SEEDTIME

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Emergency Financial Assistance Criteria & Documentation Checklist

Circumstances MUST be beyond your control {Documentation Required}

1. Basic Eligibility Requirements:

Clients must meet **ALL** the following:

- → Income must be within HUD program guidelines
- → Demonstrated financial hardship **{Documentation Required}**
- → At risk of homelessness or currently homeless ***(if applicable)***
- → Established Residency (min. 90 days) within service area **{Essex County}**
- → No duplicate assistance for the same expense within the past **12 months**
- → **RELOCATION/SECURITY DEPOSIT:** Must have 1st Month paid
- → **UTILITY:** Must have made at least **six (6) good-faith payments** in the past twelve **(12) months**
- → **RENTAL ARREARS:** Must have current month paid by the day of your appointment
- → Ability to **sustain** basic household expenses after assistance **{ONE-TIME ASSISTANCE}**

2. Required Documentation Checklist:

Identification **{ALL household members}**:

- ✓ New Jersey Driver's License or County/State of NJ issued photo ID **{Adults 18+}**
- ✓ US Passport / Residence Card(s) / US Naturalization Certificate
- ✓ Social Security card
- ✓ Marriage Certificate
- ✓ Birth certificate / Custody Paperwork / DCF or Kinship paperwork **{Minors}**

Income Verification {30–60 days}:

- ✓ Most Recent Pay stubs **{2-wkly; 4-bi-wkly}**
- ✓ Current Benefit letters **{Social Security, Unemployment Printout, DCF stipend, etc.}**
- ✓ Current Pension/retirement income
- ✓ Most Recent Child support printout
- ✓ Self-employment documentation **{1099, contracts, etc.}**
- ✓ Zero income affidavit **{if applicable}**
- ✓ Three (3) Months' **most recent** Bank Statements
- ✓ Most Recent Tax Return **{IF YOU DID NOT FILE, YOU MUST PROVIDE PROOF FROM IRS}**

REQUIRED DOCUMENTATION:

Rental Assistance:
*Current Lease agreement
*Current Rent ledger
***ALL** Court and/or Eviction Documentation
*Landlord verification **{Proof of Ownership}**

Utility Assistance:
*Most recent utility bill
*Shut Off / Disconnection Notice
*Six (6) Month Payment History

Security Deposit:
*Approved unit documentation **{notarized letter from landlord stating how much rent & security deposit}**
*Pending or signed **lease** by all parties involved
*1st Month's Rent Paid in FULL **{proof required}**
* Landlord verification **{Proof of Ownership}**

Income Eligibility Requirements for

SSH/TANF

Federal Poverty Level 250%

Effective January 12, 2023, 48 CONTIGUOUS UNITED STATES AND THE DISTRICT OF COLUMBIA

(Except Alaska and Hawaii)

Persons in family/household	Poverty guideline
1	$36,450
2	$49,300
3	$62,150
4	$75,000
5	$87,850
6	$100,700
7	$113,550
8	$126,400

For families/households with more than 8 persons, add $5,140 for each additional person.

2025
Community Services Block Grant (CSBG)
Income Eligibility Chart

Family Size (# of people in the household)	100% of Federal Poverty Level*	125% of Federal Poverty Level**	200% of Federal Poverty Level
1	$15,650	19,562.50	$31,300
2	$21,150	26,437.50	$42,300
3	$26,650	33,312.50	$53,300
4	$32,150	40,187.50	$64,300
5	$37,650	47,062.50	$75,300
6	$43,150	53,937.50	$86,300
7	$48,650	60,812.50	$97,300
8	$54,150	67,687.50	$108,300

*For each additional person, add $5,500
**For each additional person, add $6,875
***For each additional person, add $11,000

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AFFIDAVIT OF HARDSHIP & REQUEST FOR EMERGENCY ASSISTANCE

Seedtime Outreach, Inc. in partnership with the County of Essex
****MUST BE NOTARIZED****

Head of Household: _____ DOB: _____
Address: _____ Phone #: _____
Email: _____ Alt Phone #: _____

Affidavit Statement: *I,* _____, *being of legal age and duly sworn, hereby depose and state as follows:*

1. **Purpose:** *I am requesting emergency assistance through Seedtime Outreach, Inc. in coordination with the County of Essex.*
2. **Statement of Hardship** **{SUMMARIZE BELOW & PROVIDE DOCUMENTED PROOF WITH THIS STATEMENT}:**

