

Intake Eligibilty Determination Period

Intake Date
From
To

| HOUSEHOLD MEMBER NAME | SOURCE OF INCOME | MONTHLY INCOME |
|-----------------------|------------------|----------------|
| LISA X SAMPLE | WAGES | |
| | | |
| | | |
| | | |
| TOTAL | | |

SELF-DECLARATION OF INCOME

SELF- DECLARATION OF FINANCIAL HARDSHIP

DEMOGRAPHIC INFO

| GENDER | | FEMALE | MALE | TRANS MALE (FTM) | TRANS FEMALE (MTF) | NON CONFORMING | NO ANSWER |
|-----------|-----------------|------------------|-------|------------------------|-----------------------|-------------------|--------------|
| | | | | | | | |
| RACE | NATIVE | ASIAN | BLACK | ISLANDER | MULTIRACE | WHITE | NO ANSWER |
| | | | | | | | |
| ETHNICITY | NON HISPANIC | HISP / LATINX | | | | | NO ANSWER |
| | | | | | | | |

T-RAP Screening Form

| | |
|-------------|--|
| Staff Name: | |
|-------------|--|

Agency:

Time

| | | | | | | | | |
|--|--|-------------------|--|------|-----------|------|------|--|
| Head of Household Name: | | | | DOB: | | Date | | |
| Phone Number: | | Physical Address: | | | | | | |
| | | Mailing Address: | | | | | | |
| Client Email: | | | | | | | | |
| Does Client need translation services? | | No | | Yes | Language: | | AGE: | |

Household Info:

| Number of Adults in Tenant's Household: | | Number of Children in Tenant's Household: | | | | Tenant's Gross Monthly Household Income for past 60 Days: | | | |
|--|----------|---|----------|----------|----------|---|----------|----------|--|
| HH Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | |
| Gross Monthly AMI 80% | \$3,787 | \$4,329 | \$4,871 | \$5,408 | \$5,842 | \$6,275 | \$6,708 | \$7,142 | |
| Gross Yearly AMI 80% | \$45,450 | \$51,950 | \$58,450 | \$64,900 | \$70,100 | \$75,300 | \$80,500 | \$85,700 | |
| Are you at risk of experiencing homelessness or housing instability? (at risk of losing housing, late on rent, unsafe or unhealthy living conditions, etc.) | | | | | | | | | |
| Have you received rental assistance from Opportunity Council? If so which months: 2018 3 months | | | | | | | | | |
| Does any member of the client's household receive HEN (Housing & Essential Needs) or ABD (Aged, Blind, or Disabled) benefits from DSHS? | | | | | | | | | |
| Has any member of the client's household served in the United States Armed Forces? | | | | | | | | | |
| Is the rental unit located in Whatcom County? | | | | | | | | | |
| Have you had an economic impact since March 1 st 2020 due to Covid (loss of income or increase in bills)? | | | | | | | | | |
| Has any member of your household been unemployed for 90 days or more? | | | | | | | | | |
| Is the tenant currently receiving Basic Food Benefits? | | | | | | | | | |

Landlord Name:

Landlord #

Landlord Email :

Number of Bedrooms :

T-RAP CHECKLIST (Partner Agency)

Applicant Name: _____

Appointment Date: _____
(to verify income date range)

Partner Agency: _____

Case Manager: _____

Case Manager phone/email: _____

New Client:

- ☐ 1. T-RAP Checklist
- ☐ 2. T-RAP Payment Agreement Form- Rent
- ☐ 3. T-RAP OHC Payment Agreement Form (if applicable)
- ☐ 4. T-RAP Utility Payment Agreement Form (if applicable)
- ☐ 5. T-RAP Household Information & Eligibility Form
- ☐ 6. Financial Hardship Documentation
- ☐ 7. Housing Status Documentation
- ☐ 8. Income verification (for the past 30 days (fixed), 60 days or for the past year [2020])
 - o Date range: _____ to _____
- ☐ 9. T-RAP Self-Declaration
- ☐ 10. Copy of the lease or verification of rental payment amount and rental address
- ☐ 11. Release(s) of Information
- ☐ 12. Acknowledgement of Receipt of Privacy Practices
- ☐ 13. T-RAP Screening

Recertification:

