

# TARGETING PROGRAM REFERRAL PACKET

## How to Make a Referral to the Targeting Program

### REFERRAL AGENCIES:

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

**STEP 2: Review the Property Listing for housing options and to determine if household meets Targeting Program eligibility criteria.**

Explain the Targeting Program to the head of household and review Targeting Program housing options within your service area. Referral Agencies may only refer households to properties within the agency's service area. Targeting Program eligibility criteria varies by property (see Property Listing for eligibility criteria). Households must be eligible for and interested in living at the properties to which they are referred.

**STEP 3: Complete the Targeting Program Referral forms.**

**The Targeting Program Coversheet and Household Information Form** are both necessary for processing referrals. The Referral Agency Point or Back-up person, identified on the agency's Agreement to Participate, must sign these forms. Please include MFP, TCLI coordinator or other contact information so they can be included in updates. **A separate Letter of Referral is NOT needed for each property.** DAAS Housing Assessor will complete the Letter of Referral when the applicant is being referred to the property.

**STEP 4: Fax the Targeting Program Cover Sheet, the Household Information Form, Disability Income Award Letter, and one Targeting Program Letter of Referral** to the appropriate DAAS Housing Assessor

(see breakdown by Region on next page). Referral forms must be reviewed, signed, and saved for future correspondence by the Referral Agency Point or Back-up person. If a unit is available, the Housing Assessor will complete and forward the Letter of Referral to the property and notify the Referral Agency. If a unit is not available, the Housing Assessor will add the household to the Property waitlist. **Completing this Targeting Program Referral Packet should not be confused with completing a lease application at the property.**

**STEP 5: DAAS Housing Assessor will contact the referral agency when a unit is available.**

If the referral agency confirms that the household is ready to apply, DAAS Housing Assessor will complete and forward the Letter of Referral to the property and inform the referral agency that the Letter of Referral has been sent. The head of household should contact property management, identifying him or herself as a Targeted Unit household, and make an appointment to begin the lease application process within **5 days**.

**STEP 6: Assist the household with the lease application depending on the household's needs.**

The Property Manager processes the application including income verification and rental, credit and criminal background checks (**NO fees apply**). The Property Manager notifies the head of household and the DAAS Housing Assessor of the application decision and the DAAS Housing Assessor notifies the Referral Agency.

**STEP 7: If the lease application is approved, ensure that the household moves into the Targeted Unit.**

The household needs to be prepared to pay utility deposits/fees and may need assistance in understanding the lease when the Property Manager reviews it with him or her.

**If the lease application is denied, contact the household to determine if they plan to appeal the denial.** Notify the Housing Assessor of their decision. Appeals, including Reasonable Accommodation requests, must be submitted to Property Management within the time period specified in the denial letter. Property Management will hold the application open until the appeal process is complete.

# Housing Assessor Map

**Red=Monica Frizzell**

919-605-2959 office

888-331-8455 fax

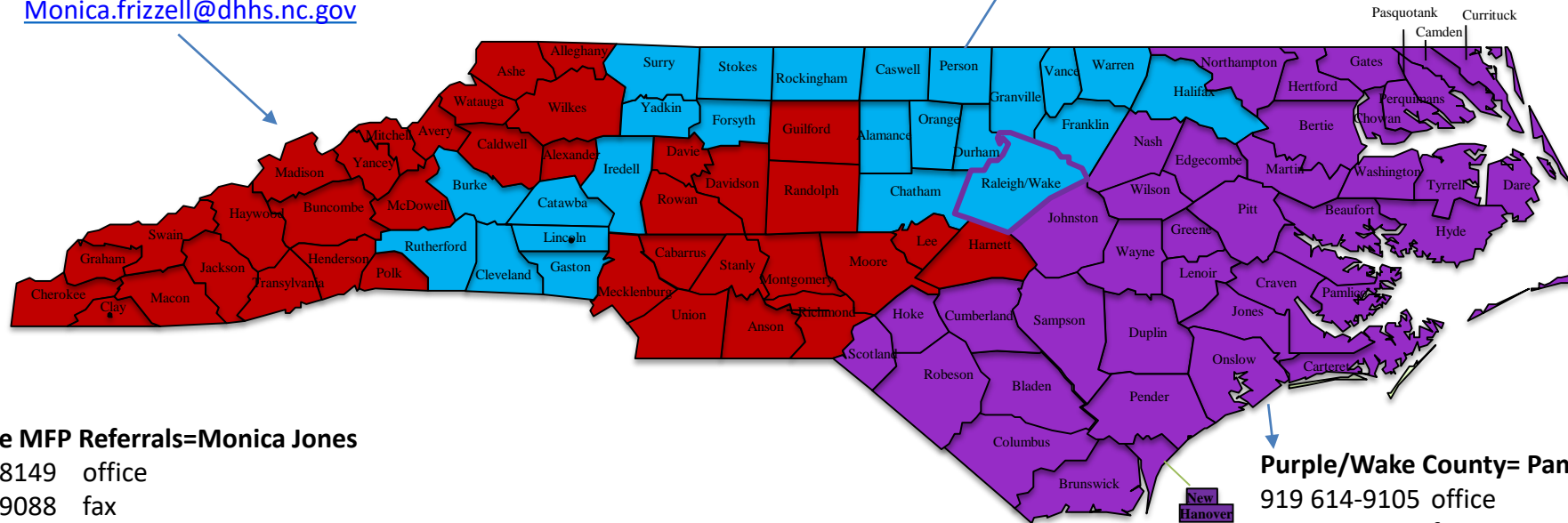
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919-618-8149 office

