

PARTNER WORK

REENTRY RENTAL ASSISTANCE POLICY

Purpose

The Improving Reentry Education and Employment Outcomes Program is designed to improve correctional educational and employment programs that serve individuals during incarceration and throughout their period of reentry into the community. It promotes an evidence-based and data-informed approach that will provide meaningful opportunities, interrupt the cycle of unemployment, and promote reentry success for formerly incarcerated adults.

The purpose of this policy is to articulate how rental assistance funds are permitted to be provided to participants in the US Department of Justice (DOJ) Reentry program in Allegheny County.

Affected Parties

This policy applies to qualifying reentry program participants. Reentry, partner, and Partner4work staff are responsible for implementing this policy.

References

- HUD [FY 2023 Income Limits Documentation System](#)
- HUD [FY 2023 Fair Market Rent Documentation System](#)

Eligibility Requirements

To qualify for rental assistance, the reentry participant:

- Has an income at or below 60 percent of the median family income estimated for Pittsburgh, PA HUD Metro FMR Area* as provided on the WIOA statement of family size/income form completed at enrollment.
- Has an agreement between tenant and the landlord to rent to them; AND
- Has sustainable income sufficient to pay rent in the future **or** have no income BUT have reasonable expectations for sufficient income in the next 60 days to maintain rental agreements; AND

The most common acceptable documents for use of verifying sustainable income include:

PROOF OF EMPLOYMENT	TRAINING PROGRAM ENROLLMENT	TRANSITIONAL JOB ENROLLMENT
<ul style="list-style-type: none">• Hire letter• Payscale• Email from employer• Telephone verification	<ul style="list-style-type: none">• Training justification form• Acceptance letter• Email verification• Telephone verification• On-the-Job Training (OJT) contract	<ul style="list-style-type: none">• Acceptance letter• Email verification• Telephone verification

* NOTE: Allegheny County is part of the Pittsburgh, PA HUD Metro FMR Area.

Policy

Reentry staff should meet with each participant to assess the need for rental assistance using the BJA Housing Needs Assessment tool. Rental assistance awards should be based on individual participant needs and plan development. This information should be properly documented in the Individual Employment Plan (IEP) and case notes in accordance with DOJ reporting requirements.

Participants receiving rental assistance funds **must** be in good standing and/or active with reentry service coordination. Reentry program staff and/or ACTION-Housing staff will initiate contact twice per month.

Payments must be made directly to the landlord. Rental receipts shall be maintained in the participant's file with other lease or rental documentation.

Rental Assistance Services Availability

Eligible participants may qualify to receive financial assistance for housing costs to include first and second month's rent, security deposit, and a portion of rent for months four and five, as outlined below in the payment schedule. The participant will be responsible for the full amount of the rent beginning month 6. The maximum total assistance is \$4,068. Flexibility is designed to consider variability in financial status and available assistance.

DECLINING SUBSIDY MODEL		
SCHEDULE	PROGRAM SHARE	PARTICIPANT SHARE
MONTH 1 & 2	100%	0%
MONTH 3	75%	25%
MONTH 4	50%	50%
MONTH 5	25%	75%
MONTH 6	0%	100%

A stepdown plan will be created by the eligible participant and their reentry service coordinator that will determine the participant portion of the rent each month. Reentry participants are required to pay their portion of rent by the 1st of each month (or no later than the grace period listed in the lease agreement). ACTION-Housing will not pay any late fees. Participants are also responsible for paying monthly utility bills as required per lease agreement.

Loss of Income

Any loss of income should be reported to the reentry service coordinator immediately.

Reasonable Accommodations

Under limited circumstances, Partner4Work may make reasonable accommodations that expand or differ from the requirements of this policy. Requests for accommodation may be submitted by service providers to policy@partner4work.org. Requests must be made using the Policy Exception Form available at www.partner4work.org.

Effective Date: October 9, 2023

Assessing Housing Needs and Risks: A Screening Questionnaire

HOW TO USE THIS QUESTIONNAIRE

This questionnaire is for departments of correction, reentry service providers, service intake coordinators, case managers, law enforcement agencies, courts, and others to better assess a person's unique housing needs and risk of homelessness upon arrest or return to the community from jail or prison. Effective use of this questionnaire necessitates close coordination and partnership among corrections, courts, law enforcement, and community-based reentry service providers.

These screening questions are intended to reveal personalized housing needs, histories of homelessness, or risk of homelessness. Adequately assessing these needs and coordinating service delivery among partner organizations closes service gaps, reduces the likelihood of a client falling through the cracks, and allows organizations to catch clients who may have elevated housing risks at an earlier stage of the intake process.

After completing the questionnaire, a client's housing assessment can be linked to their case file. Partner organizations with comprehensive data-sharing agreements can share a nuanced understanding of a client's housing needs. The evolution of a client's housing needs can also be traced over time, as risk for homelessness is reduced and housing stability improves.

Used in conjunction with other housing tools and services, this questionnaire can help corrections, courts, law enforcement, and reentry service providers improve individuals' housing success and other benefits associated with stable housing such as employment, continuity of care, and pro-social connections. Better housing stability creates a foundation for improved reentry success and reduced likelihood of recidivism.

ABOUT THIS QUESTIONNAIRE

This questionnaire is intended to be a simple and easy-to-use starting point for better assessing the housing needs of people upon entering or exiting jail, prison, or supervision. It is intended to provide useful supplemental information that may not be covered elsewhere in the intake or case planning process. Use these questions to guide a productive conversation with a client.

