

# TARGETING PROGRAM REFERRAL PACKET

## How to Make a Referral to the Targeting Program

### REFERRAL AGENCIES:

**STEP 1: Assess the person's potential for success in independent housing with access to the supports and services determined necessary, appropriate and available.**

**STEP 2: Review property information using the local Housing Support Committee property listing.**

Explain the Targeting Program and review Targeting Program housing options within your service area. Referral Agencies may only refer persons to properties within the agency's service area.

**STEP 3: Determine if the person meets Targeting Program eligibility criteria.**

Targeting Program eligibility criteria varies by property (see local Housing Support Committee Property Listing sheet for eligibility criteria). Persons must be eligible for and interested in living at the properties to which they are referred.

**STEP 4: Complete the Targeting Program Referral Forms.**

**Applicant and Household Information** is necessary for processing referrals. The Referral Agency Point or Back-up person, identified on the agency's Agreement to Participate, signs this form.

A separate **Letter of Referral** is needed for each property to which the person is applying as this form will be forwarded to the property. The Referral Agency completes Section 1. The Referral Agency must work with the Applicant to apply for Section 8 if he or she is not already on the Section 8 waitlist. This step is necessary prior to referral; however, Targeting Program eligibility is not impacted if waitlists are closed or the Applicant is ineligible for Section 8. To find contact information for the local Public Housing Agency visit [www.hud.gov/offices/pih/pha/contacts/states/nc.cfm](http://www.hud.gov/offices/pih/pha/contacts/states/nc.cfm). The Applicant must sign Section 2. DHHS completes Section 3.

**STEP 5: Fax Referral Forms to the DHHS Targeted Unit Coordinator using the attached fax cover sheet.**

Referral Forms must be reviewed and coordinated by the Referral Agency Point or Back-up person.

*If a unit is available, the Targeted Unit Coordinator will forward the Letter of Referral to the property and notify the Referral Agency. If a unit is not available, the Targeted Unit Coordinator will add the Applicant to the Targeted Unit waitlist.*

**STEP 6: Contact the Applicant once DHHS forwards the Letter of Referral to Property Management.**

The Applicant should proceed in applying for housing at the property by contacting property management, identifying himself or herself as a referred Targeted Unit Applicant and completing the apartment application within 10 days of property management receiving the referral.

**STEP 7: Assist the Applicant with the property application process depending on the person's needs.**

The Property Manager processes the application just as they would for a non referred person including income verification and rental, credit and criminal background checks (fees may apply).

*The Property Manager notifies the Applicant and Targeted Unit Coordinator of the application decision and the Targeted Unit Coordinator notifies the Referral Agency.*

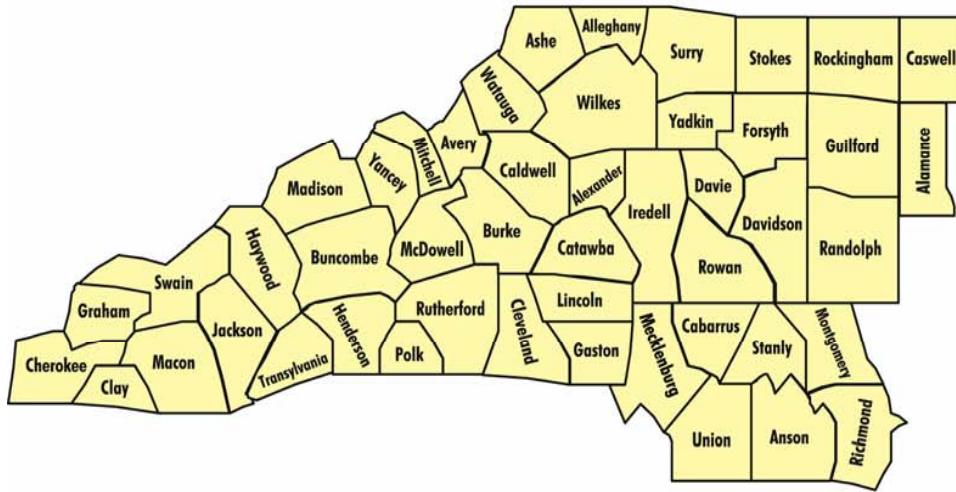
**STEP 8: If the application is approved, ensure that the person successfully moves into the Targeted Unit.**

The Applicant needs to be prepared to pay a security deposit and utility deposits/fees and may need assistance in understanding the lease when the Property Manager reviews it with him or her. The person may need other assistance when moving in.

