



# Project Community Connections, INC.

*Dedicated to rapidly rehousing people experiencing homelessness*

Project Community Connections, Inc.

Client Handbook and Resources

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## Georgia Homeless Management Information System (HMIS) Privacy Policy Notice

This notice describes the privacy policy of the Georgia Homeless Management Information System (“GA HMIS”). GA HMIS is administered by the HMIS Lead Agency, the Georgia Department of Community Affairs (“DCA”), operating on behalf of the Georgia Housing and Finance Authority (GHFA). DCA administers GA HMIS on behalf of the regional homeless services planning bodies (individually referred to as “Continuum of Care” or “CoC” and collectively referred to as “The Collaborative” or “CoCs”) in Georgia that participate in the statewide GA HMIS implementation. This Notice describes the data uses and disclosures by the contributing housing organizations (CHO’s), DCA, and CoC Administrator Agencies. GA HMIS operates on implied consent to enter and share client data with the entities mentioned above. DCA may amend this GA HMIS Privacy Policy at any time, and will maintain a record of any changes made, as well as post new versions on the GA HMIS website. Please read the full Privacy Policy for more details.

<p>Why we collect and enter your information</p>	<ul style="list-style-type: none"> <li>• To provide or coordinate services to clients;</li> <li>• To locate other programs that may be able to assist clients;</li> <li>• For functions related to payment or reimbursement from others for services provided by DCA or DCA’s contractors;</li> <li>• To carry out administrative functions, including legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;</li> <li>• To comply with government and Funder reporting obligations;</li> <li>• For research, data analysis, and community reporting purposes, including reporting to the GA HMIS Steering Committee to inform policy decisions</li> </ul>
<p>Agency Use and disclosure of your information</p>	<ul style="list-style-type: none"> <li>• To provide or coordinate services for individuals to help them end their homelessness.</li> <li>• For functions related to payment or reimbursement for services;</li> <li>• To carry out administrative functions, such as legal, audit, personnel, oversight, contract monitoring, program evaluation, and other management functions;</li> <li>• When required by law to the extent that use, or disclosure complies with and is limited to the requirements of the law.</li> <li>• To avert a serious threat to health or safety</li> <li>• To report about an individual who is believed to be a victim of abuse, neglect or domestic violence to a governmental authority (including a social service or protective services agency) authorized by law to receive reports of abuse, neglect or domestic violence.</li> <li>• To a law enforcement official for a law enforcement purpose</li> <li>• Academic research purposes</li> </ul>
<p>Your rights and choices</p>	<ul style="list-style-type: none"> <li>• Inspect your personal information that is maintained in the GA HMIS, with the exception of case notes;</li> <li>• Ask the agency entering data for the GA HMIS to correct inaccurate or incomplete information within the record;</li> <li>• File a grievance regarding GA HMIS’ privacy policies and practices. DCA will respond to questions and complaints;</li> <li>• Request a copy of this full notice for more details.</li> </ul>
<p>Agency Contact Information</p>	<p>Name: Project Community Connections, Inc.  Address: PO Box 525, Snellville, GA 30078  Phone: 404-215-9991</p>
<p>HMIS Lead Contact Information</p>	<p>Department of Community Affairs  c/o HMIS Lead Manager  60 Executive Park South, NE  Atlanta, GA 30329</p>



# Project Community Connections, INC.

*Dedicated to rapidly rehousing people experiencing homelessness*

## Rapid Re-Housing Program Participant Acknowledgment

Today, \_\_\_\_\_ (date), you met with a PCCI Housing Coordinator to determine eligibility for PCCI's Rapid Re-Housing program. *Please keep in mind this is not an emergency services program. If you are eligible for the program, we will do our best to meet your needs in a timely manner.*

I, \_\_\_\_\_, understand that although I have applied for rapid re-housing assistance; completing a housing assessment does not guarantee the availability or the granting of financial assistance. Clients who move into a residence prior to completing the housing assessment process and getting approval from PCCI staff will disqualify themselves from receiving assistance. I understand that I have a choice in selecting my housing. I also understand that I am encouraged to remain in contact with my housing coordinator via telephone and/or email throughout the assessment process and program enrollment with the goal to reach self-sufficiency and housing stability. Case management activities may include but are not limited to: housing counseling, monitoring and evaluating progress, budgeting, and connections to mainstream community resources.

I declare to the best of my knowledge that BUT FOR THIS ASSISTANCE, I would be homeless. I do not have any other financial resources or support network, nor do I have any other appropriate subsequent housing options. I declare that to the best of my knowledge I/my family are not currently receiving and have not requested and other funds for the same need. I further certify that all information provided in my rapid re-housing assessment is true, accurate and correct, to the best of my knowledge; realizing that misrepresentation is illegal and will immediately disqualify me from any further services.

I acknowledge that I have reviewed, discussed and been given a copy of the following documents.

Please initial each item:

- \_\_\_\_\_ Individual Service Plan
- \_\_\_\_\_ VAWA Information Forms
- \_\_\_\_\_ Lead Based Paint Disclosure
- \_\_\_\_\_ Grievance Policy
- \_\_\_\_\_ Budget
- \_\_\_\_\_ PCCI Client Handbook

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Housing Coordinator Signature

\_\_\_\_\_  
Date



## INDIVIDUAL SERVICE PLAN

Client Name:	Date of Initial Plan:
Case Manager:	Review Dates:
Client Strengths:	Client Support Systems:

Goal 1:
Action Steps/Timeframes:
Responsible Parties: <span style="float: right;">Date Acheived:</span>

Goal 2:
Action Steps/Timeframes:
Responsible Parties: <span style="float: right;">Date Acheived:</span>

Goal 3:
Action Steps/Timeframes:
Responsible Parties: <span style="float: right;">Date Acheived:</span>

Referrals Needed:
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Does the client need reasonable accommodations?

Yes      No

If "Yes," what accommodations are needed?

