



## Reentry Rapid Funds Application



### Eligibility Requirements:

- Applicant must have been released within the last 180 days from a State Prison, County Jail, Halfway House, or Community Based Correctional Facility (CBCF).
- Applicant must reside in Cuyahoga County.
- Applications must be turned in with ALL required documents

### Documentation Needed for All Applications:

- Photo I.D.
- Current proof of income (job, unemployment ADC, OWF, SSI, SSDI, child support, etc.)  
-Make sure any pay stubs detail the period of time the person is being paid; weekly, bi-weekly, monthly, etc.
- Documentation of current housing and utilities.

### Types of Assistance:

- **Emergency Rental Assistance**
  - This assistance will be used to assist households that are unable to pay their rent, are at imminent risk of eviction and meet the eligibility requirements for the program
  - Eligible uses of these funds include rental assistance (including arrears)
  - This will be a one time payment not to exceed \$720
- **Utility Assistance**
  - This assistance will be used to assist households that are unable to pay their utilities such as Electric, Water, Sewer, Gas and are at imminent risk of disconnection.
  - Eligible uses of these funds include paying current bill (including arrears)
  - Client may receive funds to pay more than one (1) utility bill as long as all bills does not exceed \$720.

### Documentation Needed based on Type of Assistance Requested:

#### Rent Payments and/or Deposit

- Provide Security Deposit / First Month's Rent / Back Rent Request Form
- Provide documentation of eviction if applying for non-payment of rent
- Provide Rent Ledger showing amount due if applying for non-payment of rent
- Current Lease Agreement
- W-9 is required

#### Utility Assistance

- Utility Bill must be in applicant name.
- Provide a copy of current utility bill showing balance.
- Provide disconnection notice (if applicable)



## Reentry Rapid Funds Application



Please complete application and submit with all required documentation.

Date \_\_\_\_\_

First \_\_\_\_\_ Last \_\_\_\_\_  
 (Name of ADULT APPLICANT)

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_ Phone no. \_\_\_\_\_

Type of Correctional Facility applicant was released from in the last 180 days:

- State Prison,
- County jail,
- Halfway house
- Community Based Correctional Facility (CBCF).

Release date from this facility: \_\_\_\_\_

Please list everyone in the home including applicant (Please copy this form for additional family members.)

Name	Relationship	DOB	Sex	Last 4 SS#	Race	Hispanic: Yes/No	Monthly Income And Source
APPLICANT/SELF	SELF						

Name of Referring Agency \_\_\_\_\_

Worker \_\_\_\_\_ Phone no. \_\_\_\_\_

E-mail \_\_\_\_\_ Fax no. \_\_\_\_\_

Is applicant currently receiving emergency assistance through any other  Yes  No program?

If yes, what program? \_\_\_\_\_

Has the applicant previously received emergency assistance through Cuyahoga County?  Yes  No

If yes, when? \_\_\_\_\_

Briefly describe your current situation and why you are requesting funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you been residing at your current housing? \_\_\_\_\_

Please check which fund and item applicant is applying for:

Emergency Assistance (can choose more than one but payments cannot exceed \$720)

Rent Payments and/or Deposit (Must Include Security Deposit / First Month's Rent / Back Rent  
Request Form , W-9 for Landlord)

Utility Payments (Must include copy of utility bill. Electric, Gas, Water, Sewer)

Food Assistance

**Release of Information:**

I attest that the information I have provided is true and accurate and that any false statements would be immediate denial of assistance. I also understand that the above information may be released to the following agencies for reporting purposes and to verify eligibility: Cuyahoga County Office of Reentry. My signature also grants permission to the application processor to contact my case manager on my behalf, as well as any Oriana House Inc. staff involved in processing my rapid funds.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Worker Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Referring Agency Signature

\_\_\_\_\_  
Date

## Oriana House Inc. Consent and Release

When you request or receive emergency assistance from Oriana House Inc. information is collected about you and your household. This information is then entered into a database which allows Oriana House Inc. to create a static report, which may be shared with funders, partner agencies and stakeholders. This report may assist with future funding opportunities to coordinate service delivery.

### **What type of information is collected?**

- Basic identifying information for you and each member of your household (may include name, SSN, date of birth, gender, race, ethnicity, household information, phone numbers, military veteran status, disability status)
- Income information (sources and amounts of household income, employment information, work skills)

### **What happens to the information collected?**

- With your approval, information collected is shared with other service agencies participating in Reentry Rapid Funds Emergency Assistance for the purpose of coordinating service delivery, identifying needs and tracking outcomes.
- Re-entry Rapid Funds Emergency Assistance data (non-identifying) may be used for community reports and shared with Federal, State, local agencies and other institutions for the purpose of research and analysis. Client information is only shared with authorized persons.

*NOTE: Oriana House Inc. uses many security protections to ensure confidentiality of all information that is collected. All partner agencies will adhere to strict security policies to protect your privacy.*

**Why should you agree to have your information shared with other agencies throughout Cuyahoga County?** The benefits to sharing your information are as follows;

- Reduce the number of visits to other agencies and forms completed;
- Identify other services or programs you may be eligible for;
- Better coordinate services for you and your household.

### CLIENT INFORMED CONSENT/RELEASE OF INFORMATION AUTHORIZATION

*You have the option to cancel access to personal information that you are providing about yourself and other members of your household at any time. If you choose to cancel previous authorization, you must do so in writing. Please contact Oriana House Inc. staff that you're currently working with to formally rescind authorization. Please note that canceling authorization (rescinding authorization) will only impact future release of client information.*

**AUTHORIZATION OF CONSENT:** *All Information may be shared with authorized personnel in participating and partner agencies relative to the Cleveland/Cuyahoga County: Your release of information authorization is valid for three (3) years.*

**REFUSAL of CONSENT:** *I understand that I am not required to sign this authorization and that if I do not want this information disclosed; my option is not to sign this authorization. Furthermore, I understand that services will not be withheld if I*

\_\_\_\_\_  
SIGNATURE of Client, Guardian or Head of Household      DATE

\_\_\_\_\_  
SIGNATURE of Witness      DATE