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**Flexible Assistance Fund  
Program Guidebook**

**Small assistance – Large impact**

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**Updated April 24, 2020**

**FLEX FUND PROGRAM OVERVIEW**

**Dallas’ homeless population faces a variety of needs** (beyond housing and supportive services), including access to critical documents, security deposits, transportation, medical costs, job related expenses, basic furniture and household items, a variety of fees, hotel stays while waiting for housing, rental arrears, rental assistance, storage, and utilities assistance. **If not met, these needs may prevent them from ending their homelessness quickly and permanently.** The idea of the Flex Fund is simple. **A minor but impactful expenditure impedes a client from (making progress in) ending his or her homelessness. The Flex Fund pays for it. That’s all there is to it.**

**AGENCY PARTICIPATION**

Agencies that serve those experiencing homelessness and are enrolled in the Homeless Management Information System (HMIS) and/or the Coordinated Assessment System (CAS), as/if applicable, may access the Flex Fund. Domestic Violence agencies are exempt from entering into HMIS, per the Violence Against Women Act (VAWA). However, Domestic Violence agencies must be members of the CoC to access the Flex Fund.

**ELIGIBLE CLIENTS**

The Flex Fund is designed to assist those who are experiencing homelessness. The Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009, generally defines an individual or family as homeless if that individual/family, “lacks a fixed, regular, and adequate nighttime residence,” or “has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation,” or lives, “in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by Federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing)…”

**ELIGIBLE EXPENDITURES**

* **Critical Documents –** Documentation needed to overcome barriers to employment, housing, etc. Examples include driver’s license, state identification card, birth certificate, and student records.
* **Employment & Training –** Items needed for specific employment or job training. Examples include uniforms, boots, tools, personal protective equipment, and certification, GED exam or licensing fees.
* **Health Care -** Items needed to improve a person’s health. Examples include co-pays, prescriptions, medical equipment, eyeglasses, and wheelchairs.
* **Housing/Household -** Items needed to obtain, sustain and access housing. Examples include security deposits, housing related fees, hotel stays, rental arrears, rental assistance, storage, utilities assistance, alarm clocks, basic household furniture, cleaning supplies, fire extinguishers, flashlights, kitchen utensils, cookware, linens, small appliances, window blinds, and grab bars.
* **Transportation -** Items related to one-time, episodic or regular transportation, that can help a client make progress towards ending their homelessness. Examples include car registration, bus passes, taxi fare, gas vouchers, tires, Greyhound tickets to return to locales with stable family supports, or minor car repairs.

The list of eligible items is NOT exhaustive. If agency staff has any concern about the eligibility of an item, they should submit a request to MDHA in Base Camp and advocate for the specific need and its connection to the client’s self-sufficiency.

**MAXIMUM AWARD**

Requests can be made up to $1,000, per annum. Senior management may approve an override of this limit.

**PROOF OF LAST RESORT**

Agency staff wishing to access the fund are expected to have utilized or attempted to utilize all applicable existing funds and resources and be able to state that no other existing community resources can meet the specific need. (Existence of client income or assets does not necessarily preclude use the fund. However, agency staff must explain why the client cannot pay for the need out of his/her funds, and record this in HMIS.) Case managers are expected to research alternative options and use good judgment when submitting a Flex Fund request. Additional specific guidelines include:

* **Critical Documents –** Clients must utilize the Stewpot for critical documents prior to submitting a Flex Fund request. Supporting documentation must be attached to the Flex Fund request form.
* **Employment & Training –** Employment verification forms or paycheck stubs, in addition to a record of due diligence, are needed as supporting documentation.
  + *Example: A client needs a pair of steel-toed black boots size 12.5 in order to go to work for a construction contractor. The agency contacted the Career Closet, and none were available. Documentation would include employment verification, date and time of conversation(s) with agencies, or a copy of the email showing the request was made and none were available.*
* **Housing/Household –** If the Flex Fund request pertains to housing (application fee, security deposit, risk fee, etc.), a letter or brochure containing necessary fees must also be submitted for new move-ins. *Security deposits and risk fees will not be paid until the client has been approved for the unit. Documentation of approval is necessary.* 
  + *Example: A client has received a housing choice voucher and needs assistance with paying a risk fee. The client contacted Center Pointe and was denied assistance because the client is receiving another subsidy. Documentation would include a brochure from the apartment complex outlining the fees.*
* **Transportation -** Proof of ownership is required for all requests pertaining to personal vehicles.