_____

_____

_____

_____

_____

_____

_____

_____.

3. **Type of Assistance Requested** *(check all that apply):* ☐ **Rental** ☐ **Relocation/Security Deposit** ☐ **Utility**
   ☐ **Other:** _____
4. **Supporting Documentation:** *I understand that this affidavit must be submitted with supporting documentation for eligibility determination.*
5. **Certification:** *I certify under penalty of perjury that all information is true, complete, and accurate. I understand that any falsification will result in denial of assistance and may impact future eligibility.*

Signature: _____

Printed Name: _____

Date: _____

Notary Public State of New Jersey, County of _____

Subscribed and sworn before me on this _____ *day of* _____, *20*_____

Notary Signature: _____ *Commission Expires:* _____

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CSBG____

Client Intake for Emergency Services

SSH_____ / TANF____

AGENCY USE ONLY: **EMPOWER#**_____ **AWARDS#**_____

1. Client & Household Information {DOCUMENTATION REQUIRED for ALL MEMBERS}:

Client Name: _____ Jr / Sr / II / III

Address: _____ Phone: _____

Email Address: _____ Alt Number: _____

Household Member Name	DOB	SS#	Dis?	Vet?
HEAD OF HOUSEHOLD / APPLICANT				

2. Client Hardship Statement {DOCUMENTATION/PROOF OF HARDSHIP REQUIRED}:

Please explain the circumstances that led to your current housing crisis:

_____

_____

_____

_____

3. Immediate Housing Crisis

☐ Homeless ☐ At Risk of Homelessness ☐ Couch Surfing

Eviction Date: _____ Start Date: _____

4. Landlord / Management Company {PROOF OF OWNERSHIP & CURRENT LEDGER REQUIRED}:

Company Name & Address:

_____

Contact Person: _____ Title: _____

Phone: _____ EXT: _____ Email: _____

Amount of Monthly Rent: _____ Security Deposit Amount: _____

5. Utility {SHUT OFF NOTICE & 6 MONTH PAYMENT HISTORY REQUIRED}:

Company Name: _____ Last Payment Date & Amount: _____

Account #: _____ Balance: _____ Shut-Off Date: _____ Shut off?_____

6. Income {DOCUMENTATION REQUIRED for ALL MEMBERS}:

Monthly Household Total Income: _____

Sources: *(check all that apply)*: ☐ Employment ☐ SSI/SSDI ☐ Unemployment ☐ Other: _____

7. Assistance Requested

☐ Rent ☐ Security Deposit ☐ Utilities

Amount: _____ Months Owed: _____

8. Sustainability Plan {DOCUMENTATION REQUIRED}:

How will you maintain housing?

_____

_____

9. Certification, Acknowledgement & Signatures:

I hereby certify, under penalty of perjury under the laws of the **State of New Jersey** *and the* **County of Essex**, *that* **all** *information provided herein is* **true, accurate, and complete** *to the best of my knowledge and belief. I fully understand that* **any** *material misrepresentation, omission, or falsification of information* **may result** *in the denial, termination, revocation, and/or recovery of any assistance provided through* **Seedtime Outreach, Inc.** *and/or the* **County of Essex**. *I further acknowledge that any assistance granted under this program constitutes a* **ONE - TIME** benefit only, *and I expressly agree to assume* **full** *responsibility for the management, maintenance, and payment of* **all** *future financial obligations and expenses. In addition, I agree to make a* **good-faith effort** *to comply with and follow through on all referrals, recommendations, and resources provided by* **Seedtime Outreach, Inc.**, *in coordination with the* **County of Essex**, *as part of this assistance program. I further acknowledge and agree to* **pursue financial stability** *by making a reasonable effort to attend at least* **one financial literacy class** *of my choosing to support my* **long-term** *financial well-being.*

Client Signature: _____ **Date:** _____

Case Manager Signature: _____ **Date:** _____

REFERRED CLIENT TO:

_____

HMIS HOMELESS INTAKE FORM

(AWARDS – Optimized Version)

(Fully aligned with NJ CoC + AWARDS HMIS workflow)

* HEAD OF HOUSEHOLD

1. Client Profile (AWARDS: Client Info → Intake/Admission)

Date of Intake: ____ / ____ / _____

Client Name: _____ Staff Completing Intake: _____

Project: *SSH & SSH/TANF* **Entry Type:** ☐ New Intake ☐ Re-Entry

2. Universal Data Elements (UDEs) - *(AWARDS: Intake → HMIS UDE)*

Date of Birth:

DOB: ____ / ____ / _____ Age: _____ ☐ Full DOB Reported Veteran: _____

Race (Select all that apply)

☐ Black/African American ☐ White ☐ Asian ☐ American Indian/Alaska Native

☐ Native Hawaiian/Pacific Islander ☐ Multi-Racial

Ethnicity

☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Gender:

☐ Male ☐ Female ☐ Transgender ☐ Non-Binary

Primary Language

Language: _____ Interpreter Needed: ☐ Yes ☐ No

3. Residence Prior to Project Entry - *(AWARDS: Intake → HMIS UDE → Prior Living Situation)*

Where did the client stay last night? ☐ Place not meant for habitation ☐ Emergency Shelter ☐ Transitional Housing ☐ Staying with family ☐ Staying with friends ☐ Hotel/Motel (no voucher) ☐ Hospital

☐ Jail/Prison ☐ Other: _____

Length of Stay in Previous Location: ☐ 1 night or less ☐ 2–6 nights ☐ 1 week ☐ 1–3 months ☐ 3–12 months ☐ 1 year or longer

Homeless History (per HUD) Number of times homeless in past 3 years: ☐ 1 ☐ 2 ☐ 3 ☐ 4+

Total months homeless in past 3 years: ☐ 0–3 ☐ 4–6 ☐ 7–12 ☐ 13+

4. Income & Non-Cash Benefits - *(AWARDS: Intake → HMIS UDE → Income/Benefits)*

Income Sources (Monthly)

☐ Earned Income ☐ SSI ☐ SSDI ☐ TANF ☐ GA ☐ Child Support ☐ Unemployment

☐ No Income ☐ Other: _____

Monthly Income Amount: $_____

Non-Cash Benefits

☐ SNAP ☐ WIC ☐ Medicaid ☐ Medicare ☐ Veterans Benefits ☐ None

☐ Other: _____ HEALTH INSURANCE COMPANY: _____

5. Health & Disability Information - *(AWARDS: Intake → HMIS UDE → Disabilities)*

Disability Types (Check all that apply)

☐ Physical Disability ☐ Developmental Disability ☐ Chronic Health Condition ☐ Mental Health Disorder

☐ Substance Use Disorder ☐ HIV/AIDS ☐ None

6. Domestic Violence - *(HUD Required) - (AWARDS: Intake → HMIS UDE → Domestic Violence)*

Survivor of Domestic Violence? ☐ Yes ☐ No

If **Yes:** **Occurred within *last* 90 days?** ☐ Yes ☐ No **Currently fleeing?** ☐ Yes ☐ No

7. Emergency Assistance Admission Details - *(AWARDS: Intake → Program Enrollment)*

CAUSE OF HOMELESSNESS:

☐ Eviction / Loss of housing ☐ Domestic violence / Abuse ☐ Family Death / Separation

☐ Job loss / Income reduction ☐ Medical or mental health crisis ☐ Substance use

☐ Release from institution (hospital, jail, etc.) ☐ Unsafe living conditions ☐ Natural disaster

☐Asked to Leave Shared Residence ☐ Other: _____

Referral Source: ☐ Self ☐ Outreach ☐ Police ☐ Hospital ☐ Social Services ☐ Other: _____

HMFA | HMIS NEW JERSEY HOMELESS MANAGEMENT INFORMATION SYSTEM

NJHMIS Collaborative
Client Consent – Release of Information for Data Sharing via NJHMIS

The NJHMIS Collaborative Homeless Management Information System (HMIS) serves the New Jersey Continuums of Care communities and State agencies which include partner agencies working together to provide services to individuals and families in New Jersey who are homeless or at risk of becoming homeless. Information collected in the HMIS database is protected in compliance with the standards set forth in the Health Insurance Portability and Accountability Act (HIPAA) and the U.S. Department of Housing and Urban Development HMIS Data Standards. Every person and agency that is authorized to read or enter information into the HMIS database has signed an agreement to maintain the security and confidentiality of the information. Any person or agency that is found to violate their agreement may have their access rights terminated and may be subject to further penalties. The HMIS database operates over the internet and uses security protections to help ensure confidentiality. Please read the following statements (or ask to have them read to you) and make sure you have had an opportunity to have your questions answered.

