

CLIENT AID PROPOSAL

The total amount of client aid funding available for use by cities/service providers is **\$123,500**. This is a reimbursement program.

The funds are available for the following activities:

- \$100,000 for rental assistance/prevention
 - Up to \$2,000 per person for backpay of rent (prevention from eviction) and/or moving expenses to get client into more affordable housing
 - Service provider will work with client and provide case management services for a limited time period (maximum of 3 months)
- \$23,500 for the following situations:
 - Motel stays prior to employment, housing, or medical appointment for a maximum stay of 3 nights
 - Emergency fund for police departments (PD) to access motel vouchers for vulnerable populations (i.e. 65+, pregnant female, etc.) for a maximum stay of 3 nights. The PD must work with service provider to connect with client within 48 hours
 - Any type of mental health or substance use treatment facility for fee to get in or pay for transportation to get to location

Procedures:

Cities make referral to SBCCOG, utilizing financial assistance service referral form (see attached); SBCCOG sends email to PATH or service provider, and PATH or service provider will provide the service.

We propose that the SBCCOG work with PATH on this project. PATH has run a similar program in SPA 7. PATH will provide the following activities at no additional cost to the SBCCOG:

- Provide a 30-minute training with PATH and SBCCOG on procedures to city staff and PD.
- Set up a special SBCCOG/PATH email for referrals from SBCCOG
- Will work with PD on emergency motel vouchers
 - PATH has a contract/account with Motel 6 so case management staff doesn't have to be there in person to make reservation
 - Depending on city and needs, PATH can set up reimbursement account. PATH will reach out to each PD to set up reimbursement account if Motel 6 is not used.
- Provide case management services
- Provide monthly report to SBCCOG to include monthly updates per city with type of aid provided, overall number of people assisted, and funds expended. The report should also include total remaining balance of funds.
- Evaluate the program with SBCCOG staff at the 3-month period to make adjustments, if necessary

The program will be offered on a first come first serve basis to the cities, and a spreadsheet will be developed to keep track of city requests/use of funds.

South Bay Cities COG Financial Assistance Service Referral

- Rental
- Motel Voucher
- Transportation to Treatment Facility
- Other (Specify: _____)
- Prevention
- Treatment Facility Fee

Referring City: _____ Date: _____

Referred by (Name/Phone Number or Email): _____

Participant(s) Name: _____ DOB: _____

Individual TAY Family

Family composition: _____

Current location: _____

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

Agency (if connected): _____

Income: _____ Source: _____

Contact number: _____

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

PATH use only:

Date received: _____

Amount Allocated: _____

Copy of Check Attached

Lease Attached