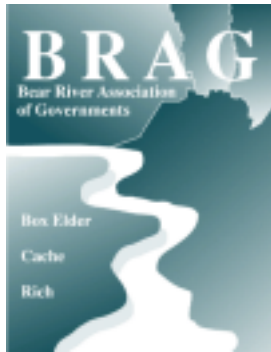


## Bear River Association of Governments - Intake packet



Bear River Association of Governments  
170 North Main Street  
Logan, Utah 84321  
PH (435) 752-7242  
Fax (435) 752-6962  
[www.brag.utah.gov](http://www.brag.utah.gov)

Human Services Applicant,

Once you have completed the application, please **submit your application one of three ways**.

1. It can be deposited in our dropbox, located at the back of our building (the East side). 2. It can be mailed to:

Emergency Rental Assistance

BRAG

170 N Main, Logan UT 84321

3. It can be scanned and emailed to: [emergencyrent@brag.utah.gov](mailto:emergencyrent@brag.utah.gov)

**Our funds are very limited**; there is no guarantee that you will receive assistance. Applications will be active for **30 days**.

This application is intended for individuals who are: at risk of being evicted, facing homelessness, living in a place not meant for human habitation, in a hotel paid for by an organization, in an emergency shelter, or in transitional housing. Household qualification is based on the 2021 National Poverty Guidelines as well as the 2021 Area Median Income.

Households who are experiencing *literal homelessness* will be evaluated on a number of different vulnerability factors to identify the type of support and housing intervention needed for their stability. It is important for you to keep your contact information updated. If we are unable to contact you, you will be taken off the list and will have to reapply.

### **Please submit the following documents with your application:**

- BRAG Intake Packet**
- Social Security Cards/Permanent Resident Cards** – *all household members*
- Picture ID** – *all household members over 18 years of age*
- Birth Certificate** – *all household members*
- Proof of Income** – *For the last 30-days*
- DWS Benefits Report:** *printout available through My Case (if applicable)*
- Documentation supporting crisis** – *ex: Eviction Notice*
- Fully executed signed lease agreement/contract** *(if applicable)*

**Bear River Association of Governments - Intake packet**

**Department of Health and Human Services  
2022 National Poverty Guidelines  
Gross Monthly Income**

| <b>Household/<br/>Family Size</b> | <b>50%</b> | <b>75%</b> | <b>100%</b> | <b>125%</b> | <b>133%</b> | <b>135%</b> | <b>138%</b> | <b>150%</b> | <b>175%</b> | <b>180%</b> | <b>185%</b> | <b>200%</b> |
|-----------------------------------|------------|------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| <b>1</b>                          | \$566      | \$849      | \$1,133     | \$1,416     | \$1,506     | \$1,529     | \$1,563     | \$1,699     | \$1,982     | \$2,039     | \$2,095     | \$2,265     |
| <b>2</b>                          | \$763      | \$1,144    | \$1,526     | \$1,907     | \$2,029     | \$2,060     | \$2,106     | \$2,289     | \$2,670     | \$2,747     | \$2,823     | \$3,052     |
| <b>3</b>                          | \$960      | \$1,439    | \$1,919     | \$2,399     | \$2,552     | \$2,591     | \$2,648     | \$2,879     | \$3,359     | \$3,455     | \$3,550     | \$3,838     |
| <b>4</b>                          | \$1,156    | \$1,734    | \$2,313     | \$2,891     | \$3,076     | \$3,122     | \$3,191     | \$3,469     | \$4,047     | \$4,163     | \$4,278     | \$4,625     |
| <b>5</b>                          | \$1,353    | \$2,029    | \$2,706     | \$3,382     | \$3,599     | \$3,653     | \$3,734     | \$4,059     | \$4,735     | \$4,871     | \$5,006     | \$5,412     |
| <b>6</b>                          | \$1,550    | \$2,324    | \$3,099     | \$3,874     | \$4,122     | \$4,184     | \$4,277     | \$4,649     | \$5,424     | \$5,579     | \$5,733     | \$6,198     |
| <b>7</b>                          | \$1,746    | \$2,619    | \$3,493     | \$4,366     | \$4,645     | \$4,715     | \$4,820     | \$5,239     | \$6,112     | \$6,287     | \$6,461     | \$6,985     |
| <b>8</b>                          | \$1,943    | \$2,914    | \$3,886     | \$4,857     | \$5,168     | \$5,246     | \$5,362     | \$5,829     | \$6,800     | \$6,995     | \$7,189     | \$7,772     |

BRAG uses the above poverty guidelines to determine eligibility for our programs. The amounts listed above are based on gross monthly income.

