

GISHS

(Goodyear Independent Shared Housing for Seniors)



Applicant Cover Page

Referral Date: _____

Referred by: _____

Name (first/last): _____

Address: _____

Phone Number(s): _____ **SSN:** _____

Determination Date: _____

VdS Staff Name: _____

Total Hours: _____

Is applicant receiving Case Management Services: **YES** **NO**

If so, by whom: _____

Case Manager's Name:

Case Manager's Address: _____

Case Manager's Phone Number: _____

Case Manager's Email: _____

Determination: _____ **ELIGIBLE** _____ **INELIGIBLE**

Confirmed By: _____
Signature

Date: _____

Print Name



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Referral & Eligibility Checklist Form

Referral Date: _____ Referred by: _____

Name (first/last): _____

Address/City/State/Zip: _____

Phone Number(s): _____ SSN: _____

For Staff: Appointment Date _____ Staff Name: _____

The following eligibility requirements apply to ALL applicants and ALL applicants must meet ALL requirements:

- Applicant must show proof of citizenship or legal residence. (See applicant affidavit for list of qualifying documents.)
- Applicant must have a doctor sign off on the Independent checklist. (See Independent checklist)
- Applicant must not have defaulted and owe any outstanding debt on a lease in the past 12 months.
- Applicant must agree to a criminal background check and be clear of any violent crimes
- Applicant must be age 62 or older
- Low- income (below the 50% AMI)
 - 1 person=\$23,350 2 person=\$26,350

Current Housing Situation:

- Homeless
- Owns or Rents a home: Current monthly housing cost? _____
- In Eviction Process
- Lives with family member
- Other: (please explain) _____

House(s) Being Requested: This is not a guaranty; applicants will be placed in a home with vacancy.

- | | | |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 159 th | <input type="checkbox"/> Fillmore | <input type="checkbox"/> Maricopa |
| <input type="checkbox"/> 160 th | <input type="checkbox"/> Hadley | <input type="checkbox"/> Moreland |
| <input type="checkbox"/> 166 th | <input type="checkbox"/> Pima | <input type="checkbox"/> Superior |
| <input type="checkbox"/> 172 nd | <input type="checkbox"/> Polk | |

Home is: Male ONLY Female ONLY Mixed Gender





Documentation Needed:

- Applicant affidavit with corresponding back up documentation.
- Confidentiality, Third Party & Follow Up Agreement Form
- Grievance Procedure Acknowledgement Form .
- Income Calculation and Verification Form.
- Self Declaration of Income.
- Proof of income for the last 30 days (pay stubs, SSI, SSDI, etc.).
- Signed and approved doctors determination of Independence

For office Use Only

Complete Documentation received on: _____

Staff name: _____

Staff Certification Form signed by CSA & Supervisor: _____(Yes / No)

*Please send this form to: Lidia Arrazola at Lidiaa@valledelsol.com or fax to 602-248-8119.
For questions please call 602-258-6797 ext. 164/ext. 100 and ask to be transferred to Lidia.*

Maricopa County does not discriminate on the basis of race, color, religion, national origin, familial circumstance, sex, handicap or age in any of its policies, procedures or practices. This nondiscrimination policy covers admission and access to or treatment or employment in Maricopa County Human Services' programs and activities. Accommodations for individuals with disabilities or for persons needing assistance with English translation: For assistance, call Maricopa County Human Services, 234 North Central, 3rd Floor, Phoenix, Arizona 85004, (602) 506-5911, or TDD/TTY (602) 506-4802. To the extent possible, additional reasonable accommodations will be made available within time constraints of the request. Para información en español, favor de comunicarse a las oficinas de Maricopa County Community Development a 602-506-5911.



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APPLICANT'S RIGHTS TO CONFIDENTIALITY

Throughout your participation in the GISHS program and after its conclusion, Exito will respectfully honor your confidentiality. There may be occasions when Exito's staff will need to discuss your particular situation or needs with other staff members.

Your permission in writing is required to release your information to other agencies or service providers. Arizona law requires that Exito make the following exceptions to this confidentiality.

1. When you report that a minor has been physically, sexually, emotionally or verbally abused; neglected, abandoned or is the victim of a crime.
2. When you make threat of bodily harm to self or others.