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**[Insert Name of Housing Provider<sup>1</sup>]**

**Notice of Occupancy Rights under the Violence Against Women Act<sup>2</sup>**

**To all Tenants and Applicants**

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.<sup>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that **[insert name of program or rental assistance]** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.”

**Protections for Applicants**

If you otherwise qualify for assistance under **[insert name of program or rental assistance]**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

**Protections for Tenants**

If you are receiving assistance under **[insert name of program or rental assistance]**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **[insert name of program or rental assistance]** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

**Removing the Abuser or Perpetrator from the Household**

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit

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<sup>1</sup> The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD’s program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

<sup>3</sup> Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

### **Moving to Another Unit**

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

**(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

**(2) You expressly request the emergency transfer.** Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

**(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

### **OR**

**You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer.** If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

### **Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking**

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the

documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, “professional”) from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

### **Confidentiality**

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.



VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

### **Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated**

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

### **Other Laws**

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

### **Non-Compliance with The Requirements of This Notice**

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

### **For Additional Information**

You may view a copy of HUD's final VAWA rule at **[insert Federal Register link]**. Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact **[insert name of program or rental assistance contact information able to answer questions on VAWA]**.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY). You may also contact **[Insert contact information for relevant local organizations]**.

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact **[Insert contact information for relevant organizations]**

Victims of stalking seeking help may contact **[Insert contact information for relevant organizations]**.

**Attachment:** Certification form HUD-5382 **[form approved for this program to be included]**

**CERTIFICATION OF  
DOMESTIC VIOLENCE,  
DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING,  
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing  
and Urban Development**

OMB Approval No. 2577-0286  
Exp. 06/30/2017

**Purpose of Form:** The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

**Use of This Optional Form:** If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

**Submission of Documentation:** The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

**Confidentiality:** All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE,  
DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: \_\_\_\_\_

2. Name of victim: \_\_\_\_\_

3. Your name (if different from victim's): \_\_\_\_\_

4. Name(s) of other family member(s) listed on the lease: \_\_\_\_\_

\_\_\_\_\_

5. Residence of victim: \_\_\_\_\_

6. Name of the accused perpetrator (if known and can be safely disclosed): \_\_\_\_\_

\_\_\_\_\_

7. Relationship of the accused perpetrator to the victim: \_\_\_\_\_

8. Date(s) and times(s) of incident(s) (if known): \_\_\_\_\_

\_\_\_\_\_

10. Location of incident(s): \_\_\_\_\_

In your own words, briefly describe the incident(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (Date) \_\_\_\_\_

**Public Reporting Burden:** The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

## PROJECT COMMUNITY CONNECTIONS

### (PCCI)

### CLIENT RIGHTS

#### **POLICY:**

It is the policy of PCCI to ensure that individuals applying for or receiving Rapid Rehousing Services are guaranteed the protection of fundamental human, civil, constitutional, and statutory rights. Clients will sign and date the acknowledgement of the client's rights during admission and orientation and receive a copy in their orientation packet. Client's rights are posted in all PCCI intake areas. Grievance forms are located in each PCCI waiting room and in common areas.

#### **Provisions:** Basic client rights will include:

1. The right to be treated with respect and dignity.
2. The right to receive timely treatment by qualified professionals.
  - A. Every effort will be made toward a humane setting for services that is the least restrictive, most appropriate treatment available, based on client needs.
  - B. Each client shall be afforded the opportunity to participate in activities designed to enhance self-image.
3. The right not to be discriminated against in the provision of service on the basis of religion, race, color, creed, sex, sexual orientation, gender identity, national origin, age, lifestyle, physical or mental handicap, developmental disability, or inability to pay;
4. The right to an individualized treatment plan which will be developed for each client in accordance with the provisions established for each program component.
5. The right to a current, written, individualized service plan that addresses one's own mental health, physical health, social and economic needs, and that specifies the provision of appropriate and adequate services, as available, either directly or by referral;
6. The right to informed consent, refusal or expression of choice regarding service delivery, release of information, concurrent services, and composition of service delivery team;
7. The right to receive quality treatment that is best suited to his/her needs and shall include appropriate medical, vocational, social, educational, and/or rehabilitative services.
8. The right to express by signature an informed consent of the right to release information for communication purposes with other agencies.
9. The right to receive communication and correspondence from individuals.
10. The right to privacy for interview/counseling sessions.
11. The right to practice your religious practices.
12. The right to be provided humane care and protection from harm.
13. The right to contract and consultation with legal counsel and private practitioners of your choice at your expense.
14. The right to access or referral to legal entities for appropriate representation, self-help support services, and advocacy services;
15. The right to be fully informed of and to exercise constitutional, statutory, and civil rights.
16. The right to exercise any and all rights without reprisal in any form including continued and uncompromised access to service;
17. The right to be free of physical restraint or seclusion.
18. The right to freedom from unnecessary or excessive medication;
19. The right to be free from intellectual, emotional and/or physical abuse.
20. The right to be free from abuse, financial or other exploitation, retaliation, humiliation, and neglect;

21. The right to be provided the nature of treatment or habilitation, the known effects of receiving the treatment or rehabilitation, and alternative treatment or habilitation programs.
22. The right to be provided information on an ongoing basis regarding your services.
23. The right to access to information pertinent to the client in sufficient time to facilitate his/her decision making;
24. The right to be provided services in accordance with standards of practice, appropriate to your needs, and designed to afford a reasonable opportunity to improve your condition.
25. To confidentiality of the client's records. The right to receive full information regarding the treatment process.
26. The right to refuse services and to receive an explanation of the consequences of such a refusal.
27. The right to participate in any appropriate and available agency service, regardless of refusal of one or more other services, treatments, or therapies, or regardless of incompleteness of services in that or another service, unless there is a valid and specific necessity which precludes and/or requires the client's participation in other services. This necessity shall be explained to the client and written in the client's current service plan;
28. The right to be informed in advance of the reason(s) for discontinuance of service provision, and to be involved in planning for the consequences of that event;
29. The right to receive an explanation of the reasons for denial of service;
30. The right to be advised of and refuse observation by techniques such as one-way vision mirrors, tape recorders, televisions, movies, or photographs;
31. The right to be informed of the client grievance procedure upon request
32. The right to request a copy of PCCI's Notice of Privacy Practices at any time.



