

# Homeless Coalition of Fort Atkinson, WI, Inc

## Criteria for Homeless Coalition of Fort Atkinson: Transitional Housing

The eligibility requirements of the Transitional Housing programs are as follows:

### Checklist for Family Assistance from Homeless Coalition Dwelling/Transitional Housing/Hotel/Apartment Entrance

- Families must have children under 18 in their care
- Families must have a connection to Fort Atkinson or the School District of Fort Atkinson for at least three (3) months.
- Families must be at-risk of homelessness
- Families must sign form agreeing to abide by HC or FA criteria and rights
- Families must fill out paperwork for assistance from Homeless Coalition of Fort Atkinson
  1. Emergency Contact information
  2. Names, Phone numbers, ages, insurance, etc.
  3. Work history – application/resume
  4. School Information
  5. Etc. as needed
- Families must fill out paperwork for collaboration with other agencies: CAC, Jeff. Co. Human Services, Free Clinic, School District
- Special circumstances should be discussed with the Director or the Board.

### Checklist for Individual Assistance from Homeless Coalition Dwelling/Transitional Housing/Hotel/Apartment Entrance

- Individual must have a connection to Fort Atkinson or the School District of Fort Atkinson For at least three (3) months.
- Individual must be at-risk of homelessness
- Individual must sign form agreeing to abide by HC or FA criteria and rights
- Individual must fill out paperwork for assistance from Homeless Coalition of Fort Atkinson
  1. Emergency Contact information
  2. Names, Phone numbers, ages, insurance, etc.
  3. Work history – application/resume
  4. School Information
  5. Etc. as needed
- Individual must fill out paperwork for collaboration with other agencies: CAC, Jeff. Co. Human Services, Free Clinic, School District
- Special circumstances should be discussed with the Director or the Board.

\*\* I/We understand that HC of FA may only pay for one overnight stay at a hotel, as there are additional qualifications/criteria expected of recipient(s) beyond the initial night. Before additional nights of shelter will be considered, I will meet with the Director, Social Work intern, or representative of HC of FA to determine eligibility and complete additional paperwork. Additional nights of assistance will not be provided if this meeting does not occur, if obligations are not met, or criteria is not agreed to. \*\*

Name: \_\_\_\_\_ Date: \_\_\_\_\_