LEASED APARTMENTS PROGRAM

**Screening and Referral Form: Accepting 3/18/24 – 3/22/24**

**ABOUT:** In this program, a person or family experiencing homelessness may temporarily occupy an individual apartment unit leased by the Inter Agency Council while participating in supportive service case-management to restabilize and transition from homelessness to permanent housing. To qualify, the person or family must meet criteria for HUD’s definition of homelessness and household size must meet the capacity of available units.

**FEDERAL DEFINITION OF HOMELESS:** Individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

1. Has a primary nighttime residence that is a public or private place not meant for human habitation like a car, a tent, an abandoned house, or the street;
2. Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels/motels paid for by charitable organizations or by federal, state, and local gov programs); or
3. Is exiting an institution where (s)he has resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution.

**INSTRUCTIONS**: If you meet the criteria for homeless according to HUD, complete the information on the reverse side of this form and submit to Inter Agency Council in the following ways, or you can call to complete the information over the phone with a live representative. If you leave a voicemail, we will return your call.

* Email to Shauna@salemcountyiac.org
* Physical mail to 98 Market Street. Salem, NJ 08079
* Call to complete form over the phone: 856-935-7510 ext 8318
* Forms cannot be dropped off or completed in-person

**EXPECTATIONS:** This program is not an emergency solution. If in need of emergency shelter, please contact Salem County Board of Social Services during normal business hours at 856-299-7200 and dial NJ 2-1-1 after business hours.

This program follows federal policies and procedures for maintaining a waitlist. This Screening and Referral form can only be accepted during open, specified timeframes when there is room on the waitlist, and is used to screen for eligibility to be added to the waitlist.

All forms submitted during open timeframes will be reviewed and responded to within one week following the close of the open screening period. You can read more program FAQs here: <https://www.salemcountyiac.org/our-initiatives/> .

The program is newly launched as of October 2023. At this early start, we have a very limited number of units available. We are working hard to acquire more units. **If you are a landlord interested in leasing with us, please call the phone number and extension listed above.**

* **First and Last Name:**
* **Date of Birth and Age:**
* **Date Form is Submitted:**
* **Number of Persons in Household:**
* **Number of Persons in Household under 18 years old:**
* **Town/City in Salem County where you are located:**
* **In what place not meant for human habitation are you currently sleeping at night:**
* **Phone Number(s) where you can be reached:**
* **Email where you can be reached:**
* **Additional ways we can reach you:**
  + **A family member name and phone number:**
  + **An organization name, case-worker name, and phone number:**

**Is an organization completing this form for or with a potential participant**

**(please complete for agency contact)**

**Name:**

**Organization:**

**Phone number:**

**Email:**

**Check Conditions of Urgency that Apply:**

**\_\_\_\_\_ Youth (under 25) Head of Household**

**\_\_\_\_\_ Mental Illness \_\_\_\_\_\_ Family with children under age 18**

**\_\_\_\_\_Veteran \_\_\_\_\_\_ Domestic Violence \_\_\_\_\_ HIV/AIDS**

**\_\_\_\_\_Physically Disabled \_\_\_\_\_\_ Substance Abuse \_\_\_\_\_ Senior (55+)**

**Please Note: Chronic Homelessness is an urgent condition not listed because that will be identified during the review and follow-up process.**