# Project Community Connections, INC.

*Connecting our clients with a place to call home*

## Client Grievance Procedures

**POLICY:** According to PCCI policies and procedures applicant denial, termination of participation, and grievance procedures are as follows:

Denial of assistance may include, but is not limited to, the individual or household's ineligibility for the program or failure to provide verifiable evidence of eligibility.

Causes for termination from the program may include, but are not limited to, misrepresentation of information or receiving duplicate services.

PCCI recognizes the rights of individuals receiving assistance to due process outlined in the following steps:

**Step 1:** Provide a verbal statement to the client for the reasons for termination or denial based on specific PCCI program requirements. Many concerns can be resolved informally when an employee and program participant take time to review the concern and discuss options to address the issue(s).

**Step 2:** When possible, provide a written notice to the program participant if they are not satisfied with the results of the informal discussion in Step 1. Reiterate the reasons outlined verbally in Step 1. **The program participant may submit a formal complaint within five days, either verbally or in writing, or through the Grievance link on the PCCI website, to the Co-CEO(s) or Director of Compliance (contact information for both parties will be included in the letter) that includes:**

- The nature of the grievance.
- Detailed information including evidence of the issue and;
- The requested remedy or outcome desired.

**Step 3:** The Co CEO(s) or Director of Compliance will have five working days to review and investigate the complaint and respond to the program participant in writing or verbally. The investigation may include the program participant (if warranted) and/or other members of the management team. A written response will be provided to the program participant and delivered by hand or sent via the U.S. Postal Service. The outcome of the review by the Co CEO(s) or Director of Compliance will be final unless new evidence or other circumstances warrant additional review of the complaint.

**Step 4:** If the program participant is not satisfied with the response from the Co CEO(s) or Director of Compliance, the program participant may appeal to the Board of Directors and submit a written complaint. This request for review should include:

- An explanation of the grievance and details of all previous efforts to resolve the issue.
- A copy of the previous written complaint submitted to the Co CEO(s) or Director of Compliance.
- A copy of the Co CEO(s) or Director of Compliance written response to the program participant.
- Detailed information regarding the program participant's dissatisfaction with the decision.

SSVF Specific: Clients who are being served through the Supportive Services for Veteran Families (SSVF) program who do not feel their grievance has been addressed can then file a grievance directly with the SSVF Program Office by sending a written statement to [SSVF@va.gov](mailto:SSVF@va.gov).

If the complaint involves a PCCI employee and is substantiated during the investigation, disciplinary action may be warranted and will be included in the employee's personnel record.

**Note:** If verbal notice is the only means of communication, written documentation will be created and retained in the program participant's file.

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Client Signature

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Date

# Client Grievance Submission

1. Date:

Date / Time

Date

2. Name of Person Filing Grievance:

3. Contact Information

Name

Email Address

Phone Number

4. General Overview of Grievance

5. Detailed information, including evidence of the issue:

6. Upload evidence of issue:

Choose File

No file chosen

7. Requested remedy or outcome desired:



# **PROJECT COMMUNITY CONNECTIONS**

## **Policies and Procedures**

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### **1.E.3 Policies and Written Procedures on Record Access**

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#### **PURPOSE:**

To define the process for clients to request and access personal documents from agency records.

#### **POLICY:**

Project Community Connections, Inc. (PCCI) will be responsive to client requests for access to personal documents from agency records. Each individual adult will need to request their own records. Records are retained by PCCI for five years from the date of initial enrollment.

Requests will be submitted in writing through a Document Request Survey Monkey link on the Project Community Connection, Inc. website or by completing a paper request if the client does not have access to technology to complete the survey.

Clients will have the opportunity to select the pertinent documents that are needed, i.e. identification documents, proof of military service, ISP etc. In the case of minors the only documentation that can be requested are birth certificates and Social Security cards if available. Project Community Connections, Inc. will not provide financial records with sensitive banking information directly to clients but will work with clients to provide needed documentation to entities payments have been made to, as needed.

Requests will be reviewed by the Director of Compliance and assigned to appropriate staff members to fulfill the request. Requests for documents will be provided within a 3 week period of time to allow for retrieving records from storage as needed. Clients will be given the opportunity to retrieve documents in person or receive them via email in a password protected document.

# Client Records Request

## Client Records Request

Project Community Connections, Inc. (PCCI) will be responsive to client requests for access to personal documents from agency records. Each individual adult will need to request their own records. Records are retained by PCCI for five years from the date of initial enrollment. Requests for documents will be provided within a 3 week period of time to allow for retrieving records from storage as needed.