According to Community Action Program Legal Services (CAPLAW), the income of all members of each individual family unit must be included in determining the income eligibility.

Each funding source utilizes different percentages of poverty to qualify households income. All eligible funds will be looked at to assist applicants.

# Bear River Association of Governments - Intake packet

**Applicant Name:** \_\_\_\_\_ **Date of Application:** \_\_\_\_\_

**Main Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Landlord Name or Property Management Company:** \_\_\_\_\_

**Landlord Phone:** \_\_\_\_\_ **Landlord Email:** \_\_\_\_\_

**Current Living Situation** (*please initial for each household member age 18 and over*):

**Homeless:**

- \_\_\_\_\_ Place not meant for habitation (outside, car...)
- \_\_\_\_\_ Emergency Shelter

**Institutional:**

- \_\_\_\_\_ Foster care or foster care group home
- \_\_\_\_\_ Hospital (residential medical facility)
- \_\_\_\_\_ Jail, Prison, Juvenile Detention Facility
- \_\_\_\_\_ Long Term Care Facility
- \_\_\_\_\_ Psychiatric Hospital (psychiatric facility)
- \_\_\_\_\_ Substance abuse (or detox) treatment facility

**Temporary and Permanent Housing:**

- \_\_\_\_\_ Rental (with no homeless criteria)
- \_\_\_\_\_ Staying or living with family or friends
- \_\_\_\_\_ Hotel paid for w/o emergency shelter voucher
- \_\_\_\_\_ Veteran Housing: \_\_\_\_\_ GPD \_\_\_\_\_ TIP \_\_\_\_\_ VASH
- \_\_\_\_\_ Permanent housing for formerly homeless (other than Rapid Rehousing)
- \_\_\_\_\_ Residential or halfway house (not homeless)
- \_\_\_\_\_ Transitional housing for homeless persons
- \_\_\_\_\_ Own home (with or w/o subsidy)

**Length of stay:**  1 day or less  2 days to 1 week  more than 1 week, but less than 1 month  1 – 3 months  
 More than 3 months, but less than 1 year  1 year or longer

**When did your housing crisis or recent period of homelessness begin?** \_\_\_\_/\_\_\_\_/\_\_\_\_

**In the last three years how many times have you been homeless?** \_\_\_\_\_

**In the last three years how many total months have you been homeless?** \_\_\_\_\_

**Do you have an eviction notice?**  No  Yes, what date was the eviction served? \_\_\_\_\_

**Have you been evicted in the past 12 months?**  No  Yes

**Are you homeless today because of an eviction?**  No  Yes

**Have you ever been denied housing because of an eviction notice?**  No  Yes

**What is the zip code and city of your last permanent address?** \_\_\_\_\_

**Has anyone in your household ever applied for assistance at BRAG?**  No  Yes

- **If yes, when:** \_\_\_\_\_ **Did anyone in your household ever receive assistance?**  No  Yes

**Do you have any rent or utility back payments?**  No  Yes, company(ies) you owe money to \_\_\_\_\_

**Are you a single parent?**  No  Yes **Are you currently receiving child support?**  No  Yes

- **If no, have you been informed of the methods to pursue child support through ORS?**  No  Yes

By signing below, I verify that the information I have provided is true and accurate to my knowledge. I understand that **providing misleading or false information will result in denial or termination of assistance.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Caseworker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Bear River Association of Governments - Intake packet**

**Self Sufficiency Plan**

**What hardship/event/crisis caused you to fall behind on your rent or made you homeless?**

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**How do you plan to financially support yourself after the one-time rental assistance is given?**

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**How did you pay your bills last month?**

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**Important:** *All household members over the age of 18 must sign.*

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Caseworker Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Bear River Association of Governments - Intake packet