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[Monica.Jones@dhhs.nc.gov](mailto:Monica.Jones@dhhs.nc.gov)

**Purple/Wake County= Pam Chandler**

919 614-9105 office

888-510-4487 fax

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**Statewide ISHP Referrals=Kay Johnson**

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## Housing Stabilization Map

**Red=Gillian Hampton**

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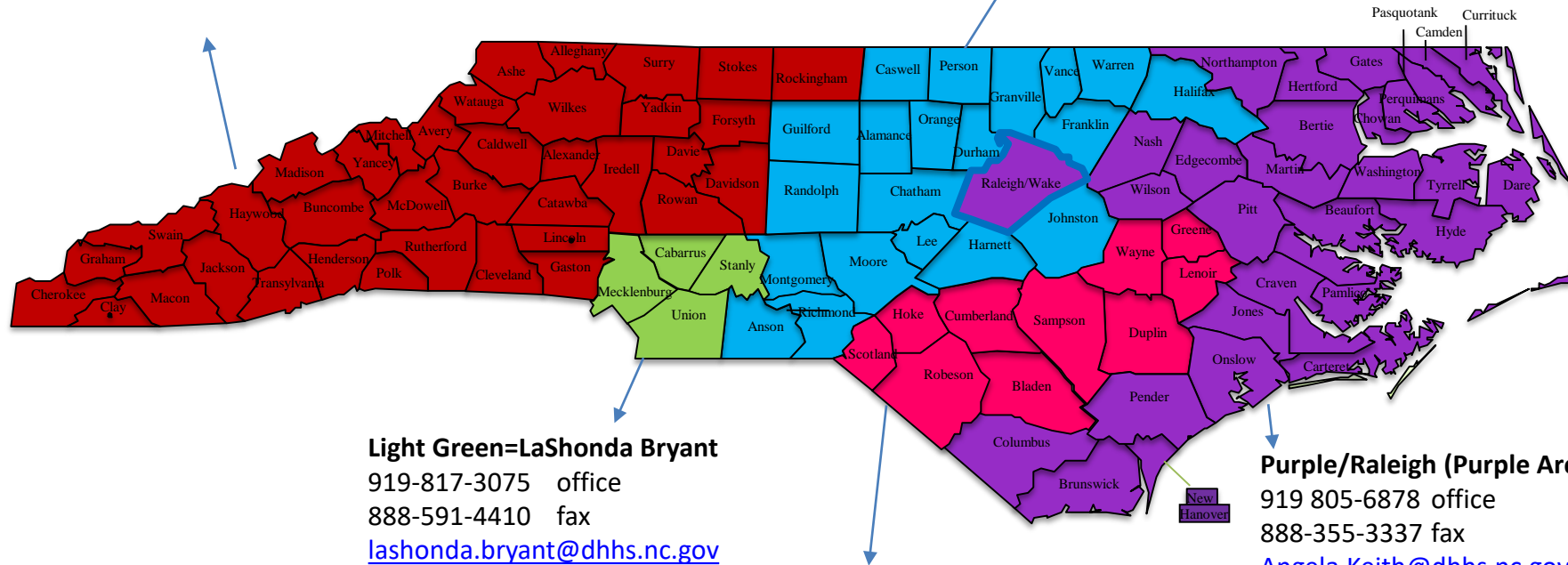
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**Light Blue/Wake County (Blue Outline)=Lamar Johnson**

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**Light Green=LaShonda Bryant**

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**Purple/Raleigh (Purple Area of Wake)=Angela Keith**

