PEHPspa3@nlsa.org

SPA 4: Metro Los Angeles
Inner City Law Center
Email: PEHPspa4@innercitylaw.org

SPA 5: West Los Angeles
Bet Tzedek
Email: PEHPspa5@bettzedek.org

SPA 6: South Los Angeles
Public Counsel
Email: PEHPspa6@publiccounsel.org

SPA 7: East/ Gateway Cities
Legal Aid Foundation LA
Email: PEHPspa7@lafila.org

SPA 8: South Bay/Harbor Cities
Legal Aid Foundation LA
Email: PEHPspa8@lafila.org

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TERMS

CalFresh- The CalFresh Program (food stamps) issues monthly electronic benefits that can be used to buy most foods at many markets and food stores. CalFresh is for low-income people who meet federal income eligibility rules.

CalWORKs- The California Work Opportunity and Responsibility to Kids (CalWORKs) program is a time-limited program that provides financial assistance to eligible needy families with (or expecting) children in order to help pay for housing, food, utilities, clothing, medical care, and other necessary expenses. The program is operated locally by county welfare departments.

CAPI- Cash Assistance Program for Immigrants (CAPI) is a state-funded program designed to provide monthly cash benefits to qualified aged, blind, and disabled non-citizens who are ineligible for SSI/SSDI solely due to their immigrant status. CAPI payment amounts vary depending on a person's marital status, living arrangements and other income.

CBEST- The Countywide Benefits Entitlement Service Team (CBEST) Program is a Department of Health Services (DHS) program, comprised of eight (8) community based organization with dedicated benefits advocates that assist individuals in applying for SSI, SSDI, CAPI, and Veteran's Benefits.

Criminal Record- After being arrested and/or convicted of a crime, a person may have a criminal record. In some circumstances, a criminal record may be viewed by judges or law enforcement officials, as well by employers and other entities that may consider criminal history for the appropriateness of certain jobs, housing, or services.

Debt Collectors- If a person fails to pay a debt, a creditor or its debt collector generally can sue to collect the money. If they win, the court will enter a judgment against the debtor.

Disability- A physical or mental limitation affecting one or more major life activities, such as caring for oneself, manual tasks, walking, seeing, hearing, speaking, breathing, or learning.

Eviction- An Eviction (Unlawful Detainer) is a civil case brought by a landlord/owner who is suing a tenant to obtain a court order giving the landlord/owner the right to regain possession of the property from the tenant.

Identification- Any government issued document that verifies a person's identity, such as a DMV identification card, driver's license, social security card, passport or permanent residency card known as a I-90 or Green Card.

Medi-Cal- Medi-Cal offers low-cost or free health coverage to eligible Californian residents with limited income. Medi-Cal covers low-income adults, families with children, seniors, persons with disabilities, pregnant women, children in foster care and former foster youth up to age 26.

Public Housing- Public housing refers to housing developments owned and operated by the local Housing Authority. Public housing is limited to low-income families and individuals.

Rent Control- Laws in some communities' limit or prohibit rent increases or limit the circumstances in which a tenant can be evicted. For example, in the City of Los Angeles there is Rent Stabilization Ordinance (LARSO), which is commonly referred to as "rent control".

Rent Subsidy- There are a number of federal rental subsidy programs that provide rental assistance to families and individuals (i.e. Section 8 Housing Choice Vouchers, Project-Based Section 8 Rental Assistance, Public Housing, and Supportive Housing for the Elderly (Section 202)). Specific eligibility requirements for federal rental subsidy programs include an applicant's citizenship, age, income, resources, assets and other factors.

Sex Offender Registry- People who convicted of particular criminal offenses may be required to register on a state and national sex offender registry. Such registries often affect where a person is allowed to live.

Slum Conditions- Slum conditions may include mold, damp leaking ceilings/walls, defective electrical/wiring, infestation of roaches/rodents/insects, lack of heat, broken windows, leaking plumbing, inadequate trash collection, common areas unclean, etc.