- ☐ 1. T-RAP Payment Agreement Form – Rent (every 3 months/maximum 12 months)
- ☐ 2. T-RAP OHC Payment Agreement Form (if applicable)
- ☐ 3. T-RAP Utility Payment Agreement Form (if applicable)
- ☐ 4. T-RAP Household Information & Eligibility Form
- ☐ 5. Income verification (for the past 30 days (fixed), or 60 days) (Not needed if the client supplied yearly income.)
 - o 1st recertification: Date range: __/__/2021 to __/__/2021
 - o 2nd recertification: Date range: __/__/2021 to __/__/2021
 - o 3rd recertification: Date range: __/__/2021 to __/__/2021

T-RAP Rent Payment Agreement Form - Version 4

Instructions for T-RAP service provider if tenant is applying: Complete Sections 1 and 2 with head of household. T-RAP staff calculates Section 3 and determines Section 4. T-RAP staff calculates sections 3 and 4. Contact landlord to complete Section 5.

Instructions for landlord if landlord is initiating on behalf of tenant: "Landlord" includes property manager/owner or other person authorized to seek rent payment, including friends/family. Landlords complete only Sections 1, 2, and 5. (T-RAP service provider completes 3 and 4). The T-RAP service provider will contact the tenant to determine eligibility. Household must complete Section 6 if application initiated by Landlord*. Submitting this form does not guarantee payment.

| 1. Household/Tenant and Rental Information | | | | | | | | | |
|---|--|--|---|---|--|---|--|--|---------------------------|
| Household ID (completed by T-RAP service provider): | | | | | | | Date: | | |
| Name: | | | | | | | | | |
| Rental Address (street, city, state, zip code): | | | | | | | | | |
| Number of bedrooms in rental unit: <i>If a shared living situation with friend/family, how many bedrooms is the household/tenant paying for? If only paying for a "sleeping space," indicate "1."</i> | | | | | | | | | |
| 2. Rent Request – limited to 12 months | | | | | | | | | |
| a. What is the tenant's monthly rent/lease amount? <i>Utility costs embedded in the total rent amount (such as W/S/G commonly is) can be included in the rental payment. Utilities that are separately stated amounts in the lease must be recorded separately on the Utility Payment Form.</i> | | | | | | | Rent: \$ | | |
| b. Indicate below the months the household/tenant rent is past due and the future rent to be paid. <i>Assistance cannot be provided for arrears that were accrued before March 13, 2020. March arrears must be prorated from March 13 to the end of the month. Up to three months future rent is allowable. See guidelines for more information on future rent.</i> | | | | | | | | | |
| <input type="checkbox"/> Mar '20 \$ | <input type="checkbox"/> Apr '20 \$ | <input type="checkbox"/> May '20 \$ | <input type="checkbox"/> June '20 \$ | <input type="checkbox"/> July '20 \$ | <input type="checkbox"/> Aug '20 \$ | <input type="checkbox"/> Sept '20 \$ | <input type="checkbox"/> Oct '20 \$ | <input type="checkbox"/> Nov '20 \$ | |
| <input type="checkbox"/> Dec '20 \$ | <input type="checkbox"/> Jan '21 \$ | <input type="checkbox"/> Feb '21 \$ | <input type="checkbox"/> Mar '21 \$ | <input type="checkbox"/> Apr '21 \$ | <input type="checkbox"/> May '21 \$ | <input type="checkbox"/> Jun '21 \$ | <input type="checkbox"/> Jul '21 \$ | <input type="checkbox"/> Aug '21 \$ | |
| <input type="checkbox"/> Sept '21 \$ | <input type="checkbox"/> Oct '21 \$ | <input type="checkbox"/> Nov '21 \$ | <input type="checkbox"/> Dec '21 \$ | <input type="checkbox"/> Jan '22 \$ | <input type="checkbox"/> Feb '22 \$ | <input type="checkbox"/> Mar '22 \$ | <input type="checkbox"/> Apr '22 \$ | <input type="checkbox"/> May '22 \$ | |
| <input type="checkbox"/> Jun '22 \$ | <input type="checkbox"/> Jul '22 \$ | <input type="checkbox"/> Aug '22 \$ | <input type="checkbox"/> Sept '22 \$ | <input type="checkbox"/> Oct '22 \$ | <input type="checkbox"/> Nov '22 \$ | <input type="checkbox"/> Dec '22 \$ | | | |
| c. What is the total rent due? (total of 2.b.) | | | | | | | | | |
| 3. Maximum Rent Payment (completed by T-RAP service provider) | | | | | | | 2020 FMR (Mar-Sept 20) | 2021 FMR (Oct 20-Sept 21) | 2022 FMR (Oct 21 & on) |
| a. What is 150% or 100% Fair Market Rent on this Unit? <i>Up to 100% if self-dec used to determine rental payment amount. FMR is based on the number of rooms the tenant is renting if in a shared living situation with friend/family.</i> | | | | | | | | | |
| b. Fair Market Rent x # months of rent requested (show calculations) | | | | | | | | | |
| 4. Total Rent Payment (completed by T-RAP service provider) up to total in 3.b, but no more than total rent due in 2.c.) <i>Reminder: Documentation of payments made to a landlord on behalf of the household must be provided to the household.</i> | | | | | | | | | |