**PAYMENT PROCESS (General)**

HMIS: The case manager\* ensures that the client has a current record in HMIS, and is enrolled in active case management, having been accurately assessed, within the last 90 days. (The client may be in another agency’s program.)

FLEX FUND REQUEST: The case manager completes the MDHA Flex Fund Request Form (marked Flex-General), attaches all necessary documentation, converts them to pdf, and uploads to agency’s Base Camp account or faxes them to 972-638-5621. The form asks for basic info of the client, the solution needed, including cost and vendor, articulation of how this will help him or her resolve their homelessness, and a list of three other agencies the case manager has attempted to get the request filled through.

PAYMENT: MDHA approves and provides payment made out directly to the vendor (payment is NEVER made to the client or the case manager) in one of three methods:

* Check – Case manager picks up the check from MDHA and delivers it to the vendor. (At times MDHA staff may deliver the check as a courtesy). Case manager must sign for the check.
* Credit Card/Online – MDHA pays the vendor online and/or through credit card, confirms payment and emails a receipt to the case manager.
* Agency Reimbursement – Agency pays the vendor and is reimbursed by MDHA. (Agency must still get the payment preapproved, in advance.)

REPORT: MDHA reports all details above in the client records in HMIS, so MDHA, as well as present and future case managers may follow up.

**PAYMENT PROCESS (Dallas Furniture Bank)**

**Case manager\* must submit a MDHA Furniture Flex Fund Request Form (marked Flex-DFB), in place of the standard MDHA Flex Fund Request Form.**

Furniture requests must follow these guidelines:

* Clients may only receive furniture assistance once.
* Clients may not access DFB if furniture assistance has been received from another agency within the Continuum.
* Clients may request up to 5 basic items of furniture plus a bed frame from the list below to be purchased through the Flex Fund.
* Clients may independently purchase non-basic furniture items such as rugs and lamps if they choose to do so. Items purchased independently by a client on the client’s designated appointment day may be included in the delivery at no additional charge to the client.
* Clients must provide their ID and a current copy of their lease on their designated shopping day.
* Clients may shop only during their designated appointment, unless other arrangements have been made with the Dallas Furniture Bank in advance. Reschedules are not allowed.

Once approved, the case manager will receive an e-mail from MDHA staff with further instructions on how to obtain the furniture from the Dallas Furniture Bank. Please do not contact Dallas Furniture Bank directly unless instructed to do so by MDHA staff.

\* The above descriptions assume that the person utilizing the fund on behalf of the client is a case manager, since this is the typical user. It is not meant to preclude other trained agency staff.

**RETENTION PILOT**

MDHA is running a pilot program that expands the eligibility of clients in utilizing the Flex Fund to housed clients who have experienced homelessness, within the last six months.

Requirements:

* The client must also be receiving case management from an eligible agency (see p. 2);
* Clients are restricted to one instance of assistance within the eligible six-month period (unless this restriction is overridden by senior management);
* The client must demonstrate that they will be able to regularly pay rent and utilities to maintain their housing, once the Flex Fund assistance is granted.

The pilot is dependent on funding availability, and may be cancelled at any time.

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Date: \_\_\_\_\_\_\_\_\_\_\_

**FLEX-General**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HMIS ID Number: ­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Requesting Agency Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Payment Request:** □**Online Payment** □**Paper Check** □**Agency Reimbursement**

**Payee Information:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ITEM DESCRIPTION** | **CATEGORY (Mark “X”)** | | | | | **Amount** |
| **Critical Documents** | **Employment & Training** | **Healthcare** | **Housing** | **Transportation** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL AMOUNT OF REQUEST:** | | | | | |  |

**CASE MANAGER NOTES:**

***How does this request improve the client’s ability to achieve or maintain housing, employment, or self-sufficiency? (Use a second page if needed.)***

***List three agencies contacted to request funding. (Use a second page if needed.)***

*By our signatures, we affirm that the client is in a CoC, Emergency Shelter, or Street Outreach (or equivalent case management) program****.*** *The client has a completed HUD Assessment in the MDHA HMIS. We further affirm that the client and the agency have no other resources to pay for the needed items listed above.*