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Housing Assessor County Coverage List

**Frank Bryant**

**frank.bryant@dhhs.nc.gov**

Alamance  
Burke  
Caswell  
Catawba  
Chatham  
Cleveland  
Durham  
Forsyth  
Franklin  
Gaston  
Granville  
Halifax  
Iredell  
Lincoln  
Orange  
Person  
Rockingham  
Rutherford  
Stokes  
Surry  
Vance  
Warren  
Yadkin  
Raleigh

**Monica Frizzell**

**monica.frizzell@dhhs.nc.gov**

Alexander  
Alleghany  
Anson  
Ashe  
Avery  
Buncombe  
Cabarrus  
Caldwell  
Cherokee  
Clay  
Davidson  
Davie  
Graham  
Guilford  
Harnett  
Haywood  
Henderson  
Jackson  
Lee  
Macon  
Madison  
McDowell  
Mecklenburg  
Mitchell  
Montgomery  
Moore  
Polk  
Randolph  
Richmond  
Rowan  
Stanly  
Swain  
Transylvania  
Union  
Watauga  
Wilkes  
Yancey

**Pamela Chandler**

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Beaufort  
Bertie  
Bladen  
Brunswick  
Camden  
Carteret  
Chowan  
Columbus  
Craven  
Cumberland  
Currituck  
Dare  
Duplin  
Edgecombe  
Gates  
Greene  
Hertford  
Hoke  
Hyde  
Johnston  
Jones  
Lenoir  
Martin  
Nash  
New Hanover  
Northampton  
Onslow  
Pamlico  
Pasquotank  
Pender  
Perquimans  
Pitt  
Robeson  
Sampson  
Scotland  
Tyrell  
Wake  
Washington  
Wayne  
Wilson

Housing Stabilization County Coverage List

**Angela Keith**

**angela.keith@dhhs.nc.gov**

Beaufort

Bertie

Brunswick

Camden

Carteret

Chowan

Columbus

Craven

Currituck

Dare

Edgecombe

Gates

Hertford

Hyde

Jones

Martin

Nash

New Hanover

Northampton

Onslow

Pamlico

Pasquotank

Pender

Perquimans

Pitt

Tyrell

Washington

Wilson

Raleigh

**Gillian Hampton**

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Alexander

Alleghany

Ashe

Avery

Buncombe

Burke

Caldwell

Catawba

Cherokee

Clay

Cleveland

Davidson

Davie

Forsyth

Gaston

Graham

Haywood

Henderson

Iredell

Jackson

Lincoln

Macon

Madison

McDowell

Mitchell

Polk

Rockingham

Rowan

Rutherford

Stokes

Surry

Swain

Transylvania

Watauga

Wilkes

Yadkin

Yancey

**Lamar Johnson**

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Alamance

Anson

Caswell

Chatham

Durham

Franklin

Granville

Guilford

Halifax

Harnett

Johnston

Lee

Montgomery

Moore

Orange

Person

Randolph

Richmond

Vance

Wake

Warren

Housing Stabilization County Coverage List

**LaShonda Bryant**

**[lashonda.bryant@dhhs.nc.gov](mailto:lashonda.bryant@dhhs.nc.gov)**

Cabarrus

Mecklenburg

Stanly

Union

**Monica Jones**

**[monica.jones@dhhs.nc.gov](mailto:monica.jones@dhhs.nc.gov)**

Bladen

Cumberland

Duplin

Greene

Hoke

Lenoir

Robeson

Sampson

Scotland

Wayne

## Targeting Program Referral Cover Sheet

To: \_\_\_\_\_ Number of pages including cover sheet \_\_\_\_\_

|  |                |
|--|----------------|
| Referral Agency name:                              | Date:          |
| Agency Point or Back-up person name:               | Phone no:      |
| Agency Point or Back-up person signature required: | Email Address: |
| MFP      TCLI      Homeless                        | Phone no:      |
| Transition Coordinator/Case Manager Name:          | Email Address: |

This is a Referral for:

\_\_\_\_\_  
(Please Print Head of Household)

List name of properties in which household is interested along with the name of county in which property is located within below. Households will only be considered for a maximum of 20 properties at a given time.

|     |     |
|-----|-----|
| 1.  | 11. |
| 2.  | 12. |
| 3.  | 13. |
| 4.  | 14. |
| 5.  | 15. |
| 6.  | 16. |
| 7.  | 17. |
| 8.  | 18. |
| 9.  | 19. |
| 10. | 20. |