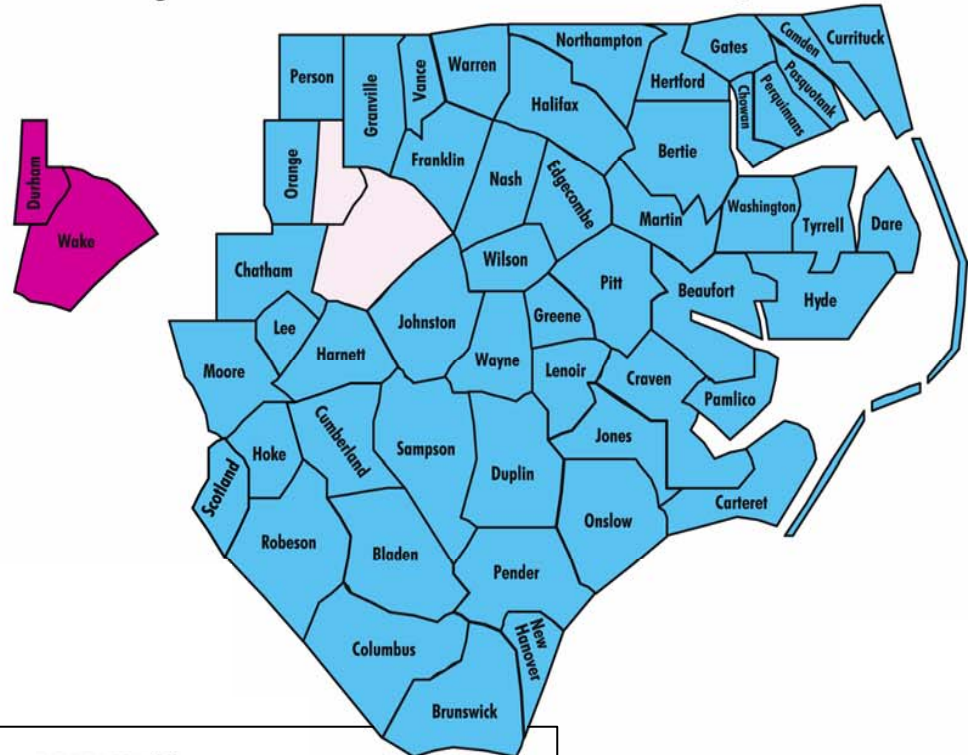
**If the application is denied, contact the Applicant to determine if he or she is eligible for and would like to request a Reasonable Accommodation and notify the Targeted Unit Coordinator of the decision.** Requests must be submitted to Property Management within 10 days of housing denial notification. Property Management will hold the application/unit open until the Reasonable Accommodation process is complete.

# TARGETING PROGRAM REGIONS

## Western Region



## Central Region



### Western Region

**For general information contact:**  
 Kay Johnson  
 Western Housing Support Coordinator  
 (704) 619-6716 (phone)  
 kay.r.johnson@ncmail.net

**Fax referrals to:**  
 Russell Cate  
 Western Targeted Unit Coordinator  
 (828) 273-4546 (phone)  
 (828) 258-7438 (fax)  
 russell.cate@ncmail.net

### Central Region

**For general information contact:**  
 Jennifer Olson  
 Central Housing Support Coordinator  
 (919) 733-4534 (phone)  
 jennifer.l.olson@ncmail.net

**Fax referrals in Durham to:**  
 Russell Cate  
 (828) 273-4546 (phone)  
 (828) 258-7438 (fax)  
 russell.cate@ncmail.net

**Fax referrals in Wake to:**  
 Stacy Hurley  
 (919) 667-4818 (phone)  
 (919) 929-9768 (fax)  
 stacy.hurley@ncmail.net

### Eastern Region

**For general information contact:**  
 Walter Vincent  
 Eastern Housing Support Coordinator  
 (910) 620-0467 (phone)  
 walter.vincent@ncmail.net

**Fax referrals to:**  
 Stacy Hurley  
 Eastern Targeted Unit Coordinator  
 (919) 667-4818 (phone)  
 (919) 929-9768 (fax)  
 stacy.hurley@ncmail.net

# TARGETING PROGRAM REFERRAL

## Fax Cover Sheet

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To: Russell Cate, DHHS Targeted Unit Coordinator      From:

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Fax: 828-258-7438      Pages:

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Re: Targeted Unit Referral      Date:

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### **Comment:**

*Incomplete Applicant and Household Information forms or Letters of Referral may delay placement of persons on Targeted Unit waitlists. Please review Targeting Program referral forms for accuracy and completion prior to faxing them to the DHHS Targeted Unit Coordinator in your area.*