SSDI- Social Security Disability Income (SSDI) is a federal program that provides monthly cash benefits to qualified individuals who are unable to work for a year or more because of a disability. To qualify for SSDI benefits, the applicant must first have worked in jobs covered by Social Security. The applicant also must have a medical condition that meets Social Security's definition of disability.

SSI- Supplemental Security Income (SSI) is a federal program administered by the Social Security Administration. SSI makes monthly payments to qualified individuals who have low income and few resources, and who are: age 65 or older; Blind; or Disabled children and adults.

Subsidized Housing- Subsidized refers to a housing unit that receives financial assistance to pay a portion of the rent, such as Section 8, Public Housing, etc.

Unemployment- The Unemployment Insurance program pays benefits to workers who have lost their job and meet the program's eligibility requirements. After becoming unemployed, a person may file for such benefits.

Unlawful Detainer- A lawsuit that a landlord must file and win before he or she can evict a tenant (also called an "eviction" lawsuit). An unlawful detainer lawsuit is a "summary" court procedure. This means that the court action moves forward very quickly, and that the time given to the tenant to respond during the lawsuit is very short.

Veteran- A person who served in the United States military, naval, or air service including qualifying Reserve and National Guard members. Veterans of the United States armed forces may be eligible for a broad range of benefits and services provided by the U.S. Department of Veterans Affairs (VA).

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Today's Date: _____

Shriver Client: Yes No

I. PARTICIPANT'S INFORMATION		HMIS: _____
First Name: _____	Last Name: _____	
Date of Birth: _____	Age: _____	Pronoun: _____
Household Size: _____	Number of Adults: _____	Number of Minors: _____
Permanent Housing Address: _____		
Phone Number: _____	Permission to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address: _____	Permission to leave an email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Preferred Language: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____		

II. CURRENT HOUSING STATUS (Please attach a Homeless Certification or notice for any of the checked categories)							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">HUD Category 1</td> <td style="padding: 5px;"> <input type="checkbox"/> Living in place not meant for human habitation (i.e. street, sidewalk, car, park, abandoned building, etc.) </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Emergency Shelter, Safe Haven, Transitional Housing </td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"> <input type="checkbox"/> Motel or Hotel paid for by Charitable Organization or Federal, State and Local government program. </td> </tr> </table>	HUD Category 1	<input type="checkbox"/> Living in place not meant for human habitation (i.e. street, sidewalk, car, park, abandoned building, etc.)		<input type="checkbox"/> Emergency Shelter, Safe Haven, Transitional Housing		<input type="checkbox"/> Motel or Hotel paid for by Charitable Organization or Federal, State and Local government program.	
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III. SOURCE OF INCOME (Please attach income statements for any of the checked categories)			
Source of Income	Monthly Amount	Source of Income	Monthly Amount
<input type="checkbox"/> No Income	\$ _____	<input type="checkbox"/> Supplemental Security Income (SSI)	\$ _____
<input type="checkbox"/> Employed: Full-Time	\$ _____	<input type="checkbox"/> Social Security Disability Income (SSDI)	\$ _____
<input type="checkbox"/> Employed: Part-Time	\$ _____	<input type="checkbox"/> Retirement/ Pension	\$ _____
<input type="checkbox"/> General Relief	\$ _____	<input type="checkbox"/> State Disability	\$ _____
<input type="checkbox"/> CalWORKs	\$ _____	<input type="checkbox"/> Unemployment Benefits	\$ _____
<input type="checkbox"/> TANF	\$ _____	<input type="checkbox"/> Child Support	\$ _____
<input type="checkbox"/> CAPI	\$ _____	<input type="checkbox"/> Alimony	\$ _____
<input type="checkbox"/> Veterans Benefits	\$ _____	<input type="checkbox"/> Other: _____	\$ _____
Total Monthly Income:			\$ _____
Total Annual Gross Household Income			\$ _____

IV. DESCRIPTION OF LEGAL PROBLEM(S)

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V. HOUSING (Please attach any copy of any notices and include a description of any housing-related legal problem in Section IV.)