**HOUSEHOLD INFORMATION** (continued on page 6) **(1) Related individuals:** two or more persons related by birth, marriage, and/or adoption who reside together, or **(2) Unrelated individual:** an individual who is not an inmate of an institution and who resides alone or with one or more persons who are not related to him/her by birth, marriage, and/or adoption, excluding house mates (renters or lessees).

| Demographic information   | Household Member #1<br>Name:  | Household Member #2<br>Name:  | Household Member #3<br>Name:  |
|---|---|---|---|
| <b>Relationship to head of household</b> (ex: child, spouse, grandchild, sig other)   | Self  | Relationship:   | Relationship:   |
| <b>Date of Birth</b>  |   |   |   |
| <b>Social Security</b>  |   |   |   |
| <b>Gender</b>   | Female    Questioning    Transgender<br>Male    Not singularly Female or Male   | Female    Questioning    Transgender<br>Male    Not singularly Female or Male   | Female    Questioning    Transgender<br>Male    Not singularly Female or Male   |
| <b>Phone Number</b><br><i>if different</i>  |   |   |   |
| <b>Email Address</b><br><i>if different</i>   |   |   |   |
| <b>Education</b><br><i>(circle one)</i>   | 0 yrs-8th grade                      Grades 9-12<br>HS graduate                      9-12/non graduate<br>GED                                      12 + some college<br>2-4 yrs college                      Graduate degree  | 0 yrs-8th grade                      Grades 9-12<br>HS graduate                      9-12/non graduate<br>GED                                      12 + some college<br>2-4 yrs college                      Graduate degree  | 0 yrs-8th grade                      Grades 9-12<br>HS graduate                      9-12/non graduate<br>GED                                      12 + some college<br>2-4 yrs college                      Graduate degree  |
| <b>Disability</b>   | Yes    No    Unknown  | Yes    No    Unknown  | Yes    No    Unknown  |
| <b>Race options:</b><br><i>select all that apply</i>  | Am Indian/AK Native/Indigenous<br>White    Asian/Asian American<br>Black/African American/African<br>Native Hawaiian/Pacific Islander   | Am Indian/AK Native/Indigenous<br>White    Asian/Asian American<br>Black/African American/African<br>Native Hawaiian/Pacific Islander   | Am Indian/AK Native/Indigenous<br>White    Asian/Asian American<br>Black/African American/African<br>Native Hawaiian/Pacific Islander   |
| <b>Hispanic/Latin(a)(o)(x)</b>  | Yes    No   | Yes    No   | Yes    No   |
| <b>Employment Status</b>  | Unemployed (0-6 months)<br>Unemployed (6 months+)<br>Full-Time    Part-Time    Retired<br>Migrant Seasonal Farm   | Unemployed (0-6 months)<br>Unemployed (6 months+)<br>Full-Time    Part-Time    Retired<br>Migrant Seasonal Farm   | Unemployed (0-6 months)<br>Unemployed (6 months+)<br>Full-Time    Part-Time    Retired<br>Migrant Seasonal Farm   |
| <b>Disconnected Youth</b><br><i>Age 14-24 and is neither working nor in school</i>  | Yes    No   | Yes    No   | Yes    No   |
| <b>Health Insurance</b>   | None    Medicaid    Medicare<br>VA Medical Services                      CHIP<br>Employment Based                      COBRA<br>Private    Indian Health Services   | None    Medicaid    Medicare<br>VA Medical Services                      CHIP<br>Employment Based                      COBRA<br>Private    Indian Health Services   | None    Medicaid    Medicare<br>VA Medical Services                      CHIP<br>Employment Based                      COBRA<br>Private    Indian Health Services   |
| <b>Military Service</b>   | Active    Veteran    No   | Active    Veteran    No   | Active    Veteran    No   |
| <b>Pregnancy</b>  | Yes, due date _____ No  | Yes, due date _____ No  | Yes, due date _____ No  |
| <b>Barriers currently present?</b><br><b>Indefinite? Y/N</b><br><i>No foreseeable end<br/>Substantially impedes daily living<br/>Could be improved with housing</i> | <input type="checkbox"/> Alcohol Abuse                      Indefinite? Y/N<br><input type="checkbox"/> Chronic Health Condition                      Y/N<br><input type="checkbox"/> Substance Abuse (past/current)                      Y/N<br><input type="checkbox"/> Mental Health                      Y/N<br><input type="checkbox"/> Physical Disability                      Y/N | <input type="checkbox"/> Alcohol Abuse                      Indefinite? Y/N<br><input type="checkbox"/> Chronic Health Condition                      Y/N<br><input type="checkbox"/> Substance Abuse (past/current)                      Y/N<br><input type="checkbox"/> Mental Health                      Y/N<br><input type="checkbox"/> Physical Disability                      Y/N | <input type="checkbox"/> Alcohol Abuse                      Indefinite? Y/N<br><input type="checkbox"/> Chronic Health Condition                      Y/N<br><input type="checkbox"/> Substance Abuse (past/current)                      Y/N<br><input type="checkbox"/> Mental Health                      Y/N<br><input type="checkbox"/> Physical Disability                      Y/N |
| <b>Receiving care for barriers</b>  | Yes    No   | Yes    No   | Yes    No   |
| <b>Have you ever experienced domestic violence?</b>   | Yes    No<br>Are you currently fleeing? Y/N<br>How long ago? _____  | Yes    No<br>Are you currently fleeing? Y/N<br>How long ago? _____  | Yes    No<br>Are you currently fleeing? Y/N<br>How long ago? _____  |