Every person has unique housing needs, and every community has a unique housing landscape. We encourage customization to your unique community and existing intake processes, and we support organizations and professionals making additions and adaptations to better fit their community, available resources, and existing organizational partnerships.

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Justice Center
THE COUNCIL OF STATE GOVERNMENTS

Housing history/risk of homelessness:

These questions should guide a conversation with a client and be used to assess their housing stability and appropriate program eligibility. If the content of a question is covered elsewhere in the intake or case planning process, skip it. Please note, some questions may be of a sensitive nature, or a client may be reluctant to answer. Responses should always be voluntary and kept confidential. They should never be used to discriminate or deny services to someone.

Can you afford housing? Describe your housing plan post-release.

Yes No

Describe

Where did you live immediately before being arrested, entering a diversion program, or entering jail/prison?

Yes No

Describe

Were you experiencing homelessness before arrest/diversion/entering jail/prison?

Yes No

Describe

At any point in time, have you ever lived: outside, in a car, in a tent, in an overnight shelter, or in someone else's home (i.e., couch-surfing)?

Yes No

Describe

Do you have a spouse/significant other/parent/dependent children/grown children/or other relatives with whom you'd like to live upon release? If so, does that person have stable housing?

Yes No

Describe

Is there anyone or any place you are legally not allowed to reside?

Yes No

Describe

Have you ever lived in public housing?

Yes No

Describe

Have you ever been charged/convicted of: arson, stalking, manufacture/sale of drugs, sex offense, violent crime/assault?

Yes No

Describe

Specialized population status/qualifies for specialized housing services:

These questions should guide a conversation with a client and be used to assess their eligibility for certain specialized housing services. If the content of a question is covered elsewhere in the intake or case planning process, skip it. Other questions are intended to determine if there are any barriers to that person's comfort level or stability when seeking various types of housing arrangements. Please note, some questions may be of a sensitive nature, or an individual may be reluctant to answer. Responses should always be voluntary and kept confidential. They should never be used to discriminate or deny services to someone.

Are you a veteran?

Yes No

Describe

Do you have a physical or mental disability?

Yes No

Describe

Have you been diagnosed with a mental illness, substance use disorder, post-traumatic stress disorder (PTSD), cognitive disability, traumatic brain injury, or HIV/AIDS?

Yes No

Describe

Do you have any dependents such as children or elderly parents?

Yes No

Describe

Do you identify as LGBTQ+? If so, do you feel that this affects the services you can get or the types of places you can go to for help?

Yes No

Describe

Are you a citizen/legal resident?

Yes No

Describe

Are you a member of a federally or state recognized American Indian tribe?

Yes No

Describe

Do you plan to reside in a rural community post-release?

Yes No

Describe

Wraparound services:

These questions should guide a conversation with a client and be used to assess any relevant wraparound needs that may impact their housing stability, or are not otherwise covered in the intake process. If the content of a question is covered elsewhere in the intake or case planning process, skip it. Please note, some questions may be of a sensitive nature, or an individual may be reluctant to answer. Responses should always be voluntary and kept confidential. They should never be used to discriminate or deny services to someone.

Did you work before being arrested/while incarcerated? Describe your employment plan?

Yes No

Describe

Did you go to school before being arrested/while incarcerated (GED course, etc.)? Do you want to pursue additional education?

Yes No

Describe

Do you have children? What is your current child support/custody situation?

Yes No

Describe

Are you enrolled in Medicaid/Medicare/Social Security Disability Insurance (SSDI)/other? What do you do if you get sick or need to see a doctor?

Yes No

Describe

How do you plan to travel to your appointments? To see your case manager? Your parole/probation officer? Do you drive/take the bus/ride-share?

Describe

Do you have a driver's license? What about another form of photo ID?

Yes No

Describe

Have you or your family ever been on SNAP (food stamps)? Or gone to a food pantry? What do you do if you can't afford food?

Yes No

Describe

Are there any other services you've received or want to see a social worker/case worker for? Such as TANF or help with utilities (electricity, gas, heat, etc.)?

Yes No

Describe

Policy Exception Request Form

Exception requests will be reviewed based on their allowability under WIOA and any other applicable legislation , regulation , and policy/guidance . Partner4Work will also consider funding availability , how an exception will lead to improved outcomes for the customer(s) being served, and other relevant factors.

Please submit all applicable information:

Name of Participant or Business (for which an exception is requested): _____

Participant ID or Business FEIN: _____ **Date of Filing (MM/DD/YYYY):** _____

Service Provider Name: _____ **Case Manager:** _____

Provider Phone Number: _____ **Provider Email:** _____

Participant-Level Exception

Program-Level Exception

Exception Sunset Date _____

The Policy for which an exception is being requested:

- | | | |
|---|---|---|
| <input type="checkbox"/> Customized Job Training Policy | <input type="checkbox"/> On-the-Job Training Policy | <input type="checkbox"/> Youth Incentive Policy |
| <input type="checkbox"/> Follow-Up Services Policy | <input type="checkbox"/> Stipend Policy | <input type="checkbox"/> Youth Work Experience Policy |
| <input type="checkbox"/> Incumbent Worker Training Policy | <input type="checkbox"/> Supportive Services Policy | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Individual Training Account Policy | <input type="checkbox"/> Transitional Jobs Policy | |

Specific policy requirement for which an exception is requested:

Describe the reason and/or need for the exception:

Signature:

Requesting Party (Printed name)

(Signature)

Date (MM/DD/YYYY)

Partner4Work (Printed name)

(Signature)

Date (MM/DD/YYYY)