### 1. Date

Date

Date

### 2. Contact Information

Name

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

Email Address

Phone Number

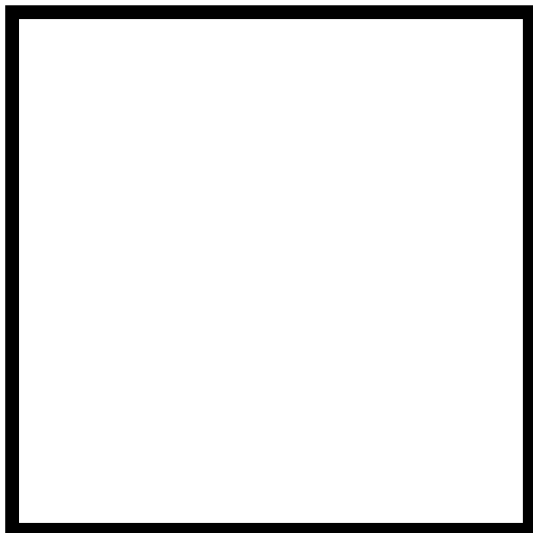
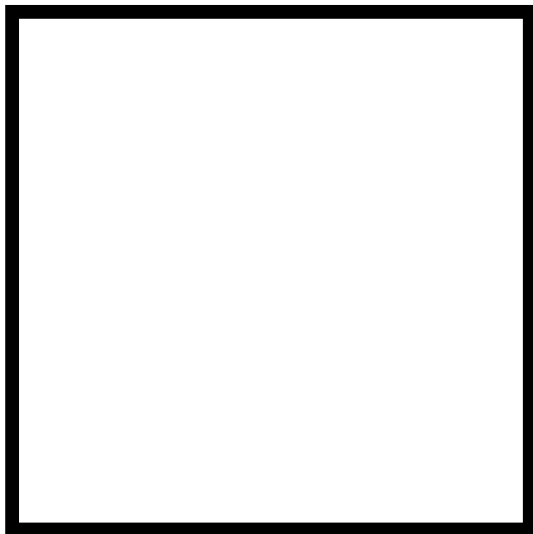
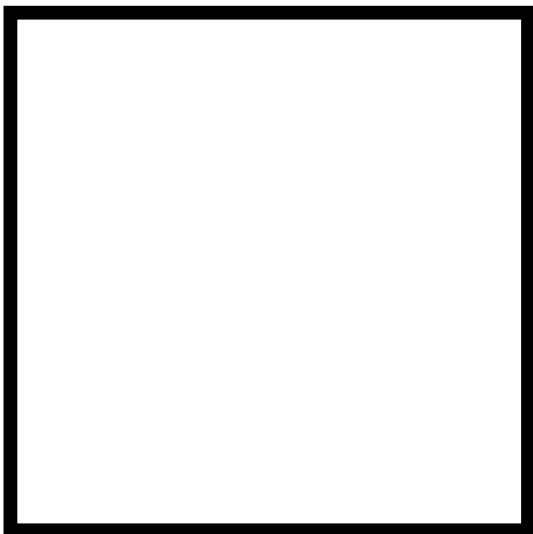
### 3. Documents requested

### \* 4. Method of receipt

In person pickup

US Mail

Secure Email



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# Protect Your Family From Lead in Your Home

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# Are You Planning to Buy or Rent a Home Built Before 1978?

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Did you know that many homes built before 1978 have **lead-based paint**? Lead from paint, chips, and dust can pose serious health hazards.

## **Read this entire brochure to learn:**

- How lead gets into the body
- How lead affects health
- What you can do to protect your family
- Where to go for more information

## **Before renting or buying a pre-1978 home or apartment, federal law requires:**

- Sellers must disclose known information on lead-based paint or lead-based paint hazards before selling a house.
- Real estate sales contracts must include a specific warning statement about lead-based paint. Buyers have up to 10 days to check for lead.
- Landlords must disclose known information on lead-based paint or lead-based paint hazards before leases take effect. Leases must include a specific warning statement about lead-based paint.

## **If undertaking renovations, repairs, or painting (RRP) projects in your pre-1978 home or apartment:**

- Read EPA's pamphlet, *The Lead-Safe Certified Guide to Renovate Right*, to learn about the lead-safe work practices that contractors are required to follow when working in your home (see page 12).

## Simple Steps to Protect Your Family from Lead Hazards

### **If you think your home has lead-based paint:**

- Don't try to remove lead-based paint yourself.
- Always keep painted surfaces in good condition to minimize deterioration.
- Get your home checked for lead hazards. Find a certified inspector or risk assessor at [epa.gov/lead](http://epa.gov/lead).
- Talk to your landlord about fixing surfaces with peeling or chipping paint.
- Regularly clean floors, window sills, and other surfaces.
- Take precautions to avoid exposure to lead dust when remodeling.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe certified renovation firms.
- Before buying, renting, or renovating your home, have it checked for lead-based paint.
- Consult your health care provider about testing your children for lead. Your pediatrician can check for lead with a simple blood test.
- Wash children's hands, bottles, pacifiers, and toys often.
- Make sure children eat healthy, low-fat foods high in iron, calcium, and vitamin C.
- Remove shoes or wipe soil off shoes before entering your house.

# Lead Gets into the Body in Many Ways

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## **Adults and children can get lead into their bodies if they:**

- Breathe in lead dust (especially during activities such as renovations, repairs, or painting that disturb painted surfaces).
- Swallow lead dust that has settled on food, food preparation surfaces, and other places.
- Eat paint chips or soil that contains lead.

## **Lead is especially dangerous to children under the age of 6.**

- At this age, children's brains and nervous systems are more sensitive to the damaging effects of lead.
- Children's growing bodies absorb more lead.
- Babies and young children often put their hands and other objects in their mouths. These objects can have lead dust on them.



## **Women of childbearing age should know that lead is dangerous to a developing fetus.**

- Women with a high lead level in their system before or during pregnancy risk exposing the fetus to lead through the placenta during fetal development.

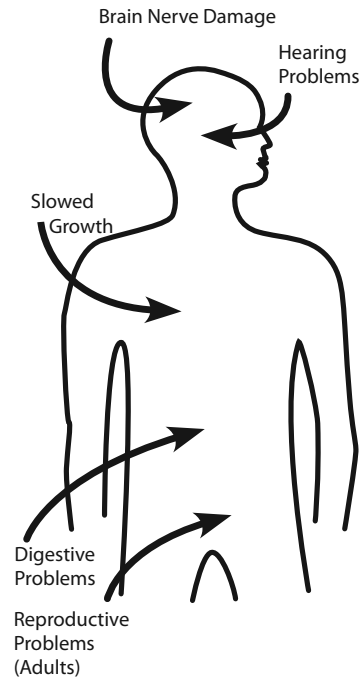
# Health Effects of Lead

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**Lead affects the body in many ways.** It is important to know that even exposure to low levels of lead can severely harm children.