## Bear River Association of Governments - Intake packet

### Household Information Continued:

| Demographic information   | Household Member #4<br>Name:   | Household Member #5<br>Name:   | Household Member #6<br>Name:   |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
|---|--|--|--|--|---|-----|--|---|-----|--|--|-----|--|--|-----|--|--|--|-------------|--|---|-----|--|---|-----|--|--|-----|--|--|-----|--|--|--|-------------|--|---|-----|--|---|-----|--|--|-----|--|--|-----|--|
| <b>Relationship to head of household</b> (ex: child, spouse, grandchild, sig other)   | Relationship:  | Relationship:  | Relationship:  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Date of Birth</b>  |  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Social Security</b>  |  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Gender</b>   | Female    Questioning    Transgender<br>Male    Not singularly Female or Male  | Female    Questioning    Transgender<br>Male    Not singularly Female or Male  | Female    Questioning    Transgender<br>Male    Not singularly Female or Male  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Phone Number</b><br><i>if different</i>  |  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Email Address</b><br><i>if different</i>   |  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Education</b><br><i>(circle one)</i>   | 0 yrs-8th grade      Grades 9-12<br>HS graduate      9-12/non graduate<br>GED                  12 + some college<br>2-4 yrs college      Graduate degree   | 0 yrs-8th grade      Grades 9-12<br>HS graduate      9-12/non graduate<br>GED                  12 + some college<br>2-4 yrs college      Graduate degree | 0 yrs-8th grade      Grades 9-12<br>HS graduate      9-12/non graduate<br>GED                  12 + some college<br>2-4 yrs college      Graduate degree |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Disability</b>   | Yes    No    Unknown   | Yes    No    Unknown   | Yes    No    Unknown   |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Race options:</b><br><i>select all that apply</i>  | Am Indian/AK Native/Indigenous<br>White    Asian/Asian American<br>Black/African American/African<br>Native Hawaiian/Pacific Islander  | Am Indian/AK Native/Indigenous<br>White    Asian/Asian American<br>Black/African American/African<br>Native Hawaiian/Pacific Islander                    | Am Indian/AK Native/Indigenous<br>White    Asian/Asian American<br>Black/African American/African<br>Native Hawaiian/Pacific Islander                    |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Hispanic/Latin(a)(o)(x)</b>  | Yes    No  | Yes    No  | Yes    No  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Employment Status</b>  | Unemployed (0-6 months)<br>Unemployed (6 months+)<br>Full-Time    Part-Time    Retired<br>Migrant Seasonal Farm  | Unemployed (0-6 months)<br>Unemployed (6 months+)<br>Full-Time    Part-Time    Retired<br>Migrant Seasonal Farm  | Unemployed (0-6 months)<br>Unemployed (6 months+)<br>Full-Time    Part-Time    Retired<br>Migrant Seasonal Farm  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Disconnected Youth</b><br><i>Age 14-24 and is neither working nor in school</i>  | Yes    No  | Yes    No  | Yes    No  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Health Insurance</b>   | None    Medicaid    Medicare<br>VA Medical Services    CHIP<br>Employment Based      COBRA<br>Private    Indian Health Services  | None    Medicaid    Medicare<br>VA Medical Services    CHIP<br>Employment Based      COBRA<br>Private    Indian Health Services                          | None    Medicaid    Medicare<br>VA Medical Services    CHIP<br>Employment Based      COBRA<br>Private    Indian Health Services                          |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Military Service</b>   | Active    Veteran    No  | Active    Veteran    No  | Active    Veteran    No  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Pregnancy</b>  | Yes, due date _____ No   | Yes, due date _____ No   | Yes, due date _____ No   |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Barriers currently present?</b><br><b>Indefinite? Y/N</b><br><i>No foreseeable end<br/>Substantially impedes daily living<br/>Could be improved with housing</i> | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Alcohol Abuse</td> <td style="width: 33%; text-align: right;">Indefinite?