5. Landlord, property manager/owner, or person authorized to accept payment

| | | |
|-------------------------------|-----------|-----------------------------------|
| Name: | | Name check should be made out to: |
| Payment Address: | | |
| City/State: | Zip Code: | Phone number: |
| DUNS Number or Tax ID Number: | | |

As the Landlord, property manager/owner, or person authorized to accept payment, I certify the above information is true and will abide by the agreements below from the signing of this agreement and all applicable provisions of WA State landlord-tenant law.

1. Accept _____ as full satisfaction of any rent and late fee balance owed for the months paid by the program.
2. Agree that no new late fees or additional charges will be made for the months covered.
3. Agree rent will not increase for the household described above for at least six months.
4. Agree to not limit tenant ability to seek relief due to prior pay or vacate notices as per RCW 59.18.410(3)(d) for notices filed prior to the signing of this agreement.
5. Agree to not terminate or refuse to renew the above household's tenancy until after six months unless: (a) a household member materially violates the terms of the lease; (b) a household member is creating a significant and immediate risk to the health, safety, or property of others; or (c) at least 60 days' written termination notice is provided to the household based on the Landlords intent to (i) personally occupy the premises as a primary residence, or (ii) sell the property.
6. Agree to repayment of these funds if I do not fulfill the terms of this agreement.

Landlord Print Name/Signature/Date:

6. Household Signature* *(Required when landlord initiates assistance. This can be obtained by the landlord or service provider. Electronic signatures, or verbal/electronic verifications are allowable. Not required for other housing costs only applications.)*

| | |
|----------------------------------|---|
| <i>Household Signature/Date:</i> | <i>Verbal/Electronic Verification (check box)/ Date:</i> <input type="checkbox"/> |
|----------------------------------|---|

T-RAP OHC Payment Agreement Form - Version 1

Instructions for T-RAP service provider: Complete Sections 1 and 2 with head of household. T-RAP staff calculates Sections 3, 4, and 5. **Instructions for landlord if landlord is initiating application on behalf of tenant:** "Landlord" includes property manager/owner or other person authorized to seek rent payment, including friends/family Household completes Section 7 if initiated by Landlord.