**AGENCY INSTRUCTIONS:**

**Submit this form and ALL Documentation/Receipts/Invoice clearly detailing the Payee, Amount and Method of payment required.**

Submissions must be scanned to pdf and uploaded to your agency’s MDHA Base Camp project or faxed to 972-638-5621

***PRINT CLEARLY***

**Case Manager Signature: (X)**

**Case Manager Name:**

**Case Manager Email:**

**Case Manager Telephone:**

**Agency Supervisor/Program Manager Signature:**

**MDHA Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Flex Fund Checklist Form**

|  |  |
| --- | --- |
| **Flex Fund Type** | **Required Documents** |
| Application Fee, Administration Fee, Security Deposit, Risk Fee | * Flex Fund form * Invoice or letter from payee verifying application fee * W-9 |
| Rent (Moving-in) | * Flex Fund form * Invoice or letter from payee verifying rent * W-9 |
| Gov’t or State ID/DL, Reinstatement Fee, Change of Address, SSN | * Flex fund form * W-9 |
| Birth Certificate (In & Out of State) | * Flex Fund form * Case manager must schedule appointment with CAS Coordinator and client for online requests * W-9 |
| Work Related Items (shoes, scrubs, and/or uniform) | * Flex Fund form * Employment verification or check stubs * W-9 |
| Copays, Prescriptions, medical equipment, wheelchairs | * Flex Fund form * Invoice or printout verifying requested cost * Intake form * W-9 |
| Car Repairs | * Flex Fund form * Invoice or printout verifying car repair fee * Proof of vehicle ownership * W-9 |
| Vehicle Registration | * Flex Fund form * Invoice or printout verifying registration fee * Proof of vehicle ownership * W-9 |
| Other | * Flex Fund form * Invoice or printout verifying fee * W-9 |
| Dallas Furniture Bank | Completed Flex Fund form (DFB) – DO NOT SUBMIT with Flex Fund General Form |
| DART Reduced Fare Bus Passes | Flex Fund form (General) |

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**Date:**

**FLEX-DFB**

**Client Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **HMIS ID Number: ­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_ **Enrollment Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**Requesting Agency Name:**

|  |  |  |
| --- | --- | --- |
| Twin or Full Bed (Matt/Box) \_\_\_\_ |  | Sofa Sleeper \_\_\_\_ |
| Queen Bed (Matt/Box) \_\_\_\_ |  | Upholstered Chair \_\_\_\_ |
| Crib (New) \_\_\_\_ |  | Side Chair (Living Room) \_\_\_\_ |
| Nightstand \_\_\_\_ |  | End Table \_\_\_\_ |
| Chest of Drawers \_\_\_\_ |  | Coffee Table \_\_\_\_ |
| Dresser \_\_\_\_ |  | Dining Table (2 Chairs) \_\_\_\_ |
| Loveseat \_\_\_\_ |  | Dining Table (4 Chairs) \_\_\_\_ |
| Sofa \_\_\_\_ |  | Side Chair (Dining) \_\_\_\_ |
| Bed Frame (New Twin/Full) \_\_\_\_ |  | Total Items \_\_\_\_ |
| **\*\*\*NOTE: Items are not guaranteed in stock.** | | |

**CASE MANAGER NOTES:**

***How does this request improve the client’s ability to achieve or maintain housing, employment, or self-sufficiency? (Use a second page if needed.)***

***List three agencies contacted to request funding. (Use a second page if needed.)***

*By our signatures, we affirm that the client is in a CoC, Emergency Shelter, Street Outreach (or equivalent case management) program****.*** *The client has a completed HUD Assessment in the MDHA HMIS. We further affirm that the client and the agency have no other resources to pay for the needed items listed above.*

***PRINT CLEARLY***

**Case Manager Signature: (X)**

**AGENCY INSTRUCTIONS:**

Submissions must be scanned to pdf and uploaded to your agency’s MDHA Base Camp project or faxed to 972-638-5621

**Case Manager Name:**

**Case Manager Email:**

**Case Manager Telephone:**

**Agency Supervisor/Program Manager Signature:**

**MDHA Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

OFFICE USE ONLY: 🞏CAS – Match 🞏 Veteran 🞏 Re-Entry