

The Subsidy and Chafee Housing Program

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Subsidy: State Funded

- ▶ **Eligibility:**
- ▶ Age 16 or older
- ▶ In DHS care and custody
- ▶ Have a DHS approved plan consisting of 36 hours of activity per week (work, education, volunteer activities, or combination of the three)
- ▶ Has at least one prior substitute care placement
- ▶ Has approval of the court to participate
- ▶ If youth has not completed high school, must be working to complete high school or obtain a GED.
- ▶ Youth must be enrolled for ILP skill building services.
- ▶ Youth cannot live with biological or legal parent(s).
- ▶ Youth may receive up to \$795 per month for 12 months, after which the amount will gradually decrease for the next 18 months, for a total of 30 months support to transition to living independently. Decreases \$115 per quarter beginning the 13th month.

Chafee: Federally Funded

- ▶ **Eligibility:**
- ▶ Age 18 or older, but not yet 21
- ▶ A former foster child who left a child welfare substitute care placement at age 18 or older, with at least 180 days (six months) of foster care placement services after age 14.
- ▶ Have a DHS approved plan consisting of 36 hours of activity per week (work, education, volunteer activities, or combination of the three - must include at least 4 hours of paid employment)
- ▶ If youth has not completed high school, must be actively working to complete high school or obtain a GED.
- ▶ Youth must be enrolled for ILP skill building services.
- ▶ Youth cannot live with biological or legal parent(s).
- ▶ Youth may receive up to \$795 per month to live independently, for a maximum of \$7,000 or age 21, whichever comes first.

Important facts

- ▶ ILP services are available to former foster youth that were discharged from care at age 16 or older with at least 180 days (six months) of foster care placement services after age 14.
- ▶ Youth can be returned home, in a guardianship, or living independently and still retain eligibility for some ILP services.
- ▶ The ILP Housing services are the only ILP services a former foster youth will lose if discharged after age 16 and prior to age 18 (with 180 days of care).
- ▶ Youth can save a maximum of 20% of their earned income.

Subsidy vs Chafee:

- ▶ Subsidy pays for any monthly expense (transportation, clothing, entertainment, school supplies, etc.)
- ▶ Chafee only pay for room and board (rent, food, utilities and deposits), start-up items/furnishings and normal transportation costs.
- ▶ In order to access Chafee Housing funds, youth must come back on a voluntary services basis.
- ▶ Youth can not access Chafee education while on Chafee Housing.

Handouts

- ▶ CF0075 - Housing Funding Eligibility Checklist
- ▶ CF0076 - Housing Services Responsibility Agreement
- ▶ CF0077 - ILP Housing Series Budget Worksheet

All of this information, updates and more are located:

<https://www.oregon.gov/DHS/CHILDREN/FOSTERCARE/ILP/Pages/eligibility-services.aspx>

Thanks for your time

Housing Funding Eligibility Checklist

[Link to Procedure Manual](#) (See page 14.)

Youth's name: _____

Case number: _____

The following determinations have been made on behalf of the above named youth regarding the youth's eligibility for accessing housing funds through the Independent Living Housing Subsidy (ILHS) program (*section A **and** section C*) or Chafee Housing program (*section B **and** section C*). The youth must meet the appropriate eligibility criteria to order to access housing funds.

Section A

The youth must meet the following requirements to access **subsidy** funds:

- Be age 16 or older;
- Be in foster care;
- Be in the legal care and custody of the Department of Human Services (DHS);
- The youth's worker has requested permission from the juvenile court for the youth to participate in the ILHS;
- Has a high school diploma or obtained their GED. If no, is working on obtaining their high school diploma or equivalent.

Section B

The youth must meet the following requirements to access **Chafee** funds:

- Be age 18 or older;
- Had legal custody to DHS or their federally recognized tribe terminated on or after their 18th birthday;
- Youth had at least 180 days of substitute care after age 14 with DHS or the tribe;
- Be employed (*at least part-time, or participating in a work-study program*);
- Has a high school diploma or obtained their GED. If no, is working on obtaining their high school diploma or equivalent.

Section C

The youth must meet the following requirements to access either **subsidy** or the **Chafee funds**:

- Be enrolled and participating in a contracted Independent Living Program skills training;
- Be involved in a program of employment, education, volunteerism, or a combination of the three programs, and other productive activity that equals full-time activity (*36 hours per week*); **AND**
 - Application for the housing program has been screened by the local branch screening committee and the screening committee has determined the youth suitable for on-going subsidy or Chafee housing services; **OR**
 - Youth is requesting a **one-time housing payment**. Caseworker has deemed the youth appropriate for a one-time housing payment. Youth will **not** be participating in an on-going housing program.