| | | | | | | | | |
|--|--|--|---|---|--|---|--|--|
| 1. Household/Tenant and Rental Information | | | | | | | | |
| Household ID <i>(completed by T-RAP service provider):</i> | | | | | | Date: | | |
| Name: | | | | | | | | |
| Rental Address (street, city, state, zip code): | | | | | | | | |
| 2. Other Housing Costs | | | | | | | | |
| <input type="checkbox"/> Mar '20 \$ | <input type="checkbox"/> Apr '20 \$ | <input type="checkbox"/> May '20 \$ | <input type="checkbox"/> June '20 \$ | <input type="checkbox"/> July '20 \$ | <input type="checkbox"/> Aug '20 \$ | <input type="checkbox"/> Sept '20 \$ | <input type="checkbox"/> Oct '20 \$ | <input type="checkbox"/> Nov '20 \$ |
| <input type="checkbox"/> Dec '20 \$ | <input type="checkbox"/> Jan '21 \$ | <input type="checkbox"/> Feb '21 \$ | <input type="checkbox"/> Mar '21 \$ | <input type="checkbox"/> Apr '21 \$ | <input type="checkbox"/> May '21 \$ | <input type="checkbox"/> Jun '21 \$ | <input type="checkbox"/> Jul '21 \$ | <input type="checkbox"/> Aug '21 \$ |
| <input type="checkbox"/> Sept '21 \$ | <input type="checkbox"/> Oct '21 \$ | <input type="checkbox"/> Nov '21 \$ | <input type="checkbox"/> Dec '21 \$ | <input type="checkbox"/> Jan '22 \$ | <input type="checkbox"/> Feb '22 \$ | <input type="checkbox"/> Mar '22 \$ | <input type="checkbox"/> Apr '22 \$ | <input type="checkbox"/> May '22 \$ |
| <input type="checkbox"/> June '22 \$ | <input type="checkbox"/> Jul '22 \$ | <input type="checkbox"/> Aug '22 \$ | <input type="checkbox"/> Sept '22 \$ | <input type="checkbox"/> Oct '22 \$ | <input type="checkbox"/> Nov '22 \$ | <input type="checkbox"/> Dec '22 \$ | | |
| 3. Total Payment to Landlord <i>(completed by T-RAP service provider, total of line 2 items being paid to landlord)</i> | | | | | | | | |
| 4. Total Payment to Other Than Landlord <i>(completed by T-RAP service provider, total of line 2 items being paid to other than landlord)</i> | | | | | | | | |
| 5. Total Other Housing Costs <i>(completed by T-RAP service provider)</i> Indicate below the months the household is requesting other housing costs. <i>Other costs must be related to housing and be incurred directly or indirectly due to COVID-19. Such expenses include relocation expenses, reasonable accrued late fees not associated with rent, and internet service provided to the rental unit. These expenses must be supported by source documentation. Payment of internet should be in alignment with 8.2.2.2 in T-RAP guidelines.</i> | | | | | | | | |
| 6. Landlord, property manager/owner, or person authorized to accept payment | | | | | | | | |
| As the Landlord, property manager/owner, or person authorized to accept payment, I certify the above information is true and will accept the program payment of _____ as full satisfaction of any other housing costs balance owed for the months paid by the program. No late fees or additional charges will be made for the months covered after I receive the T-RAP Payment. | | | | | | | | |

Landlord Print Name/Signature/Date:

7. Household Signature* *(Required when landlord initiates assistance. This can be obtained by the landlord or service provider.
Electronic signatures, or verbal/electronic verifications are allowable.)*

Household Signature/Date:

Verbal/Electronic Verification (check box)/ Date: ☐



Treasury Rent Assistance Program (T-RAP)

Household Information & Eligibility Form Version 2

Instructions: Use this form to screen and document household eligibility.

| 1. Household Information | | | | | | | |
|--|----------------------------------|-------|---------------------------|---|-----------------------|----------------------|----------------------|
| Household ID: (cannot include personal identifying information such as initials or birth date in ID) | | | | | Date: | | |
| Name: | | | | | | | |
| Phone: | | | | Email: | | | |
| Head of Households Age: _____ | | | | Number of Household Members: _____ Number of Household Members Under 18: _____ | | | |
| <input type="checkbox"/> One or more household members are unemployed and have been unemployed for 90 days before application date. (prioritization requirement, not eligibility) | | | | | | | |
| WA State is collecting <u>demographic data on head of households</u> assisted with this program. None of this information will be used to screen for eligibility, but instead to evaluate how equitably the funds are administered. Households do not have to answer these questions, they are optional. | | | | | | | |
| Gender: | Female | Male | Trans Male (FTM) | Trans Female (MTF) | Gender non-conforming | Refused / Don't Know | |
| Race: | American Indian or Alaska Native | Asian | Black or African American | Native Hawaiian or Other Pacific Islander | Multi-Racial | White | Refused / Don't Know |
| Ethnicity: | Non-Hispanic/Non-Latinx | | Hispanic/Latinx | | | Refused / Don't Know | |

2. Income Calculation

Current income must be at or below 80% AMI. Income includes all adult (18 years and older) household members and unearned income attributable to a minor. A household is one or more individuals seeking assistance together. Provider must calculate the household's total gross income for calendar year 2020 **or** the household's current monthly income at the time of application.