## **In children, exposure to lead can cause:**

- Nervous system and kidney damage
- Learning disabilities, attention-deficit disorder, and decreased intelligence
- Speech, language, and behavior problems
- Poor muscle coordination
- Decreased muscle and bone growth
- Hearing damage



While low-lead exposure is most common, exposure to high amounts of lead can have devastating effects on children, including seizures, unconsciousness, and in some cases, death.

Although children are especially susceptible to lead exposure, lead can be dangerous for adults, too.

## **In adults, exposure to lead can cause:**

- Harm to a developing fetus
- Increased chance of high blood pressure during pregnancy
- Fertility problems (in men and women)
- High blood pressure
- Digestive problems
- Nerve disorders
- Memory and concentration problems
- Muscle and joint pain

# Check Your Family for Lead

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**Get your children and home tested if you think your home has lead.**

Children's blood lead levels tend to increase rapidly from 6 to 12 months of age, and tend to peak at 18 to 24 months of age.

Consult your doctor for advice on testing your children. A simple blood test can detect lead. Blood lead tests are usually recommended for:

- Children at ages 1 and 2
- Children or other family members who have been exposed to high levels of lead
- Children who should be tested under your state or local health screening plan

**Your doctor can explain what the test results mean and if more testing will be needed.**



## Where Lead-Based Paint Is Found

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In general, the older your home or childcare facility, the more likely it has lead-based paint.<sup>1</sup>

**Many homes, including private, federally-assisted, federally-owned housing, and childcare facilities built before 1978 have lead-based paint.** In 1978, the federal government banned consumer uses of lead-containing paint.<sup>2</sup>

Learn how to determine if paint is lead-based paint on page 7.

### **Lead can be found:**

- In homes and childcare facilities in the city, country, or suburbs,
- In private and public single-family homes and apartments,
- On surfaces inside and outside of the house, and
- In soil around a home. (Soil can pick up lead from exterior paint or other sources, such as past use of leaded gas in cars.)

Learn more about where lead is found at [epa.gov/lead](http://epa.gov/lead).

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<sup>1</sup> "Lead-based paint" is currently defined by the federal government as paint with lead levels greater than or equal to 1.0 milligram per square centimeter (mg/cm<sup>2</sup>), or more than 0.5% by weight.

<sup>2</sup> "Lead-containing paint" is currently defined by the federal government as lead in new dried paint in excess of 90 parts per million (ppm) by weight.

# Identifying Lead-Based Paint and Lead-Based Paint Hazards

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**Deteriorated lead-based paint (peeling, chipping, chalking, cracking, or damaged paint)** is a hazard and needs immediate attention. **Lead-based paint** may also be a hazard when found on surfaces that children can chew or that get a lot of wear and tear, such as:

- On windows and window sills
- Doors and door frames
- Stairs, railings, banisters, and porches

**Lead-based paint is usually not a hazard if it is in good condition** and if it is not on an impact or friction surface like a window.

**Lead dust** can form when lead-based paint is scraped, sanded, or heated. Lead dust also forms when painted surfaces containing lead bump or rub together. Lead paint chips and dust can get on surfaces and objects that people touch. Settled lead dust can reenter the air when the home is vacuumed or swept, or when people walk through it. EPA currently defines the following levels of lead in dust as hazardous:

- 10 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) and higher for floors, including carpeted floors
- 100  $\mu\text{g}/\text{ft}^2$  and higher for interior window sills

**Lead in soil** can be a hazard when children play in bare soil or when people bring soil into the house on their shoes. EPA currently defines the following levels of lead in soil as hazardous:

- 400 parts per million (ppm) and higher in play areas of bare soil
- 1,200 ppm (average) and higher in bare soil in the remainder of the yard

**Remember, lead from paint chips—which you can see—and lead dust—which you may not be able to see—both can be hazards.**

The only way to find out if paint, dust, or soil lead hazards exist is to test for them. The next page describes how to do this.

# Checking Your Home for Lead

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You can get your home tested for lead in several different ways:

- A lead-based paint **inspection** tells you if your home has lead-based paint and where it is located. It won't tell you whether your home currently has lead hazards. A trained and certified testing professional, called a lead-based paint inspector, will conduct a paint inspection using methods, such as:
  - Portable x-ray fluorescence (XRF) machine
  - Lab tests of paint samples
- A **risk assessment** tells you if your home currently has any lead hazards from lead in paint, dust, or soil. It also tells you what actions to take to address any hazards. A trained and certified testing professional, called a risk assessor, will:
  - Sample paint that is deteriorated on doors, windows, floors, stairs, and walls
  - Sample dust near painted surfaces and sample bare soil in the yard
  - Get lab tests of paint, dust, and soil samples
- A combination inspection and risk assessment tells you if your home has any lead-based paint and if your home has any lead hazards, and where both are located.



## Checking Your Home for Lead, continued

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In preparing for renovation, repair, or painting work in a pre-1978 home, Lead-Safe Certified renovators (see page 12) may:

- Take paint chip samples to determine if lead-based paint is present in the area planned for renovation and send them to an EPA-recognized lead lab for analysis. In housing receiving federal assistance, the person collecting these samples must be a certified lead-based paint inspector or risk assessor
- Use EPA-recognized tests kits to determine if lead-based paint is absent (but not in housing receiving federal assistance)
- Presume that lead-based paint is present and use lead-safe work practices

There are state and federal programs in place to ensure that testing is done safely, reliably, and effectively. Contact your state or local agency for more information, visit [epa.gov/lead](http://epa.gov/lead), or call **1-800-424-LEAD (5323)** for a list of contacts in your area.<sup>3</sup>

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<sup>3</sup> Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

## What You Can Do Now to Protect Your Family

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**If you suspect that your house has lead-based paint hazards, you can take some immediate steps to reduce your family's risk:**

- If you rent, notify your landlord of peeling or chipping paint.
- Keep painted surfaces clean and free of dust. Clean floors, window frames, window sills, and other surfaces weekly. Use a mop or sponge with warm water and a general all-purpose cleaner. (Remember: never mix ammonia and bleach products together because they can form a dangerous gas.)
- Carefully clean up paint chips immediately without creating dust.
- Thoroughly rinse sponges and mop heads often during cleaning of dirty or dusty areas, and again afterward.
- Wash your hands and your children's hands often, especially before they eat and before nap time and bed time.
- Keep play areas clean. Wash bottles, pacifiers, toys, and stuffed animals regularly.
- Keep children from chewing window sills or other painted surfaces, or eating soil.
- When renovating, repairing, or painting, hire only EPA- or state-approved Lead-Safe Certified renovation firms (see page 12).
- Clean or remove shoes before entering your home to avoid tracking in lead from soil.
- Make sure children eat nutritious, low-fat meals high in iron, and calcium, such as spinach and dairy products. Children with good diets absorb less lead.