I UNDERSTAND THAT:

- **The collection and sharing of my information is to understand my needs and assist me as a consumer.**
- The partner agencies may share limited identifying information about the consumer(s) they serve with other parties working to end homelessness.
- The release of my information does not guarantee that I will receive assistance.
- The release of my information will include the Coordinated Assessment Tool which will be shared with all NJHMIS partner agencies that I will be referred to. I further understand that this consent allows the agencies I will be referred to, their employees and agents, to release and exchange any and all information in the Coordinated Assessment Tool.
- This release of my information may include **any and all** publicly (county, state or federal) funded cash disbursements received.
- This authorization will remain in effect unless I revoke it in writing, and I may revoke authorization at any time by signing a written statement or Revocation Form.
- If I revoke my authorization, all information about me already in the database will remain, but will become invisible to all of the partner agencies, except **any and all** publicly (county, state or federal) cash disbursements.
- **If I am applying for county, state or federal cash disbursements such as SSH, HPRP, and TANF Emergency Assistance, this information will be shared with NJHMIS Collaborative users and State agencies.**

By signing this form, I agree to share the following level of information with other NJHMIS partner agencies via the NJHMIS computer system:

☐ A) I agree to share my name (First, Middle, Last), client gender, ancestry, program enrollment and exit dates, demographic information, miscellaneous information, contact information, and cash disbursement information via the HMIS system with other NJHMIS partner agencies.

☐ B) I do not agree to share any of my information via the HMIS system with other HMIS partner agencies via the NJHMIS computer system. **Exception is any and all publicly funded cash disbursements as noted above.**

Client Name (*please print*)	Client Signature	Date
Guardian Name, if required (*please print*)	Guardian Signature (if required)	Date
Agency Personnel Name (*please print*)	Agency Personnel Signature	Date

*PLEASE FILL OUT FOR EACH MINOR LIVING IN HOUSEHOLD

HMFA HMIS NEW JERSEY HOMELESS MANAGEMENT INFORMATION SYSTEM

HMIS HOMELESS INTAKE FORM - MINORS 17 & UNDER

(AWARDS – Optimized Version)

(Fully aligned with NJ CoC + AWARDS HMIS workflow)

1. Client Profile *(AWARDS: Client Info → Intake/Admission)*

Child/Youth Name: _____

Project: *SSH & SSH/TANF*
Entry Type: ☐ New Intake ☐ Re-Entry

Household ID (if applicable): _____

2. Universal Data Elements (UDEs)
(AWARDS: Intake → HMIS UDE)

Date of Birth
DOB: ___ / ___ / _____
Age: _____
☐ Full DOB Reported

Race (Select All That Apply)
☐ Black/African American
☐ White
☐ Asian
☐ American Indian/Alaska Native
☐ Native Hawaiian/Pacific Islander
☐ Multi-Racial

Ethnicity
☐ Hispanic/Latino ☐ Non-Hispanic/Latino

Gender
☐ Male
☐ Female
☐ Transgender
☐ Non-Binary
☐ Questioning
☐ Prefer Not to Answer

Primary Household Language

Language: _____

Interpreter Needed: ☐ Yes ☐ No

3. Parent / Guardian Information
(AWARDS: Household Members / Client Contacts)

Relationship to Child
☐ Mother
☐ Father
☐ Grandparent
☐ Foster Parent
☐ Legal Guardian
☐ Kinship Caregiver
☐ Other: _____

Legal Custody Status
☐ Parent Has Full Custody
☐ Joint Custody
☐ Foster Care
☐ Kinship Care
☐ DCP&P Involvement
☐ Other: _____

4. Residence Prior to Project Entry
(AWARDS: Intake → HMIS UDE → Prior Living Situation)

Where did the child stay last night?
☐ Place Not Meant for Habitation
☐ Emergency Shelter
☐ Transitional Housing
☐ Staying with Parent/Guardian
☐ Staying with Family
☐ Staying with Friends
☐ Foster Home
☐ Hotel/Motel (No Voucher)
☐ Hospital
☐ Juvenile Detention Facility
☐ Group Home
☐ Other: _____

Length of Stay in Previous Location
☐ 1 Night or Less
☐ 2–6 Nights
☐ 1 Week–1 Month
☐ 1–3 Months
☐ 3–12 Months
☐ 1 Year or Longer

Homeless History (HUD)
Total Number of Times Homeless in Past 3 Years
☐ 1
☐ 2
☐ 3

☐ 4+

Total Months Homeless in Past 3 Years
☐ 0–3
☐ 4–6
☐ 7–12
☐ 13+

5. Education & School Information
(AWARDS: Education / Additional Demographics / Case Management)

Is the Child Currently Enrolled in School?
☐ Yes
☐ No
☐ Preschool
☐ GED Program
☐ Alternative Education Program

School Name: _____

School District: _____

County: _____

School Type
☐ Public School
☐ Charter School
☐ Private School
☐ Religious/Parochial School
☐ Vocational/Technical School
☐ Alternative School
☐ Home School
☐ Early Childhood/Preschool
☐ Other: _____