If income is a fixed amount (TANF, SSDI, etc.), multiply the gross monthly amount by 12 to determine annual income.

If income is not at a fixed amount each month, (TANF, SSDI, etc.) determine the average over the last 60 days by using the following method: $\$(60 \text{ days of total income})/2 = \text{Average income} \times 12 \text{ months} = \text{Annual income}$

| Household name/ household members | Source of Income (see income types below) | Gross Income in a pay period | Calculation method | Annual Income |
|--|---|---|-----------------------|---------------|
| Example: Joey Fatone | wages | \$1,000 | 12 | \$12,000 |
| | | | | |
| | | | | |
| | | | | |
| Household Annual Income: | | | | |
| 80% AMI for household size in county: | | | | |
| <input type="checkbox"/> Income at or below 80% of Area Median Income (AMI) | | | | |
| Household AMI Tier <input type="checkbox"/> Income below 30% AMI <input type="checkbox"/> Income between 30%-50% AMI <input type="checkbox"/> Income between 50%-80% AMI | | Household Monthly Income (Annual Income/12): | | |

3. Income Type & Documentation

| Type of income: | Check the box for income type: <input checked="checked" type="checkbox"/> | How to document: Grantees should request source documentation to document income. If it cannot be obtained, grantees can use a <u>written</u> self-declaration by the household. Self-declarations should be used under limited circumstances. Please use T-RAP Self-Declaration Form. |
|--|---|--|
| No Income | | Self-declaration by household. |
| Wages and Income (<i>including Self Employment, Business Income, Armed Forces Income</i>) | | Copy of most recent pay stub(s), W-2 or other payment statement, tax filings, profit and loss report from applicant's accounting system, or bank statements demonstrating regular income. OR |
| | | Attestation from employer: Dated mail, fax, email or verbal verification from employer that includes name of employer, household name, pay amount and frequency, average hours worked per week, amount of any additional compensation. OR |
| | | Self-declaration by household. |
| Public Assistance (including but not limited to: <i>TANF, Housing Choice Voucher, Public Housing</i>) | | Determination letter/statement from another local, state, or federal government assistance program that verified the household income on or after January 1, 2020. OR |
| | | Self-declaration by household. |
| Pension/ Retirement Income | | Copy of most recent statement, benefit notice from Social Security, pension provider or other. OR |
| | | Dated mail, fax, email verification or verbal verification from Social Security, pension provider, or other source that includes name of income source and income amount. OR |
| | | Self-declaration by household. |
| Unemployment and Disability Income | | Copy of most recent payment statement or benefit notice. OR |
| | | Dated mail, fax, email verification or verbal verification from unemployment administrator or workers compensation administrator of former employer that includes name of income source and income amount. OR |
| | | Self-declaration by household. |
| Alimony, Child Support, Foster Care Payments | | Copy of most recent payment statement, notices, or orders. OR |
| | | Dated mail, fax, email verification or verbal verification from child support enforcement agency, court liaison, or other source that includes name of income source and income amount. OR |
| | | Self-declaration by household. |
| | | |

4. Housing Status

How to document: Check the box for documentation type.

- ☐ A past due utility notice or eviction notice **OR**
- ☐ Statement from the landlord that verifies the applicant's housing instability (eg: currently late on rent, has rental arrears). Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord. Completion of the Rent Payment Agreement Form with a landlord signature can count for this. **OR**
- ☐ Self-Declaration Form.

5. Financial Hardship

How to document: Check the box for documentation type.

- ☐ Source documentation of unemployment benefit (most recent payment statement or benefit notice, documentation of unemployment collected for income verification is sufficient.) **OR**
- ☐ Dated mail, fax, email verification or verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification of unemployment that includes unemployment amount **OR**
- ☐ Self-Declaration Form.

6. Lease – Rental Payment Amount & Location

How to document: Providers must collect, if available, a current lease. Obtaining a lease is not required to determine eligibility, but is an allowable way to document both the rental payment amount and the rental location. *Without a lease, rental payment amount and rental location must be documented separately.* Check the box for documentation type(s).