Head of Household Signature \_\_\_\_\_

## TARGETING PROGRAM HOUSEHOLD INFORMATION FORM

Information below is required for purposes of processing Targeted Unit referrals

|   |                       |
|---|-----------------------|
| <b>Referral Agency Name:</b>              | <b>Date:</b>          |
| <b>Agency Point or Back Up Name:</b>      | <b>Phone No:</b>      |
| <b>Agency Point or Back Up Signature:</b> | <b>Email Address:</b> |

|  |  |
|--|--|
| <b>Check if applicable below:</b>  |  |
| <b>Transition to Community Living:</b> <input type="checkbox"/><br><b>Housing Slot Number:</b> _____ | <b>Money Follows The Person:</b> <input type="checkbox"/><br><b>Homeless:</b> <input type="checkbox"/> |
| <b>ISHP:</b> <input type="checkbox"/>  | <b>Special Assistance In Home:</b> <input type="checkbox"/>  |

|  |  |
|--|--|
| <b>Head of Household (Print Legal Name):</b> _____<br><b>Date of Birth:</b> _____ <b>Last 4 digits of SSN: XXX-XX-</b> _____ |  |
| <b>Address:</b> _____ <b>City:</b> _____<br><b>State:</b> _____ <b>Phone Number:</b> _____                                   |  |

1. Number of persons in household members (do not include live-in aides): \_\_\_\_\_
2. How many bedrooms: \_\_\_\_\_  
 Is there a live-in aide:        yes        no
3. List all household members, describe the relationship of each person to the HH and Date of Birth.

| Name | Relationship to HH | DOB |
|------|--------------------|-----|
|      |                    |     |
|      |                    |     |
|      |                    |     |
|      |                    |     |
|      |                    |     |
|      |                    |     |
|      |                    |     |
|      |                    |     |



4. If the household has a medical reason for an extra bedroom, please explain.

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5. Does the HH have a guardian:    yes    no (If yes, please provide documentation with referral packet)

6. Is the head of household a person with a disability?    ☒ yes    no

7. Head of household has income based on disability ?    yes    no

8. If answer to question 7 is yes, check monthly source of federal disability income:

☐ SSI    ☐ SSDI    ☐ Veteran's Benefits    Amount: \$ \_\_\_\_\_

9. Total monthly household income from all household members and sources (include disability and earned 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 (curb-less shower)  | yes | no |
| c) Visual/Audio Accessible unit              | yes | no |
| d) Ground floor unit, if no elevator         | yes | no |

11. Does the household have a rental subsidy (check if applicable):

- a) Has a Housing Choice Voucher (Section 8)
- b) On the Housing Choice Voucher wait list
- c) Has TCLV
- d) Has HUD-VASH
- e) Has Homeless Supportive Housing Subsidy
- f) Has HOPWA

\*If checked yes please attach a copy of the subsidy award letter. Receiving assistance through one of the listed vouchers does not affect Targeting Program eligibility. The verification helps the DAAS Housing Assessor process the referral packet appropriately based on the subsidy type. To find contact information for the local Public Housing Agency visit:

[https://www.hud.gov/program\\_offices/public\\_indian\\_housing/pha/contacts](https://www.hud.gov/program_offices/public_indian_housing/pha/contacts)

12. Has the person lived in Targeted Program Unit in the past? If yes, please provide name of property and date of residency:    yes    no

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13. Is the household solely comprised of full time students?    yes    no  
(If household is solely comprised of full time students, please contact DHHS for assistance.)

14. Please provide any additional information about your needs or housing situation that is not provided above.

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**\*\*\* Please attach a copy of the Social Security award letter OR Veteran Benefit award letter dated within 120 days.**

**\*\*\*ONLY complete the verification of homelessness form and required accompanying documentation if the referred person is homeless.**

# TARGETING PROGRAM LETTER OF REFERRAL

## SECTION 1 (Completed by the Referral Agency and Housing Assessor.)

The head of household must sign a Letter of Referral. Referral Agencies can only refer applicants to properties within the agency's service area.

Referral of \_\_\_\_\_ to \_\_\_\_\_.  
Head of Household Name To be completed by Housing Assessor

## SECTION 2 (Completed by the Referral Agency and the Head of Household. Head of Household signature required.)

At lease application, I, Head of Household, authorize the North Carolina DHHS, Division of Aging and Adult Services (DAAS), Housing Unit and property management to communicate regarding my household demographics, income and expenses for determining eligibility for rental assistance and/or rent share. If my application results in tenancy, I authorize **NC DHHS/DAAS, Housing Unit** to communicate directly with property management regarding issues related to my tenancy and to relay this information to my referral/support agency. In signing this form I certify that the information provided accurately reflects the household need for this assistance and that I understand that knowingly providing false information could result in termination of rental assistance.