Applicant Signature _____ Date _____

Staff Signature _____ Date _____

FOLLOW-UP AGREEMENT

I agree that Exito may periodically, throughout the term on my lease, contact me for follow up. The purpose of these follow-up services is to ensure my housing success and report progress on my housing goals. I understand if my phone number or contact information changes during the lease terms, I will contact Exito staff to update my information.

Applicant Signature _____ Date _____

Staff Signature _____ Date _____

AGREEMENT TO CONTACT THIRD PARTY

I agree for Exito staff to contact my doctor, employer, verify income, and run a criminal and credit background report on my behalf to help assist with the process of this program.

Applicant Signature _____ Date _____

Staff Signature _____ Date _____

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**Exito
Internal Policies Manual**

Policy No.	Title	Effective Date	Revision Date	Page
110	Exito Grievance Procedure			

Purpose:

The grievance procedure offers service applicants a formal grievance mechanism within Exito, to address differences with the agency's practices and its representatives.

GRIEVANCE POLICY – 110

Exito has adopted an internal grievance policy providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. 794) of the U.S. Department of Health and Human Services regulations implementing the Act. Section 504 prohibits discrimination on the basis of disability in any program or activity receiving Federal financial assistance.

Exito's policy states that any tenant, business or individual has basic human rights and specific legal rights which they will not forfeit when they receive services or conduct business with Exito. Tenants, businesses or individuals have the right to prompt treatments and supportive services appropriate to their needs. All tenants, businesses or individuals will be informed of the grievance procedures and receive a copy of such procedure. Tenants, businesses or individuals are encouraged to discuss any questions or concerns with the Executive Director as the need arises. The organization shall not discharge or discriminate in any way against any tenant, business or individual by whom or on whose behalf, a formal complaint has been submitted or who has participated in a complaint investigation process.

A written grievance must be filed within forty-five (45) days of the action complained of, unless good cause is shown for a late filing. A grievance may be withdrawn at any time by the tenant. As soon as possible after the filing of a grievance, the Executive Officer will interview the grievant, interview appropriate other parties examine relevant records and take any other action which will enable a full understanding of the issue. The inquiry and the decision will be completed within twenty-one (21) days of receipt of a grievance. The availability and use of this grievance procedure does not prevent a person from filing a complaint of discrimination on the basis of disability with the U. S. Department of Health and Human Services, Office for Civil Rights.





EXITO GRIEVANCE FORM

PROCEDURE:

1. The Exito's Executive Director will discuss the grievance with the applicant.
2. At the applicant's request, the grievance will be filed in writing. Staff may assist the applicant with the writing.
3. The Executive Director will review the grievance within **three (3)** working days.
4. The Executive Director will answer the grievance within **seven (7)** working days.
5. The applicant may request a hearing before the Exito Board of Directors.
6. Written grievances will be tracked for reporting purposes.

Applicant Name _____

Date of Incident _____

Telephone Number (optional) _____

GRIEVANCE:

Applicant Signature

Date of Grievance

RESOLUTION:

Executive Director's Signature

Resolution Date

- Grievance Category:
- | | |
|---|--|
| <input type="checkbox"/> Access to Services | <input type="checkbox"/> Decisions Related to Services |
| <input type="checkbox"/> Applicant Rights | <input type="checkbox"/> Customer Service |

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Grievance Procedure Acknowledgment Form



I _____, have read and understand Exito's Grievance Policy and
(Applicant Name)

acknowledge receipt of the Exito Grievance Policy and Grievance Form.

Applicant Signature

Date

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SELF-DECLARATION OF INCOME

GISHS Applicant Name: _____ *Date:* _____

This is to certify the income status for the above named individual. Income includes but is not limited to:

- The full amount of gross income earned before taxes and deductions.
- The net income earned from the operation of a business, i.e., total revenue minus business operating expenses. This also includes any withdrawals of cash from the business or profession for your personal use.
- Monthly interest and dividend income credited to an applicant's bank account and available for use.
- The monthly payment amount received from social Security, annuities, retirement funds, pensions, disability and other similar types of periodic payments.
- Any monthly payments in lieu of earnings, such as unemployment, disability compensation, SSI, SSDI, and worker's compensation.
- Monthly income from government agencies excluding amounts designated for shelter, and utilities, WIC, food stamps, and childcare.
- Alimony, child support and foster care payments received from organizations or from persons not residing in the dwelling.
- All basic pay, special day and allowances of a member of the Armed Forces excluding special pay for exposure to hostile fire.