</td> <td style="width: 34%;"></td> </tr> <tr> <td><input type="checkbox"/> Chronic Health Condition</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Substance Abuse (past/current)</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mental Health</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Physical Disability</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> </table> | <input type="checkbox"/> Alcohol Abuse   | Indefinite?  |  | <input type="checkbox"/> Chronic Health Condition | Y/N |  | <input type="checkbox"/> Substance Abuse (past/current) | Y/N |  | <input type="checkbox"/> Mental Health | Y/N |  | <input type="checkbox"/> Physical Disability | Y/N |  | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Alcohol Abuse</td> <td style="width: 33%; text-align: right;">Indefinite?</td> <td style="width: 34%;"></td> </tr> <tr> <td><input type="checkbox"/> Chronic Health Condition</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Substance Abuse (past/current)</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mental Health</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Physical Disability</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> </table> | <input type="checkbox"/> Alcohol Abuse | Indefinite? |  | <input type="checkbox"/> Chronic Health Condition | Y/N |  | <input type="checkbox"/> Substance Abuse (past/current) | Y/N |  | <input type="checkbox"/> Mental Health | Y/N |  | <input type="checkbox"/> Physical Disability | Y/N |  | <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Alcohol Abuse</td> <td style="width: 33%; text-align: right;">Indefinite?</td> <td style="width: 34%;"></td> </tr> <tr> <td><input type="checkbox"/> Chronic Health Condition</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Substance Abuse (past/current)</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mental Health</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Physical Disability</td> <td style="text-align: right;">Y/N</td> <td></td> </tr> </table> | <input type="checkbox"/> Alcohol Abuse | Indefinite? |  | <input type="checkbox"/> Chronic Health Condition | Y/N |  | <input type="checkbox"/> Substance Abuse (past/current) | Y/N |  | <input type="checkbox"/> Mental Health | Y/N |  | <input type="checkbox"/> Physical Disability | Y/N |  |
| <input type="checkbox"/> Alcohol Abuse  | Indefinite?  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Chronic Health Condition   | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Substance Abuse (past/current)   | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Mental Health  | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Physical Disability  | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Alcohol Abuse  | Indefinite?  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Chronic Health Condition   | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Substance Abuse (past/current)   | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Mental Health  | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Physical Disability  | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Alcohol Abuse  | Indefinite?  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Chronic Health Condition   | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Substance Abuse (past/current)   | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Mental Health  | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <input type="checkbox"/> Physical Disability  | Y/N  |  |  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Receiving care for barriers</b>  | Yes    No  | Yes    No  | Yes    No  |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |
| <b>Have you ever experienced domestic violence?</b>   | Yes    No<br>Are you currently fleeing? Y/N<br>How long ago? _____   | Yes    No<br>Are you currently fleeing? Y/N<br>How long ago? _____   | Yes    No<br>Are you currently fleeing? Y/N<br>How long ago? _____   |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |  |  |             |  |   |     |  |   |     |  |  |     |  |  |     |  |

**Bear River Association of Governments - Intake packet**

**SELF-DECLARATION OF INCOME**

Applicant Name: \_\_\_\_\_

Please complete the following income information for the 30-day period immediately before the application date.