## Reducing Lead Hazards

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**Disturbing lead-based paint or removing lead improperly can increase the hazard to your family by spreading even more lead dust around the house.**

- In addition to day-to-day cleaning and good nutrition, you can **temporarily** reduce lead-based paint hazards by taking actions, such as repairing damaged painted surfaces and planting grass to cover lead-contaminated soil. These actions are not permanent solutions and will need ongoing attention.
- You can minimize exposure to lead when renovating, repairing, or painting by hiring an EPA- or state-certified renovator who is trained in the use of lead-safe work practices. If you are a do-it-yourselfer, learn how to use lead-safe work practices in your home.
- To remove lead hazards permanently, you should hire a certified lead abatement contractor. Abatement (or permanent hazard elimination) methods include removing, sealing, or enclosing lead-based paint with special materials. Just painting over the hazard with regular paint is not permanent control.

**Always use a certified contractor who is trained to address lead hazards safely.**

- Hire a Lead-Safe Certified firm (see page 12) to perform renovation, repair, or painting (RRP) projects that disturb painted surfaces.
- To correct lead hazards permanently, hire a certified lead abatement contractor. This will ensure your contractor knows how to work safely and has the proper equipment to clean up thoroughly.

Certified contractors will employ qualified workers and follow strict safety rules as set by their state or by the federal government.

## Reducing Lead Hazards, continued

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**If your home has had lead abatement work done** or if the housing is receiving federal assistance, once the work is completed, dust cleanup activities must be conducted until clearance testing indicates that lead dust levels are below the following levels:

- 10 micrograms per square foot ( $\mu\text{g}/\text{ft}^2$ ) for floors, including carpeted floors
- 100  $\mu\text{g}/\text{ft}^2$  for interior windows sills
- 400  $\mu\text{g}/\text{ft}^2$  for window troughs

**Abatements are designed to permanently eliminate lead-based paint hazards.** However, lead dust can be reintroduced into an abated area.

- Use a HEPA vacuum on all furniture and other items returned to the area, to reduce the potential for reintroducing lead dust.
- Regularly clean floors, window sills, troughs, and other hard surfaces with a damp cloth or sponge and a general all-purpose cleaner.

Please see page 9 for more information on steps you can take to protect your home after the abatement. For help in locating certified lead abatement professionals in your area, call your state or local agency (see pages 15 and 16), [epa.gov/lead](http://epa.gov/lead), or call 1-800-424-LEAD.

# Renovating, Repairing or Painting a Home with Lead-Based Paint

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**If you hire a contractor to conduct renovation, repair, or painting (RRP) projects in your pre-1978 home or childcare facility (such as pre-school and kindergarten), your contractor must:**

- Be a Lead-Safe Certified firm approved by EPA or an EPA-authorized state program
- Use qualified trained individuals (Lead-Safe Certified renovators) who follow specific lead-safe work practices to prevent lead contamination
- Provide a copy of EPA's lead hazard information document, *The Lead-Safe Certified Guide to Renovate Right*



**RRP contractors working in pre-1978 homes and childcare facilities must follow lead-safe work practices that:**

- **Contain the work area.** The area must be contained so that dust and debris do not escape from the work area. Warning signs must be put up, and plastic or other impermeable material and tape must be used.
- **Avoid renovation methods that generate large amounts of lead-contaminated dust.** Some methods generate so much lead-contaminated dust that their use is prohibited. They are:
  - Open-flame burning or torching
  - Sanding, grinding, planing, needle gunning, or blasting with power tools and equipment not equipped with a shroud and HEPA vacuum attachment
  - Using a heat gun at temperatures greater than 1100°F
- **Clean up thoroughly.** The work area should be cleaned up daily. When all the work is done, the area must be cleaned up using special cleaning methods.
- **Dispose of waste properly.** Collect and seal waste in a heavy duty bag or sheeting. When transported, ensure that waste is contained to prevent release of dust and debris.

To learn more about EPA's requirements for RRP projects, visit [epa.gov/getleadsafe](http://epa.gov/getleadsafe), or read *The Lead-Safe Certified Guide to Renovate Right*.



## Other Sources of Lead

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### Lead in Drinking Water

The most common sources of lead in drinking water are lead pipes, faucets, and fixtures.

Lead pipes are more likely to be found in older cities and homes built before 1986.

You can't smell or taste lead in drinking water.

To find out for certain if you have lead in drinking water, have your water tested.

Remember older homes with a private well can also have plumbing materials that contain lead.

### Important Steps You Can Take to Reduce Lead in Drinking Water

- Use only cold water for drinking, cooking and making baby formula. Remember, boiling water does not remove lead from water.
- Before drinking, flush your home's pipes by running the tap, taking a shower, doing laundry, or doing a load of dishes.
- Regularly clean your faucet's screen (also known as an aerator).
- If you use a filter certified to remove lead, don't forget to read the directions to learn when to change the cartridge. Using a filter after it has expired can make it less effective at removing lead.

Contact your water company to determine if the pipe that connects your home to the water main (called a service line) is made from lead. Your area's water company can also provide information about the lead levels in your system's drinking water.