By signing below, the DHS or Indian Child Welfare (ICW) worker verifies the information listed above is correct and that the DHS caseworker or tribal worker has contacted the ILP desk in central office, 503-945-6619, to determine the availability of funds to finance the youth's housing needs.

Signed: _____
Department of Human Service or tribal worker

Date: _____

The purpose of this form is to communicate the responsibilities and expectations when,
(Youth name) _____

is accepted to the Department of Human Services (DHS), Independent Living Program's housing services.

This responsibility agreement will remain in effect from: _____ to: _____

Case number: _____ Person number: _____

Youth's responsibility agreement

Youth is to initial at the beginning of each statement, on the line provided indicating they have read and understand the requirement.

_____ I will see my DHS or tribal worker, _____, in person at least once a month.

_____ I will see my ILP worker, _____, in person at least once a month.

_____ I will develop a system to keep track of all my receipts and will keep an expense log for all cash expenses.

_____ I agree to help DHS and ILP monitor my budget by going over my receipts with my DHS/Tribal and ILP worker each month or as requested

_____ I agree to be responsible for payment of all bills incurred including rent, utilities and food costs.

_____ It is my goal to have an accurate, reasonable and responsible budget.

_____ I understand when I have a change in income/monthly support or expenses I must notify my DHS worker immediately and create a revised budget.

_____ I understand if my budget is not accurate, I will be expected to repay any overpayment to DHS.

_____ I will request approval from my DHS or Tribal worker prior to making changes to my plan, including employment, education and housing arrangements.

_____ If, for a valid reason, I was unable to obtain **prior** approval for a change to my plan, I will contact my workers (DHS, Tribal, ILP) within ten days of changing my plan.

_____ I understand that I may not live with or rent/lease from my biological and/or legal parents and remain on the housing program.

_____ I understand that I must follow all federal, state and local laws (*including curfews*) as they apply to me.

_____ I understand that I can access the Subsidy funds for a maximum of 30 months or age 21, whichever comes first.

_____ I understand the maximum amount I may receive from the Subsidy Program will begin to decrease starting month 13. This is being done to help me gradually lessen my dependence on the Subsidy funds.

(Youth name) _____ Case no.: _____ Person ID: _____

_____ I understand that I can access Chafee Housing funds until I expend \$7,000 or reach the age of 21, whichever comes first.

_____ I understand that I cannot be on the Chafee Housing program and receive education and training grant funds if the cost of attendance at the school of my choice includes room and board.

_____ I understand that failure to comply with the above may mean I will be terminated from the ILP housing program and I will not receive a check.

_____ I also understand that I cannot re-apply until after 30 days of being terminated from the ILP housing program.

_____ I understand that if I re-apply, I must be able to explain how I was able to correct the issues that resulted in my termination from the program and show that I am in compliance with all requirements before my re-application may be approved.

_____ I will maintain a full-time (36 hours) productive week either through employment, my education plan, volunteerism, or a combination of the three or other productive activities approved by my caseworker or screening committee as outlined on page 3.

_____ I understand that a change in my productive hours or living arrangement requires that I update page 3 of my responsibility agreement.

_____ I give permission for my ILP worker to exchange information with DHS/Subsidy staff about my case, productive time activities, money management activities and any other information that may affect my housing plan, eligibility, safety, or success while accessing the Subsidy or Chafee Housing Program. I understand this is important to help keep me in compliance with all of my housing responsibilities listed within this agreement and successful in the program.

Youth's statement

By signing below, I acknowledge that I have read, understand and agree to all expectations, requirements of this responsibility agreement (*including any addendum*) and to follow my plan for transition to independence.

Signed

Date

Housing plan

Date: _____

Check one: I am living at: I will be living at:

Address: _____

- Housing type: Scattered site apartment Live-in adult/peer roommate
 Shared home Boarding home Supervised apartment
 Host home Dormitory housing Transitional group home

Phone number: _____ Cell phone: _____

I will be living by myself: Yes No If no, list roommates and relationship below:

Roommate name/relationship: _____ /
Roommate name/relationship: _____ /
Roommate name/relationship: _____ /

My roommate(s) and I have signed a roommate agreement. Date completed: _____

DHS Approved Productive Time Plan

My plan for **education** is as follows: *(Describe your current level of educational achievement, current school involvement including number of hours for GED preparation/high school or number of credits if in college, and/or future education plans.)*

My plan for **employment** is as follows: *(Describe your current employment including where you work, hours worked per week, wages or salary received each week and any plans for change in employment in the future.)*

My plan for volunteerism or **other productive time** is as follows: *(Describe your volunteerism activities and how you plan to be productive in addition to education or employment hours. How will these hours assist you to achieve your transition goals for living independently? You may attach an additional sheet if more space is required.)*