# TARGETING PROGRAM REFERRAL

## Applicant and Household Information

**Information below is required for purposes of processing Targeted Unit referrals.**

Referral Agency name:	Date:
Agency Point or Back-up person name:	Phone no:
Agency Point or Back-up person signature required:	Fax no:

1. Applicant name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_ Last 4 digits of SSN: XXX – XX – \_\_\_\_\_
3. No. of household members (do not include live-in aides): \_\_\_\_\_ No. of live-in aides: \_\_\_\_\_
4. If household has 2 or more members, describe the relationship of each household member to the Applicant.  
\_\_\_\_\_
5. If household has medical reasons for an extra bedroom, please explain.  
\_\_\_\_\_
6. Applicant is a head of household with a disability.....  Yes .....  No
7. Applicant has income based on disability.....  Yes .....  No
8. If question 7 answer is yes, list source of disability income (SSI, SSDI, VA, other): \_\_\_\_\_
9. Total monthly gross household income: \_\_\_\_\_
10. Indicate whether or not the household needs the following types of apartments:
  - a. Handicapped Unit (wider doors, grab bars) .....  Yes .....  No
  - b. Fully Accessible Unit (curbless shower) .....  Yes .....  No
  - c. Visual/Audio Accessible Unit .....  Yes .....  No
  - d. Ground floor unit if no elevator.....  Yes .....  No

**Information below is optional and is collected for purposes of statewide data reporting.**

11. Where is the applicant currently living? (Indicate if homeless.) \_\_\_\_\_
12. Check all places the applicant has stayed in the past 12 months.

<input type="checkbox"/> Own home or rental unit	<input type="checkbox"/> ICF/MR
<input type="checkbox"/> Home of family/friend	<input type="checkbox"/> Adult Care Home
<input type="checkbox"/> Psychiatric facility	<input type="checkbox"/> Nursing Home
<input type="checkbox"/> Emergency room/Hospital	<input type="checkbox"/> Group Home
<input type="checkbox"/> Detox/Substance abuse tx facility	<input type="checkbox"/> Jail/Prison
<input type="checkbox"/> Shelter/street/car (Homeless)	<input type="checkbox"/> Other (specify) _____

DHHS use only No. of bedrooms: _____
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# TARGETING PROGRAM LETTER OF REFERRAL

## SECTION 1 *(Completed by the Referral Agency.)*

The applicant must sign a Letter of Referral for each property to which he/she wishes to apply. Referral Agencies can only refer applicants to properties within the agency's service area.

Referral of \_\_\_\_\_ to \_\_\_\_\_  
*Applicant Name* *Property Name (one only)*

**Please indicate that each of the following statements is accurate by initialing below.**

1. \_\_\_\_\_ Applicant meets Targeted Unit eligibility criteria as specified on the local Housing Support Committee Property Listing.
2. \_\_\_\_\_ Applicant household is not comprised solely of full-time students. *(If the household is comprised solely of full-time students, contact NC DHHS for assistance.)*
3. \_\_\_\_\_ I verified Section 8 status with \_\_\_\_\_  
*Local Public Housing/Section 8 Agency*  
on \_\_\_\_\_. The applicant:  
*Date*

- is on the Section 8 waitlist.  
 is not eligible for Section 8.  
 cannot apply for Section 8 at this time, because the waitlist is closed.

*(Application to Section 8 and status verification is required prior to referral, but status does not affect Targeting Program eligibility.)*

## SECTION 2 *(Completed by the Referral Agency and the Applicant. Applicant signature required.)*

I authorize the North Carolina Department of Health and Human Services (NC DHHS) and the

\_\_\_\_\_, the Local Lead Agency  
*Local Lead Agency (Find the property's Local Lead Agency on the HSC Property Listing.)*

associated with the property for which I am applying, to communicate with the property management company for the following reasons:

- (1) processing my application for housing including reasonable accommodations, and
- (2) addressing issues related to my tenancy including reasonable accommodations.

I understand that this authorization may be withdrawn by me at any time by notifying the agency that assisted me with this Letter of Referral, and that such a decision will not affect my tenancy.

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

## SECTION 3 *(Completed by DHHS.)*

DHHS Referral Verification

\_\_\_\_\_  
*DHHS Staff Signature* *Print Name*  
\_\_\_\_\_  
*Date* *(828) 273-4546* *(828) 258-7438*  
*Phone number* *Fax number*