

## REVISED CLIENT AID FORMS and PROCEDURES

DEADLINE TO EMAIL      Client Aid request for approval is **December 23rd**  
DEADLINE TO SUBMIT    Client Aid Reimbursement Request Form **December 31st**

- STEP 1**      Cities will email Laurie Jacobs ([laurie@southbaycities.org](mailto:laurie@southbaycities.org)) at the SBCCOG with their Client Aid request. No form is needed for this first step.
- The cities are responsible to pay for the services up front as this is a city reimbursement program.
  - The SBCCOG will promptly email approval for eligible requests or advise if not approved, and/or if more information is required to be considered.
- STEP 2**      After the approved client aid services have been provided to the participant, the city is required to complete and submit the Client Aid Reimbursement Request Form along with applicable invoices.
- STEP 3**      The SBCCOG will email the city the Client Aid Approval Form to confirm each claim submission is in process.
- STEP 4**      The SBCCOG will submit the Client Aid Approval form packet for payment from LA County using Measure H Innovation Funds. These will be processed at the end of each month.
- STEP 5**      The SBCCOG will process city reimbursement request after having received the funds from LA County.



## CLIENT AID FACT SHEET – Revised 9.1.2021

The total amount of client aid funding available for cities to access is approximately **\$65,000**. This is a reimbursement program that may take 3-6 months. Client aid is available on a first come, first serve basis.

The reimbursable funds are available to South Bay cities for the following situations:

- \$35,000 for rental assistance/prevention
  - Up to \$2,000 per person for back pay of rent (prevention from eviction) and/or moving expenses to get client into more affordable housing
  - The Service Provider will work with client and provide case management services for a limited time period (maximum of 3 months)
  - If client is receiving rental assistance funding from other sources, they are not eligible for SBCCOG Client Aid
- \$30,000 for the following situations:
  - Motel stays prior to employment, housing, or medical appointment for a maximum stay of 1 week.
  - Entrance fee for any type of mental health or substance use treatment facility
  - Pay for transportation to get to one of the locations above.

Procedures:

- Cities will make the referral request to the SBCCOG, via email ([laurie@southbaycities.org](mailto:laurie@southbaycities.org)), providing client name, reason for request, and funding amount
- Once approved, SBCCOG staff will inform city of approval.
- The City will work with a Service Provider to get the service(s) provided.
- The City will complete the Client Aid Reimbursement Form with invoice copies to SBCCOG ([laurie@southbaycities.org](mailto:laurie@southbaycities.org)) after the services have been utilized
- DEADLINE TO SUBMIT requests is **December 23, 2021** and deadline to submit Reimbursement Report is **December 31, 2021**

Questions? Please email Laurie Jacobs, SBCCOG ([laurie@southbaycities.org](mailto:laurie@southbaycities.org))



**SOUTH BAY CITIES**  
COUNCIL OF GOVERNMENTS

## Client Aid Reimbursement Request Form

Submit completed form to Laurie Jacobs, SBCCOG – [laurie@southbaycities.org](mailto:laurie@southbaycities.org)

- |   |   |
|---|---|
| <input type="checkbox"/> Rental                 | <input type="checkbox"/> Prevention                         |
| <input type="checkbox"/> Motel Voucher          | <input type="checkbox"/> Treatment Facility Fee             |
| <input type="checkbox"/> Transportation         | <input type="checkbox"/> Drivers License, Birth Certificate |
| <input type="checkbox"/> Other (Specify: _____) |   |

Referring City: \_\_\_\_\_ Date submitted: \_\_\_\_\_

Referred by (Name/Phone Number and Email): \_\_\_\_\_

Participant(s) Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Individual TAY Family composition: \_\_\_\_\_

Contact number: \_\_\_\_\_ Client ID (HMIS): \_\_\_\_\_

Agency, if connected: \_\_\_\_\_

Current location: \_\_\_\_\_

If housed, is there a lease? Y or N (If yes, please attach copy of lease to referral form)

Income: \_\_\_\_\_ Source: \_\_\_\_\_

List of expenses (average monthly budget): \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Receiving other rental assistance? Y or N

Brief housing/homeless history, employment history, housing barriers, COVID implications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reimbursement Payment name and address:

\_\_\_\_\_

\*\*\*\*\*

**SBCCOG use only:**

Date request received: \_\_\_\_\_

Amount Allocated: \_\_\_\_\_

Receipts Received: \_\_\_\_\_

Copy of Check Attached: \_\_\_\_\_

Lease Attached: \_\_\_\_\_

Date reimbursed: \_\_\_\_\_



**SOUTH BAY CITIES**  
COUNCIL OF GOVERNMENTS

2355 Crenshaw Blvd., #125  
Torrance, CA 90501  
(310) 371-7222  
[sbccog@southbaycities.org](mailto:sbccog@southbaycities.org)  
[www.southbaycities.org](http://www.southbaycities.org)

## Client Aid Reimbursement Approval

Referral City:

Referral Contact:

Participant(s) Name:

Purpose:

Amount Requested:

Date Requested:

Amount Reimbursed\*:

Approval Date:

Approved by:

*\*Note: Reimbursements to the Referral City will be made by the SBCCOG within 60 days of the SBCCOG receipt of funds from Los Angeles County.*

LOCAL GOVERNMENTS IN ACTION

Carson El Segundo Gardena Hawthorne Hermosa Beach Inglewood Lawndale Lomita  
Manhattan Beach Palos Verdes Estates Rancho Palos Verdes Redondo Beach Rolling Hills  
Rolling Hills Estates Torrance Los Angeles District #15 Los Angeles County