\_\_\_\_\_  
Head of Household Signature

\_\_\_\_\_  
Date

## SECTION 3 (Leave this Section Blank-Must be Completed by DHHS/Housing Assessor for Referral Eligibility Information)

| Type of Unit :   | KEY   | PBRA/RD       | ISHP                           |
|--|---|---------------|--------------------------------|
| <b>Type of Subsidy:</b>  |   |               |                                |
| Key  | Verified HOH has disability income  | Yes           | No, will provide Key waiver.   |
| PBRA   | Verified HOH has a disability   |               | Security Deposit Amount: _____ |
| Section 8  | Verified HOH has a disability   |               |                                |
| TCLV   | Verified HOH has a disability   |               |                                |
| VASH   | Verified HOH has a disability   |               |                                |
| Other Federal Voucher  | Verified HOH has a disability   |               |                                |
| <b>Unit Size Information</b>   |   |               |                                |
| Properties Built w/o 1 BR  | Yes (Verified this property was built without one bedroom units and household is eligible to rent 2 BR unit.) |               |                                |
| Household reports live-in aide   | Yes   | No            |                                |
| Number of Household Members  | Authorized Unit Size  |               |                                |
| This signature certifies the information is true and accurate as of the date signed, the property manager must verify all income information, household size, live-in aide certification at time of application and provide any changed information to Assessor within 5 days of receipt to obtain further approval letters/documents from Assessor. |   |               |                                |
| _____<br>NC DHHS/DAAS Housing Assessor Staff Signature   |   | _____<br>Date |                                |

## VERIFICATION OF HOMELESSNESS

Applicant: \_\_\_\_\_ Program: \_\_\_\_\_

Indicate which situation described below best describes the living situation of the applicant and attach to this form any accompanying documentation:

\_\_\_\_\_ **A place not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings (on the street).** Certification form signed by the outreach worker or service worker verifying that the person or family is homeless. This could include a letter or certification form signed by an outreach worker or service worker from another organization that can verify that the person or family was, in fact, homeless as described in the above definition, or a written statement prepared by the participant about the participant's previous living place (if unable to verify by outreach worker or service worker). Have the participant sign and date.

\_\_\_\_\_ **An emergency shelter.** Shelter operator certification that the participant has been residing at the emergency shelter (on agency letterhead, signed and dated)

\_\_\_\_\_ **A transitional or supportive housing program for homeless persons who originally came from the streets or emergency shelters (make sure you have evidence that the person came from the streets or emergency shelter situation).** Certification (on agency letterhead, signed and dated) if the participant is residing at the transitional housing facility as well as written verification that the participant was living on the streets or an emergency shelter prior to living in the transitional housing facility (see above for required documentation).

\_\_\_\_\_ **In any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution.** Certification from institution's staff verifying that the participant has been residing in the institution for 30 days or less. There should also be written verification that the participant was residing on the street or in an emergency shelter prior to the short-term stay in the institution.

\_\_\_\_\_ **Is being evicted within a week from a private dwelling unit and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.** Eviction statement describing the reason for eviction (signed and dated by person evicting). No formal eviction is required. If unable to obtain an eviction statement, you must obtain a written statement signed and dated by the participant describing the situation. Outreach worker or service worker must document their efforts by providing a verification form documenting that they have made every effort to confirm that the circumstances are true and have written verification describing the efforts and attesting to their validity. The verification form should be signed and dated. You must also have information on the income of the participant to verify that they lack the financial resources and support networks needed to obtain housing.

\_\_\_\_\_ **Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.** Certification completed by institution staff stating that the participant was being discharged within the week before receiving assistance. You must also have information on the income of the participant to verify that they lack the financial resources and support networks needed to obtain housing, documentation of efforts to obtain housing and that without the assistance, the participant would be living on the street or in an emergency shelter.

\_\_\_\_\_ **Is fleeing a domestic violence housing situation, no subsequent residence has been identified and the person lacks the resources and support networks needed to obtain housing.** Statement from the participant that he/she is fleeing a domestic violence situation. If participant is unable to prepare a written statement, staff should prepare the statement about the participant's previous living situation and have the participant sign and date it.

**The applicant is hereby certified to be homeless according to the above conditions:**

Verified by: \_\_\_\_\_ Agency: \_\_\_\_\_ Date: \_\_\_\_\_  
Agency Representative Signature