1. Has the referring individual or household received an Eviction Notice from a landlord or property manager or an Unlawful Detainer (a formal eviction action that has been filed in the court)? Yes No

If yes, check the type of most recent Eviction Notice the participant/household has received:

60-Day Notice 30-Day Notice 3-Day Notice Unlawful Detainer Other: _____

b) Date the Eviction Notice was issued: _____

c) **ONLY COMPLETE** if the participant received an Unlawful Detainer Notice from the courts:

- | | |
|--|--|
| <input type="checkbox"/> Antelope Valley - 42011 4 th Street, Lancaster, 93534 | <input type="checkbox"/> Norwalk - 12720 Norwalk Blvd., Norwalk, 90650 |
| <input type="checkbox"/> Chatsworth - 9425 Penfield Avenue, Chatsworth, 91311 | <input type="checkbox"/> Pasadena - 300 E. Walnut, Pasadena, 91101 |
| <input type="checkbox"/> Compton - 200 W. Compton Blvd., Compton, 90220 | <input type="checkbox"/> Santa Monica - 1725 Main Street, Santa Monica, 90401 |
| <input type="checkbox"/> Inglewood - One Regent Street, Inglewood, 90301 | <input type="checkbox"/> Van Nuys - 6230 Sylmar Avenue, Van Nuys, 91401 |
| <input type="checkbox"/> Long Beach - 275 Magnolia Avenue, Long Beach, 90802 | <input type="checkbox"/> West Covina - 1427 West Covina Parkway, West Covina, 91790 |
| <input type="checkbox"/> Los Angeles (Downtown) - 111 N. Hill Street, Los Angeles, 90012 | |

2. Is the referring participant in Subsidized housing? Yes No If yes, Date of Notice of Subsidy Termination: _____

HOUSING CONDITIONS/ REASONABLE ACCOMMODATIONS

1. Is the referring participant in an unsafe or unhealthy housing condition? Yes No

If yes, Date and Type of other Notice Received: _____

2. Is the referring participant in need of Reasonable Accommodations in current housing? Yes No

GOVERNMENT BENEFIT ASSISTANCE If requesting services to apply for Social Security benefits or Veterans benefits, please refer the participant to the Countywide Benefits Entitlement Services Team (CBEST) Program. If requesting services to assist with termination of benefits or changes in benefits, please complete below.

Benefit requesting assistance for: SSI SSDI Veterans Unemployment State Disability

General Relief CalWORKs CAPI Medi-Cal Other: _____

Currently receives benefits? Y N **Benefits were recently changed?** Y N **Benefits Termination Date:** _____

OTHER BARRIERS TO HOUSING

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Eviction(s) in the past | <input type="checkbox"/> Recently lost job | <input type="checkbox"/> Criminal Record | <input type="checkbox"/> Unpaid Court fees, fine(s), or tickets |
| <input type="checkbox"/> Credit Record problems | <input type="checkbox"/> Injured on the job | <input type="checkbox"/> Outstanding warrants | <input type="checkbox"/> Experiencing/ experienced Domestic Violence |
| <input type="checkbox"/> Debt collector calling | <input type="checkbox"/> Owed wages or overtime | <input type="checkbox"/> Registered sex offender | <input type="checkbox"/> Other: _____ |

PARTICIPANT CERTIFICATION

I consent to share my information for the purpose of obtaining legal services. I am certifying that all of this information is true and correct.

Printed Name of Applicant

Applicant Signature

Date Completed

REFERRING AGENCY INFORMATION

Referring Staff Name: _____ Staff Title: _____

Staff Email: _____ Staff Phone Number: _____

Referring Provider: _____

Agency Address: _____

Service Planning Area (SPA): 1 2 3 4 5 6 7 8