Current Grade

☐ Pre-K	☐ 6
☐ Kindergarten	☐ 7
☐ 1	☐ 8
☐ 2	☐ 9
☐ 3	☐ 10
☐ 4	☐ 11
☐ 5	☐ 12

Has Housing Instability Affected School Attendance?
☐ Yes ☐ No
If Yes, Check All That Apply:
☐ Frequent Absences
☐ Chronic Tardiness
☐ School Transfer(s)
☐ Transportation Barriers
☐ Academic Decline
☐ Behavioral Concerns
☐ Difficulty Completing Homework
☐ Other: _____

6. School Support Services & Educational Needs
(AWARDS: Education Services / Referrals / Case Management)

Does the Child Currently Receive School-Based Support Services?
☐ Individualized Education Program (IEP)
☐ Section 504 Accommodation Plan
☐ English Language Learner (ELL/ESL) Services
☐ Speech Therapy
☐ Occupational Therapy
☐ Physical Therapy
☐ Academic Intervention Services
☐ Tutoring
☐ School Counseling
☐ School Social Worker Services
☐ Behavioral Support Services
☐ After-School Program
☐ Summer Educational Program
☐ Free or Reduced-Price Lunch
☐ School-Based Health Services
☐ None
☐ Other: _____

Is the Child Identified as Homeless Under the McKinney-Vento Act?
☐ Yes
☐ No
☐ Unknown

Has a McKinney-Vento School Liaison Been Assigned?
☐ Yes
☐ No
☐ Unknown

Homeless Liaison Name:
_____

Homeless Liaison Contact Information:
_____

Does the Child Receive Transportation Assistance to Attend School?
☐ Yes ☐ No

Additional Educational Supports Needed
☐ School Enrollment Assistance
☐ Transportation Assistance
☐ School Supplies
☐ Backpack
☐ Uniforms/Clothing
☐ Computer/Tablet
☐ Internet Access
☐ Tutoring
☐ Special Education Advocacy

☐ Connection to School Social Worker
☐ Connection to School Counselor
☐ Connection to McKinney-Vento Liaison
☐ Summer Program Referral

7. Income & Benefits

(AWARDS: Intake → HMIS UDE → Income/Benefits)

Benefits Received by Parent/Guardian Household

☐ TANF
☐ SNAP
☐ WIC
☐ SSI
☐ Child Support
☐ Medicaid
☐ Housing Assistance
☐ Unemployment Benefits
☐ None
☐ Other: _____

Health Insurance Coverage

☐ Medicaid/NJ FamilyCare
☐ Private Insurance
☐ CHIP
☐ Uninsured
☐ Other: _____

Insurance Company: _____

8. Health & Disability Information

(AWARDS: Intake → HMIS UDE → Disabilities)

Disability Types (Check All That Apply)

☐ Physical Disability
☐ Developmental Disability
☐ Learning Disability
☐ Chronic Health Condition
☐ Mental Health Disorder
☐ Substance Use Disorder
☐ None
☐ Unknown

Special Medical Needs

☐ Yes ☐ No
If Yes, Explain:

9. Child Welfare / Youth Risk Factors

(AWARDS: Special Population Information)

Has the Child Ever Been Involved With:

☐ DCPP/Child Protective Services
☐ Foster Care
☐ Kinship Care
☐ Adoption Assistance
☐ Juvenile Justice System
☐ None

Is the Child Currently Separated from a Parent or Guardian?

☐ Yes
☐ No

Is Reunification Being Pursued?

☐ Yes
☐ No
☐ N/A

10. Domestic Violence & Safety Concerns

(HUD Required)

Is the Household Fleeing Domestic Violence?

☐ Yes
☐ No
If Yes:
Occurred Within Last 90 Days?
☐ Yes ☐ No
Currently Fleeing?
☐ Yes ☐ No

11. Program Admission Details

(AWARDS: Intake → Program Enrollment)

Cause of Housing Instability/Homelessness

☐ Eviction / Loss of Housing
☐ Domestic Violence
☐ Family Conflict
☐ Family Death
☐ Job Loss / Income Reduction
☐ Medical Crisis
☐ Mental Health Crisis
☐ Substance Use in Household
☐ Release From Institution
☐ Unsafe Living Conditions
☐ Natural Disaster
☐ Asked to Leave Shared Residence
☐ Foster Care Discharge
☐ Other: _____

Immediate Needs Identified

☐ Emergency Shelter
☐ Rental Assistance
☐ Utility Assistance
☐ Food Assistance
☐ Transportation Assistance
☐ Clothing
☐ School Supplies
☐ Medical Services
☐ Mental Health Services
☐ Childcare
☐ Case Management
☐ Other: _____