For more information about lead in drinking water, please contact EPA's Safe Drinking Water Hotline at 1-800-426-4791. If you have other questions about lead poisoning prevention, call 1-800 424-LEAD.\*

Call your local health department or water company to find out about testing your water, or visit [epa.gov/safewater](http://epa.gov/safewater) for EPA's lead in drinking water information. Some states or utilities offer programs to pay for water testing for residents. Contact your state or local water company to learn more.

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\* Hearing- or speech-challenged individuals may access this number through TTY by calling the Federal Relay Service at 1-800-877-8339.

## Other Sources of Lead, continued

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- **Lead smelters** or other industries that release lead into the air.
- **Your job.** If you work with lead, you could bring it home on your body or clothes. Shower and change clothes before coming home. Launder your work clothes separately from the rest of your family's clothes.
- **Hobbies** that use lead, such as making pottery or stained glass, or refinishing furniture. Call your local health department for information about hobbies that may use lead.
- Old **toys** and **furniture** may have been painted with lead-containing paint. Older toys and other children's products may have parts that contain lead.<sup>4</sup>
- Food and liquids cooked or stored in **lead crystal** or **lead-glazed pottery or porcelain** may contain lead.
- Folk remedies, such as "**greta**" and "**azarcon**," used to treat an upset stomach.

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<sup>4</sup> In 1978, the federal government banned toys, other children's products, and furniture with lead-containing paint. In 2008, the federal government banned lead in most children's products. The federal government currently bans lead in excess of 100 ppm by weight in most children's products.

## For More Information

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### **The National Lead Information Center**

Learn how to protect children from lead poisoning and get other information about lead hazards on the Web at [epa.gov/safewater](http://epa.gov/safewater) and [hud.gov/lead](http://hud.gov/lead), or call **1-800-424-LEAD (5323)**.

### **EPA's Safe Drinking Water Hotline**

For information about lead in drinking water, call **1-800-426-4791**, or visit [epa.gov/lead](http://epa.gov/lead) for information about lead in drinking water.

### **Consumer Product Safety Commission (CPSC) Hotline**

For information on lead in toys and other consumer products, or to report an unsafe consumer product or a product-related injury, call **1-800-638-2772**, or visit CPSC's website at [cpsc.gov](http://cpsc.gov) or [saferproducts.gov](http://saferproducts.gov).

### **State and Local Health and Environmental Agencies**

Some states, tribes, and cities have their own rules related to lead-based paint. Check with your local agency to see which laws apply to you. Most agencies can also provide information on finding a lead abatement firm in your area, and on possible sources of financial aid for reducing lead hazards. Receive up-to-date address and phone information for your state or local contacts on the Web at [epa.gov/safewater](http://epa.gov/safewater), or contact the National Lead Information Center at **1-800-424-LEAD**.

Hearing- or speech-challenged individuals may access any of the phone numbers in this brochure through TTY by calling the toll-free Federal Relay Service at **1-800-877-8339**.

# U. S. Environmental Protection Agency (EPA)

## Regional Offices

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The mission of EPA is to protect human health and the environment. Your Regional EPA Office can provide further information regarding regulations and lead protection programs.

**Region 1** (Connecticut, Massachusetts, Maine, New Hampshire, Rhode Island, Vermont)

Regional Lead Contact  
U.S. EPA Region 1  
5 Post Office Square, Suite 100, OES 05-4  
Boston, MA 02109-3912  
(888) 372-7341

**Region 2** (New Jersey, New York, Puerto Rico, Virgin Islands)

Regional Lead Contact  
U.S. EPA Region 2  
2890 Woodbridge Avenue  
Building 205, Mail Stop 225  
Edison, NJ 08837-3679  
(732) 906-6809

**Region 3** (Delaware, Maryland, Pennsylvania, Virginia, DC, West Virginia)

Regional Lead Contact  
U.S. EPA Region 3  
1650 Arch Street  
Philadelphia, PA 19103  
(215) 814-2088

**Region 4** (Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)

Regional Lead Contact  
U.S. EPA Region 4  
AFC Tower, 12th Floor, Air, Pesticides & Toxics  
61 Forsyth Street, SW  
Atlanta, GA 30303  
(404) 562-8998

**Region 5** (Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)

Regional Lead Contact  
U.S. EPA Region 5 (LL-17J)  
77 West Jackson Boulevard  
Chicago, IL 60604-3666  
(312) 353-3808

**Region 6** (Arkansas, Louisiana, New Mexico, Oklahoma, Texas, and 66 Tribes)

Regional Lead Contact  
U.S. EPA Region 6  
1445 Ross Avenue, 12th Floor  
Dallas, TX 75202-2733  
(214) 665-2704

**Region 7** (Iowa, Kansas, Missouri, Nebraska)

Regional Lead Contact  
U.S. EPA Region 7  
11201 Renner Blvd.  
Lenexa, KS 66219  
(800) 223-0425

**Region 8** (Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming)

Regional Lead Contact  
U.S. EPA Region 8  
1595 Wynkoop St.  
Denver, CO 80202  
(303) 312-6966

**Region 9** (Arizona, California, Hawaii, Nevada)

Regional Lead Contact  
U.S. EPA Region 9 (CMD-4-2)  
75 Hawthorne Street  
San Francisco, CA 94105  
(415) 947-4280

**Region 10** (Alaska, Idaho, Oregon, Washington)

Regional Lead Contact  
U.S. EPA Region 10 (20-C04)  
Air and Toxics Enforcement Section  
1200 Sixth Avenue, Suite 155  
Seattle, WA 98101  
(206) 553-1200

## **Consumer Product Safety Commission (CPSC)**

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The CPSC protects the public against unreasonable risk of injury from consumer products through education, safety standards activities, and enforcement. Contact CPSC for further information regarding consumer product safety and regulations.

### **CPSC**

4330 East West Highway  
Bethesda, MD 20814-4421  
1-800-638-2772  
cpsc.gov or saferproducts.gov

## **U. S. Department of Housing and Urban Development (HUD)**

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HUD's mission is to create strong, sustainable, inclusive communities and quality affordable homes for all. Office of Lead Hazard Control and Healthy Homes for further information regarding the Lead Safe Housing Rule, which protects families in pre-1978 assisted housing, and for the lead hazard control and research grant programs.