My plan for keeping myself on track and successful is as follows: *(Describe how you will handle set-backs, unexpected expenditures, friends/family that visit and won't leave, roommates that don't pay their share of expenses, etc. A separate sheet may be attached.)*

DHS/Tribal Worker's Responsibility Agreement

(Youth name) _____ Case no.: _____ Person ID: _____

_____ I will explain to and assist the youth in comprehending the requirements and expectations of the housing program.

_____ I have visited, or will visit, the youth's residence to determine the living arrangement is safe and appropriate.

_____ I have determined the residence meets minimum standards per DHS Procedure Manual Chapter 4, Section 29.

_____ I will work with the youth to ensure the youth is meeting the requirements of the housing services program and is receiving the necessary supportive services to enhance the youth's transition to living independently.

_____ I understand I may attach an addendum with additional expectations for the youth to follow in order to maintain the youth's safety and well-being.

_____ I will verify the youth's income and major expenses prior to delivering the youth's housing payment in a timely manner, **in person**, each month.

_____ I will provide a medical card to the youth each month, if the youth is participating on the Subsidy program.

_____ I will visit the youth at least once every three months in their residence.

_____ I will meet at least quarterly with the youth and the ILP provider (*if available*) to review the youth's budget and evaluate the youth's progress in assuming independence as outlined in the youth's housing and transition plans.

_____ I will hold youth accountable for their actions and decisions relating to compliance with the housing program.

_____ I understand the options available if a client is not in compliance (*15-day notice of termination or Exception to Policy Request, CF 0088*) and will provide at least 15 days' notice to the youth prior to terminating this agreement.

_____ I will advise the youth of the department's grievance policy as set forth in Oregon Administrative Rules 413-010-0400 through 413-010-0480.

_____ If I have questions or am not sure what is needed, I can consult with the following screening committee members:

Committee member name:	Phone number:

(Youth name) _____ Case no.: _____ Person ID: _____

_____ If needed, I will call the ILP Fiscal Assistant at 503-945-6619 for assistance.

_____ I understand I am responsible for submitting updated budget worksheets (CF77) and/or page 3 of this agreement when there are changes to the youth's budget, living arrangements or productive activity.

DHS/tribal worker's statement: By signing below, I acknowledge that I have read, understand and agree to all expectations and requirements of this responsibility agreement (*including any addendum*).

Signed: _____ Date: _____



ILP Provider's Responsibility Agreement

(Youth name) _____ Case no.: _____ Person ID: _____

_____ I will explain to and assist the youth in comprehending the requirements and expectations of the housing program.

_____ I will see the youth at least once a month in person, more often if needed.

_____ I will coordinate with the DHS/tribal worker so that one of us reviews the youth's receipts for income and expenses no less than once a month.

_____ When there are discrepancies between the amount for the receipts and the amounts on the budget I will see that the DHS/tribal worker or ILP desk is immediately notified.

_____ I will work with the youth to increase his/her skills and abilities in the following areas: money management, household maintenance, time management, decision making and provide other services as outline in the youth's transition plan.

_____ I will assist the youth with understanding how to budget using the ILP Housing Budget Worksheet (CE77).

If I have questions, I will contact one of the following:

DHS/tribal worker: _____ Phone: _____

Screening committee facilitator: _____ Phone: _____

ILP fiscal assistant: _____ Phone: 503-945-6619

ILP provider's statement: By signing below, I acknowledge that I have read, understand and agree to all expectations and requirements of this responsibility agreement as outlined.

Signed: _____ Date: _____

Independent Living Program Housing Services Budget Worksheet

[Link to Youth Transitions Procedure. \(See page 14\)](#)