30-day period: \_\_\_\_\_ to \_\_\_\_\_

**Income**

|   |   |
|---|---|
| Y N Employment/Self-Employment \$ _____ | Y N Pension/Retirement \$ _____             |
| Y N Unemployment \$ _____               | Y N Veterans Benefits \$ _____ Type _____   |
| Y N Workers Comp \$ _____               | Y N Alimony \$ _____                        |
| Y N TANF Cash Assistance \$ _____       | Y N Child Support \$ _____                  |
| Y N General Cash Assistance \$ _____    | Y N Assistance from friends/family \$ _____ |
| Y N Social Security \$ _____ Type _____ | Y N Other \$ _____                          |

**Non-Cash Benefits**

|                                  |                     |
|----------------------------------|---------------------|
| Y N Food Stamps \$ _____         | Y N TANF Child Care |
| Y N WIC \$ _____                 | Y N Other _____     |
| Y N TANF Transportation \$ _____ |                     |

For every type of income received, please describe the source and who receives it:

|                      |                         |
|----------------------|-------------------------|
| Income source: _____ | Household Member: _____ |
| Income source: _____ | Household Member: _____ |
| Income source: _____ | Household Member: _____ |
| Income source: _____ | Household Member: _____ |
| Income source: _____ | Household Member: _____ |

*If any adult in the household did not receive any income in the past 30 days, please write their names below.*

- \_\_\_\_\_ received NO income.
- \_\_\_\_\_ received NO income.
- \_\_\_\_\_ received NO income.

**WARNING:** Title 18, Section 1001 of the United States Code, states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States. **Income for all household members must be disclosed or the application will be denied.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT: Our programs work toward the sustainability and success of renters. We must have proof of the financial method you will use to support yourself once the rental assistance is given.**

## Bear River Association of Governments - Intake packet

### Consent for Coordinated Services & Release of Information

I hereby authorize Bear River Association of Governments (BRAG) to share information regarding services my household and I have received or will receive with organizations relevant to my case. This may include but not limited to the following organizations: **utility company, my landlord, Bear River Mental Health, Citizens Against Physical & Sexual Abuse (CAPSA), Cache Valley Veterans Association (CVVA), Utah Families Feeding Families, 4 Helping Hearts, and Division of Child and Family Services (DCFS)**. I understand that the **information will remain confidential** and is **protected by state and federal law**, and will only be used for my benefit or to benefit other members of my household.

**Information to be Released:** All information concerning my care. Non-identifying information may also be used for the purposes of research to ensure program success and current and potential funding sources.

**Purpose of Release:** The purpose of sharing this information is to improve the coordination of services to better promote housing stability.

- 1) To provide coordinated housing, medical, social, psychological, and other services
- 2) To evaluate outcomes related to service delivery
- 3) To improve coordination of services to assist in becoming stably housed and self-supported

**Not Required for Services:** I understand that authorization is voluntary and that I may refuse to sign this authorization. I also understand that refusal to share information with certain organizations **may prevent me** from receiving specific services from certain programs.

**Right to Revoke:** I understand that my consent will last one year from today's date unless I revoke my authorization in writing before that time.

**By signing below, I authorize BRAG to share information with other organizations as it relates to my housing needs.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Bear River Association of Governments - Intake packet

## Utah Homeless Management Information System: Informed Consent Release Form What is UHMIS?

**BRAG** participates in the **Utah Homeless Management Information System (UHMIS)**, an online database that collects information about persons in Utah who are experiencing homelessness, those at risk of homelessness, and those who are formerly homeless.

### What type of information is asked of me?

UHMIS asks for identifying information including, but not limited to, basic demographics (i.e., Name, Date of Birth, etc.), limited health data (i.e., disabling condition), and financial information. Each question has been carefully reviewed to ensure only the minimum required information necessary is collected.

### Who is it shared with?

**BRAG** must collect client information in UHMIS for program participation, even if the client does not sign this form. However, information is shared with other providers only **after** the client signs this consent form to release that information (providers are listed at [UtahHMIS.org/Participating-Agencies](http://UtahHMIS.org/Participating-Agencies)). For more information on how client information is protected and shared, please refer to the [UHMIS Privacy Posting](#) (found at all HMIS data collection points) or the [UHMIS Privacy Policy](#); both are available at [UtahHMIS.org/Governance](http://UtahHMIS.org/Governance).