- ☐ A current lease signed by the applicant and the landlord or sublessor that identifies the unit **where the applicant resides** and establishes the **rental payment amount** and **tenant and landlord signature**. See Section 3.4.2 in T-RAP Guidelines for required lease components **OR**

| Rental Payment Amount | Rental Address |
|---|---|
| <input type="checkbox"/> An attestation by a landlord who can be identified as the verified owner or management agent of the unit. Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord or management agent that includes where the applicant resides and payment amount. | <input type="checkbox"/> An attestation by a landlord who can be identified as the verified owner or management agent of the unit. Verbal verification is allowable. If verbal verification, checking this box signifies provider has received verification from landlord or management agent that includes where the applicant resides and payment amount. |
| <input type="checkbox"/> Bank statements, check stubs, or other documentation which establishes a pattern of paying rent at residence. | <input type="checkbox"/> Evidence of paying utilities for the residential unit or other documentation which establishes a pattern of paying utilities at residence. |
| <input type="checkbox"/> Self-Declaration Form.* | <input type="checkbox"/> Rental Address is listed on the Rent Payment Agreement Form. |

**In cases where the household does not have source documentation of the rental payment amount and relies on a written self-declaration from the household, the monthly maximum amount of assistance must be 100% of the greater of the Fair Market Rent or the Small Area Fair Market Rent for the area in which the applicant resides. See Self-Declaration Form for further guidance when using for Rental Payment Amount.*

7. Utilities

How to document: All payments for utilities and home energy costs should be supported by documentary evidence. Check the box for utility arrears documentation type.

- ☐ Bill, invoice or other evidence of payment **OR**
☐ Self-Declaration form.

8. Other Housing Costs

How to document: All payments for housing-related expenses must be supported by documentary evidence. Check the box for other housing costs documentation type.

- ☐ Bill, invoice or evidence of payment **OR**
☐ Self-Declaration form.

9. Household Attestation

How to document: Grantees must require all applications for assistance to include an attestation from the applicant that all information included is correct and complete. Check the box for attestation type.

- ☐ Text, email, or other written attestation from household **OR**
☐ Verbal verification. By checking this box, provider is verifying they have received the verbal attestation from household **OR**
☐ Household signature:

Treasury Rent Assistance Program (T-RAP)

Self-Declaration Form

Complete this form to document income housing status, financial hardship, rental payment amount, utility arrears when applicable.

- ☐ **Income** – In the narrative include details on source of income, income amount, and frequency of income or state “no income.”
- ☐ **Housing Status** – In the narrative include information about how the household is at risk of experiencing homelessness or currently experiencing housing instability (currently late on rent and/or has rental arrears, past due utilities, other housing instability details such as unsafe or unhealthy living conditions). *If fleeing violence, indicate in the narrative “fleeing violence.” No additional information is required.*
- ☐ **Financial Hardship** – In the narrative include information about how the household has qualified for unemployment benefits, experienced a reduction in income, incurred significant costs, or experienced other financial hardship due directly or indirectly to COVID-19 that threaten the household’s ability to pay the costs of the rental property when due.
- ☐ **Rental Payment Amount** – In the narrative include the monthly rent amount.
- ☐ **Utility Arrears** – In the narrative indicate amount of utility arrears and who they are owed to.

| | |
|--------------|--|
| Client Name | |
| Household ID | |
| Date | |

Income

| | |
|--|--|
| Narrative (<i>source, amount, frequency</i>) | |
|--|--|

Housing Status

| | |
|-----------|--|
| Narrative | |
|-----------|--|

Financial Hardship

| | |
|-----------|--|
| Narrative | |
|-----------|--|

Rental Payment Amount

**If using self-declaration form for rental payment amount, household must also attest that the household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental costs that are the subject of the attestation. In this case, assistance may only be provided for three months at a time, and the grantee must obtain source documentation of monthly rent after three months in order to provide further assistance.*

| | |
|---|---|
| Rental Payment Amount Narrative* | |
| Attestation of Other Public Assistance | <input type="checkbox"/> By checking this box I attest that my household has not received, and does not anticipate receiving, another source of public or private subsidy or assistance for the rental costs that are the subject of the attestation. |