Check one: Independent Living Housing Subsidy Chafee Housing Program

Client name: _____ Case no., person no.: _____ / _____

Effective date: _____ / _____ / _____ Check one: Initial Revised 1x payment

Net monthly support	Amt.	Monthly expenses	Amt.	Mo.	MHR*	
Wages/tips/commissions:		Rent:		1	\$795	
Educational awards:		Groceries/household supplies:		2	\$795	
Pell:		Utilities – gas/electric:		3	\$795	
OR Opportunity Grant:		Water/sewer/garbage:		4	\$795	
SEOG:		Phone:		5	\$795	
Perkins:		Room & board	\$0.00	6	\$795	
ETV:		Other monthly expenses		7	\$795	
Stafford-subsidized:		Laundry/dry cleaning:		8	\$795	
Stafford-non-subsidized:		Clothing:		9	\$795	
Other:		Transportation-bus pass:		10	\$795	
Other:		Fuel:		11	\$795	
Food stamps/WIC:		Car payment:		12	\$795	
TANF:		Insurance:		13	\$680	
Other monthly support		Repairs/maintenance:		14	\$680	
List:		Renter's insurance:		15	\$680	
		Educational		16	\$565	
		Tuition/fees:		17	\$565	
Total monthly support:	0	Books:		18	\$565	
		Supplies/equipment:		19	\$450	
Monthly savings plan*:		Internet:		20	\$450	
		Medical		21	\$450	
Adjusted income:	\$0.00	Insurance:		22	\$335	
<p>* Savings: Cannot exceed 20% of youth's net income from wages. Exception for post-secondary financial aid (see page 2 for details).</p> <p>Use page 2 to provide comments on amounts listed that may appear to be out of the ordinary.</p> <p>If this is a revised budget, use page two to explain any significant changes in income or expenses.</p> <p>Note: MHR is the maximum Monthly Housing Rate allowed.</p>		Medication:		23	\$335	
		Dentist/doctor/optical:		24	\$335	
		Hospital:		25	\$220	
		Counseling:		26	\$220	
		Entertainment/gifts:		27	\$220	
		Credit card:		28	\$105	
		Loans:		29	\$105	
		Other:		30	\$105	
			Misc. expenses sub-total:	\$0.00		
			Total monthly expenses:	\$0.00		

Client name: _____ Case no., person no.: ____ / _____

Please use this section to clarify unusual amounts listed on the budget worksheet. If this is a revised budget this section may be used to explain any significant differences between the previous amounts listed and the adjusted amount.

Note: Changes in education, employment or housing status/location require a revised CF 76, Housing Performance Agreement (*page 3 only*).

Category:
Explanation:

Category:
Explanation:

Category:
Explanation:

Definitions

Net monthly support: Is the amount of the youth's take-home pay. Pay includes any *wages (including tips and commissions)*, scholarships, grants, loans or other sources of support that assists the youth to maintain the household and satisfy monthly expenses.

Wages: Payment for work (*including tips and commissions*). Whenever the barter system is being used, the youth will list the value of the barter as "other monthly assistance" and include the value under the monthly expense(s) being bartered.

Savings: Youth can only use their wages towards savings. Savings amount per month cannot exceed 20% of the youth's net monthly wages. There is an exception for youth receiving financial aid for post-secondary education or training. Students can put an amount above 20 percent into savings. That amount would then be used to pay expenses for the next two months or remainder of the term.

Groceries: May include food, paper products, personal hygiene products and household cleaning supplies.

Onetime payment: Can pay a portion of a young person's housing start-up costs (*deposits, fees, rent, etc.*). The onetime payment is intended for a youth who does not anticipate accessing an on-going ILP Housing Program. A youth should pay a portion of the costs associated with moving into their own housing situation. A youth must have a source of income or ability to maintain their residence after DHS funding has been accessed.

Monthly Housing Rate (MHR): Is the maximum amount per month a youth may access. The MHR begins to drop starting month 13 as the youth enters the "step-down" phase of the program.

The following Housing Determination is for: _____ Case no., person no.: _____ / _____

Instructions for computing the housing payment

From the youth's monthly budget, determine the youth's **total monthly expenses** and subtract from it the youth's **adjusted income** to establish the youth's total housing need. Also list the **room and board sub-total** from the budget form and indicate the Maximum Housing Rate (MHR). If the youth's income does not cover the projected expenditures, the amount remaining is subject to reduction by housing funds.

Total monthly expenses:		Youth's adjusted income:		Total housing need:
\$ \$0.00	minus	\$ \$0.00	equals	\$ \$0.00

Room and board subtotal:	\$ \$0.00	Maximum Housing Rate (MHR):	\$ 795.00
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If total housing need is zero or less, no housing funds will be applied.

Independent Living Housing subsidy determination: The youth shall receive subsidy funds equal to the total housing need or the MHR (as indicated on page 1), whichever is less. Indicate that amount below as the total monthly housing assistance requested.

Chafee Housing determination: The youth shall receive Chafee funds equal to the amount listed as room and board subtotal or the total housing need or MHR, whichever is less, indicate that amount below as the total monthly housing assistance requested.

May not exceed maximum housing rate (as listed on page 1).

Total monthly housing assistance requested: \$ _____

Youth's statement: I certify that my income and expenditures described on page 1 are true and accurate, I agree with the department's housing determination on my behalf. I understand that if I have intentionally misstated my income or expenses, I may be required to repay funds I have received through this program to the department.

Signed: _____ Date: _____

DHS Child Welfare/Tribal worker's statement: I have reviewed the youth's budget and believe it accurately represents the costs necessary to maintain the youth in independent living. I have based the youth's housing assistance on the determination formula above.

Signed: _____ Date: _____

ILP service provider's statement (if available): I have reviewed the youth's budget and believe it accurately represents the costs necessary to maintain the youth in independent living.

Signed: _____ Date: _____