Check only one box and complete only that section

I certify, under penalty of perjury, that **I currently receive** the following income:

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

GISHS Applicant Signature: _____ Date: _____

I certify, under penalty of perjury, that **I do not have** any income from any source at this time:.

GISHS Applicant Signature: _____ Date: _____

Continued on 2nd page



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SELF-DECLARATION OF INCOME

Staff Verification

I understand that third-party verification is the preferred method of certifying income for GISHS assistance. I understand self declaration is only permitted when I have attempted to but cannot obtain third party verification.

Documentation of attempt made for third party verification:

Staff Signature: _____

Date: _____

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Participant Income Table

Record the participant's income and source at the time of the initial assessment.

Client Name:

Date:

Source of Income	Gross Weekly Amount	Gross Monthly Amount	Annual Gross Income
Veteran's disability payment			
Alimony or other spousal support			
Child support			
Earned Income			
General Assistance			
Pension from former job			
Private disability			
Retirement income from Social Security			
SSDI			
SSI			
TANF			
Tribal Pay			
Unemployment Insurance			
Veteran's pension			
Worker's compensation			
Total:			

*Total income must meet Low Income Standards (below 50% AMI)

50% Very Low Income Limits	
1 Person	\$23,350
2 Person	\$26,350
3 Person	\$29,650
4 person	\$32,950
5 Person	\$35,600
6 person	\$38,200
30% Extremely Low Income Limits	
1 Person	\$13,850
2 Person	\$15,800
3 Person	\$17,800
4 Person	\$19,750
5 Person	\$21,350
6 Person	\$22,900



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Annualizing Wages and Periodic Payments

When calculating income based on hourly, weekly or monthly payment information, add the gross amount earned in each payment period that is documented and divide by the number of payment periods. This provides an average wage per payment period. Depending on pay periods used by the employer or the schedule of periodic payments, the following calculations convert the average wage into annual income:

- ✓ Hourly Wage multiplied by Hours Worked Per Week multiplied by 52 weeks
- ✓ Weekly Wage multiplied by 52 weeks
- ✓ Bi-Weekly (every other week) Wage multiplied by 26 bi-weekly periods
- ✓ Semi-Monthly Wage (twice a month) multiplied by 24 semi-monthly periods
- ✓ Monthly Wage multiplied by 12 months

I hereby certify that the above mention sources of income have been verified by supporting documentation and the client is income eligible for the Exito GISHS program.

Supervisor's Name: _____

Supervisor's Signature: _____





Independence Questionnaire and Doctor Verification

The following is a questionnaire to be completed by your primary care physician or another doctor of Medicine of your choice

Applicant's Name: _____

The above mentioned patient is seeking to rent one of Exito's homes. These homes are shared between three people, who have never known each other. These people will each have their own room in the home, but will co-occupy the common areas, such as the living room, kitchen and den.

Please complete the following questions to the best of your ability. Your answers to the following questions will be considered when approving or denying the patients eligibility in this program.

Date of Dr. Appointment: _____

Doctors Name (first/last): _____

Name of Practice: _____

Address: _____

Phone Number: _____

True or False

- _____ Is healthy and able to care for themselves;
- _____ Wants to live independently;
- _____ Can communicate with doctors and caregivers by themselves, or with the help of family or friends, but without the help of trained, onsite staff;
- _____ Can cook their own regular or special diets;
- _____ Is mobile or able to move independently through the use of a walker or wheel chair;
- _____ Can do routine house cleaning on their own; including laundry;
- _____ Can bath self;
- _____ Can use the toilet w/o assistance. And if applicable, can change adult underwear by him or herself;
- _____ Can administer medication by him or herself; or by the assistance of a part time caregiver;
- _____ Is in your opinion emotionally stable;
- _____ Is not violent or has no history of being violent;
- _____ Can communicate their needs;
- _____ Can transfer in and out of bed on their own.



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To what extent assistance is need for this patient:

Please choose one of the following two statements:

In my professional opinion I, Dr. _____ **believe** the above named patient is healthy, both physically and emotionally to live in an Independent Shared Housing Program.

In my professional opinion I, Dr. _____ **do not believe** the above named patient is healthy, both physically and emotionally to live in an Independent Shared Housing Program.

Signature

Date

Print Name