### What happens if the client refuses to sign this form?

- Clients may refuse, and they will not be denied services unless a specific funding source for those services requires client information to be shared in UHMIS.
- Clients may refuse to share their information with only one or all other providers.
- Clients may choose not to share any specific data element even after signing this consent form.
- For **BRAG** to serve clients with this UHMIS participating project, client information will still be entered into UHMIS and is visible by the users who work for this agency. It will also be visible to a small group of people not employed with this agency who provide security, oversight, data analysis, and research to improve services for those served by UHMIS.

### When does client consent end?

Client consent will end seven years after the signature date by default; however, clients may also change their consent to share at any time. Due to the nature of UHMIS, when client consent ends, this agency will share no new information, but this agency will not remove anything already shared within the system.

### Client Rights

- Clients may request this document in a format better suited for their needs and understanding.
- Clients may request to see information for themselves and their legal dependents and to change it if incorrect.

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**I understand the above statements and consent to the inclusion of personally identifying information in UHMIS about me and any dependents listed below and authorize information collected to be shared with other providers. I understand that my personal identifying information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by submitting a [UHMIS Informed Consent Revocation Form](#), which can be provided to me by this agency. I understand that I may obtain a copy of my signed consent form from this Agency.**

Dependent children under 18 in the household, if any (please print first and last names):

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

\_\_\_\_\_  
Client Signature (Parent/Guardian)

\_\_\_\_\_  
Client Name (Print Clearly)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Staff Signature

\_\_\_\_\_  
Agency Staff Name (Print Clearly)

\_\_\_\_\_  
Date

(Agency use, as needed)  The client provided verbal consent  Client refused  Client restricts some sharing (specify agencies on the form)

## Bear River Association of Governments - Intake packet

This Grievance Procedure is to be followed by program consumers who are dissatisfied with or are denied services under programs funded by Community Service Block Grant (CSBG), Social Service Block Grant (SSBG), and any other grant or program overseen by the Bear River Human Services Council. Attempts will be made to resolve grievances as quickly as possible.

**Informal:** Consumer will bring the issue to attention of the local program provider. If not resolved to consumer's satisfaction, the consumer has the option of pursuing the grievance by issuing a formal complaint.

### Formal Complaint

a. Consumers will submit written grievances to local program providers within five (5) working days of the incident or of knowledge of the incident. The local Program Provider will respond in writing within ten (10) working days. If not resolved to the consumer's satisfaction, they have the option to proceed.

b. If the issue is still not resolved to consumer's satisfaction, consumers may submit a written grievance within ten (10) working days to the Director of Community Action, Bear River Association of Governments, 170 North Main Street, Logan, Utah 84321. The Director of Community Action will respond in writing within ten (10) working days. If not resolved to consumer's satisfaction they have the option to proceed.

c. If the issue is still not resolved to consumer's satisfaction, consumers may submit a written grievance within ten (10) working days to the Executive Director of Bear River Association of Governments, 170 North Main Street, Logan, Utah 84321. The Executive Director will utilize support staff or Human Services Council support as deemed necessary to investigate information and render a decision regarding the grievance. The Executive Director will respond in writing within ten (10) working days. If not resolved to the consumer's satisfaction, they have the option to proceed.

d. If the issue is still not resolved to consumer's satisfaction, consumers will be provided with address and telephone number(s) for the Chairperson of both the Bear River Human Services Council and Bear River Association of Governments Steering Committee. A hearing before the Human Services Council will offer the next level of grievance and help remedy appropriate action(s) regarding the complaint. The nature of the complaint and the investigation shall be properly documented. The response to the consumer will address the complaint received and relevant action taken. If any member of the Human Services Council has involvement in the grievance, those members shall exclude themselves from the grievance procedure.

e. If the decision is not to the satisfaction of the consumer, the consumer shall be referred to the appropriate state agency's grievance procedure. In most instances, this will be the Utah Department of Workforce Services or the Utah Department of Human Services.

I understand the **BRAG Grievance Procedures Policy** and if I have a complaint related to the completion of services that I have received from BRAG, I have the right to file an appeal. This appeal must be made within five (5) days from the incident or knowledge of the incident.

Please make appeal to Lucas Martin, Human Services Director, [lucasm@brag.utah.gov](mailto:lucasm@brag.utah.gov)

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Caseworker Signature: \_\_\_\_\_ Date: \_\_\_\_\_