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Person in Services with Mult. Co. IDD:

Intake Date:

Case Manager Name:

Case Management Agency: Mult. Co. IDD CPI Inclusion INW Mentor UCP

Eligibility Criteria (all criteria must be met for CVRRP eligibility)

<input type="checkbox"/> Resident of Multnomah County <input type="checkbox"/> Negatively impacted by COVID-19 in at least one of the ways listed below (See "COVID-19 Impact" items below)* <input type="checkbox"/> 80% or below area median income based on snapshot of current income.	80% Median Family Income (MFI) Guidelines			
	Family Size	80% Median	Family Size	80% Median
	1	\$51,600	5	\$79,600
	2	\$59,000	6	\$85,500
	3	\$66,350	7	\$91,400
4	\$73,700	8	\$97,300	

<p>*Covid-19 Impact (select all that apply)</p>	<input type="checkbox"/> A loss of employment or income due to COVID-19 related factors
	<input type="checkbox"/> Directly impacted by business closure related to COVID-19
	<input type="checkbox"/> Compromised health status or elevated risk of infection or vulnerability to COVID-19
	<input type="checkbox"/> Diagnosed or exposed to COVID-19
	<input type="checkbox"/> Incurred significant cost or experience a financial hardship due to COVID-19

Head of Household Information

Name (First and Last)	Phone Number
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Current Address

New Address if Moving

Email Address

Landlord Information (to send payment)

Name	Phone Number
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Mailing Address

Email Address:	Contact Name
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Assistance Requested

Do you receive Section 8 or other rent asst payments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Monthly Rent Amount:\$
If Yes, what is your portion of the rent? \$	(Including any rent subsidies paid on your behalf)

Assistance Type (rent, arrears, deposit)	Month(s)	Amount

Total Amount Requested

Length of time in current housing? _____ **Move in Date if Moving?** _____

"I certify that the information on this intake form is true and accurate to the best of my knowledge. I also certify that I have not received rental assistance due to COVID-19 for the same month(s) from a different organization or program."

Client Signature _____ Date _____
 (Client Signature can be obtained following Approval)

Case Worker/Agency Staff Signature _____ Date _____