Utility Arrears

| | |
|-----------|--|
| Narrative | |
|-----------|--|

Signature

| | |
|--|--|
| Household Signature (Electronic signatures allowable) | |
|--|--|

Verbal Consent to Share Information

This record of verbal consent to share information should only be initiated in times of emergency and only as approved by the Senior Director of Human Resources. This particular document is only authorized to be used during the COVID-19 Declaration of Emergency.

| | |
|--|---|
| Client Name: | |
| Client DOB: | Verified by phone: <input type="checkbox"/> Yes Verified by: |
| Driver License # or State ID#: | Verified by phone: <input type="checkbox"/> Yes Verified by: |
| Last known Address: | Verified by phone: <input type="checkbox"/> Yes Verified by: |
| Cross Referenced with Information on File: | <input type="checkbox"/> Yes Cross referenced by: |

| | |
|---|--|
| Specific Agency/Individual permitted to receive information about me: | |
|---|--|

| |
|--|
| Specific Reason for ROI: |
| <input type="checkbox"/> To determine eligibility for Opportunity Council services |
| <input type="checkbox"/> To refer to another agency or program |
| <input type="checkbox"/> To coordinate with service delivery (specifically): |

| | |
|--|--|
| Specific Information to be released: | |
| <input type="checkbox"/> All my client records | |
| <input type="checkbox"/> All my client records excluding the following | |
| <input type="checkbox"/> Other information, specifically: | |

| | |
|--|--|
| Expiration: | |
| <input type="checkbox"/> 90 days after verbal consent granted | |
| <input type="checkbox"/> One year after verbal consent granted | |
| <input type="checkbox"/> Other period, specifically: | |

| |
|--|
| I have read the following to the client: |
| This authorizes the mutual exchange of information from my records between Opportunity Council and _____. Your authorization in writing is required to release any information relating to testing, diagnosis and/or treatment for psychiatric disorders and/or mental health diagnoses, drug and/or alcohol use and/or HIV/AIDS information. Your records are protected by Washington State Laws and Federal Privacy and Confidentiality Rules (42 CFR part 2). You may revoke this consent any time except to the extent that action has been taken in reliance on it, and in any event this consent expires on _____. |

| | |
|---|--|
| Staff reading the authorization and completing this form: | |
| Date of verbal consent granted: | |
| Time of verbal consent granted: | |



**OPPORTUNITY COUNCIL
ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES**

Client Name: _____

Client ID (if applicable) _____

I hereby acknowledge that I have received a copy of Opportunity Council's Notice of Privacy Practices. I understand that I have the right to refuse to sign this acknowledgement if I so choose.

Signature of Client or Legal Representative

Date

Printed Name of Client's Representative (if applicable)

Relationship to Client (if applicable)

- ☐ Parent or guardian of unemancipated minor
- ☐ Court appointed guardian
- ☐ Executor or administrator of decedent's estate
- ☐ Power of Attorney

FOR OFFICE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices on the following date,
_____ but acknowledgment could not be obtained because:

- ☐ Client/representative refused to sign
- ☐ Emergency situation prevented us from obtaining acknowledgement at this time
(will attempt again at a later date)
- ☐ Communication barriers prohibited obtaining acknowledgement (Explain)

- ☐ Other (Specify)



NORTHWEST YOUTH SERVICES PARTICIPANT RIGHTS & RESPONSIBILITIES

RECORDS

When you engage in services at NWYS there will be a file created for you, which can be available for viewing upon your request. Please ask a staff member for more information about this information.

EXCHANGE OF INFORMATION

By signing below, you give consent freely for the mutual exchange of information between NWYS staff and the individual listed for the purposes of coordination and distribution of funds.

Landlord Name: _____

Landlord Email: _____

Landlord Phone:: _____

Utility Provider: _____

Contact Information: _____

Utility Provider: _____

Contact Information: _____

Utility Provider: _____

Contact Information: _____

Participant Phone _____ Safe to leave a voicemail? YES NO

Participant Email: _____ Safe to send documents here? YES NO

SIGNATURE

By signing below, I confirm that I have reviewed the above information and received answers to my questions about my rights and responsibilities. I consent to receive services with NWYS.

Participant Signature: _____ Date: _____

10. Copy of Lease

(Printout / Screenshot Below)