### **HUD**

451 Seventh Street, SW, Room 8236  
Washington, DC 20410-3000  
(202) 402-7698  
hud.gov/lead

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This document is in the public domain. It may be produced by an individual or organization without permission. Information provided in this booklet is based upon current scientific and technical understanding of the issues presented and is reflective of the jurisdictional boundaries established by the statutes governing the co-authoring agencies. Following the advice given will not necessarily provide complete protection in all situations or against all health hazards that can be caused by lead exposure.

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# **IMPORTANT!**

## **Lead From Paint, Dust, and Soil in and Around Your Home Can Be Dangerous if Not Managed Properly**

- Children under 6 years old are most at risk for lead poisoning in your home.
- Lead exposure can harm young children and babies even before they are born.
- Homes, schools, and child care facilities built before 1978 are likely to contain lead-based paint.
- Even children who seem healthy may have dangerous levels of lead in their bodies.
- Disturbing surfaces with lead-based paint or removing lead-based paint improperly can increase the danger to your family.
- People can get lead into their bodies by breathing or swallowing lead dust, or by eating soil or paint chips containing lead.
- People have many options for reducing lead hazards. Generally, lead-based paint that is in good condition is not a hazard (see page 10).

## Monthly Budget Worksheet

<b>Total Assets and Income</b>	
Checking Account Balance	
Savings Account Balance	
Monthly Income Amount (Net)	
<b>Misc</b>	
SNAP Amount	

### MONTHLY EXPENSES

<b>Housing</b>		<b>Children</b>	
Rent		Diapers/Formula	
Electricity		Support	
Gas		Tuition	
Water		Programs/camps	
Trash/Pest Control		Day Care	
House Phone		<b>Total</b>	
Cell Phone		<b>Insurance/Medical/Debt</b>	
Renter's Insurance		Life Insurance	
Other		Medical Insurance	
<b>Total</b>		Doctor	
<b>Transportation</b>		Dentist	
Auto Payments		Prescriptions	
Gas		Credit Cards	
Insurance		Loans	
License/Taxes		Other debts	
Repair/maintenance		<b>Total</b>	
Marta (entire family)		<b>Miscellaneous</b>	
Other		Eating Out	
<b>Total</b>		Activities	
<b>Food/Laundry/Cleaning</b>		Cable/Internet	
Food		Storage Fees	
Laundry Detergent		Cigarettes	
Laundry Costs		Alcohol	
Dry Cleaning		Church/Charity	
Cleaning supplies		Clothing	
Toiletries		Savings	
Beauty and Barber		Other: _____	
<b>Total</b>		<b>Total</b>	

<b>Total Monthly Net</b>	
<b>Total Monthly Expenses</b>	
<b>Total Remaining Balance</b>	

Street Address  
City, ST ZIP Code  
Telephone  
Website  
Email

[YOUR NAME]

**OBJECTIVE** To get started right away, just tap any placeholder text (such as this) and start typing to replace it with your own.

---

**SKILLS & ABILITIES** You might want to include a brief summary of certifications and professional skills.

---

**EXPERIENCE** **COMPANY NAME, LOCATION**  
Dates From-To  
This is the place for a brief summary of your key responsibilities and accomplishments.

**COMPANY NAME, LOCATION**  
Dates From-To  
This is the place for a brief summary of your key responsibilities and accomplishments.

---

**EDUCATION** **SCHOOL NAME, LOCATION, DEGREE**  
You might want to include your GPA here and a brief summary of relevant coursework, awards, and honors

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**COMMUNICATION** You delivered that big presentation to rave reviews. This is the place to showcase your skills.

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**LEADERSHIP** Are you head of the condo board, or a team lead for your favorite charity?  
This is the perfect place to let everyone know

---

**REFERENCES** **REFERENCE NAME, COMPANY**  
Contact Information





# Project Community Connections, INC.

*Dedicated to rapidly rehousing people experiencing homelessness*

NAME OF CLIENT: \_\_\_\_\_

By my signature below, I authorize Project Community Connections Inc. to provide video case management services for their Rapid Rehousing Program.

*I understand and authorize video case management services for Rapid Rehousing to be provided via Zoom, GoTo Meeting or Microsoft Teams by Project Community Connections, Inc. I understand the following regarding video case management.*

- Video case management involves the use of electronic communications to enable social service providers to provide ongoing support when traditional services cannot be rendered. This service can be provided using two-way audio (telephone communications) and video chat.
- I understand that as a participant or guardian/parent of a participant that all attempts to maintain and uphold the standards of confidentiality will be upheld
- I understand that this authorization and participation is voluntary. I understand that the services provided will not be affected if I do not sign this form.
- I understand that I may receive a copy of this form after I sign it and that I may inspect and request a copy of the information I am authorizing for use/disclosure.
- I understand that I have the right to withhold or withdraw my consent to use video case management in the course of my service provision at any time, without affecting my right to future services.

## **Consent to The Use of Video Case Management**

I have read and understand the information provided above regarding video case management, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of video case management for Rapid Rehousing Services.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

## **Request to Withdraw Consent**

At this time I withdraw my consent regarding video case management.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

## **Project Community Connections**

# **Client Satisfaction Survey**

We are always working to improve our programs and overall experience with PCCI, so please complete this short survey. The survey is very brief and will only take about 5 minutes to complete. All respondents will be anonymous. Please click the link below to go to the survey Web site, copy and paste the link into your Internet browser, or type the information into your browser.

[https://docs.google.com/forms/d/e/1FAIpQLSfrKg\\_\\_5iVU5otX1dRBTrD8tummwUWWtEGwW8ubqdPx6Dm1YA/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfrKg__5iVU5otX1dRBTrD8tummwUWWtEGwW8ubqdPx6Dm1YA/viewform)