

# Best Single Source Plus ESG-CARES [CV]

## CHANGE IN CIRCUMSTANCE FORM

Client Name: \_\_\_\_\_ SPID# \_\_\_\_\_ *Is this for 12 Month Recertification?*  YES  NO

- This form must be completed any time there is a change in residence, a change in household composition, a significant increase in household income and/or at time of extending program participation past 12+ months of service.
- If completing a Change of Circumstance form, it is a requirement to document these changes in HMIS through the use of the Interim Assessment and/or the Household Composition sections.
- All supporting documentation (proof of changes in circumstance) should be filed behind this form in Tab 2 of client file.
- You must provide **proof** of any and all changes **within 30 days of completing this form.** (\*with exception of extending program participation past 12+ months of service )
- See "Household Recertification Policy" in the BSS+ ESG CARES Standard Operating Procedures for additional guidance and next steps.

**FILL OUT APPLICABLE SECTIONS OF FORM; FOR SECTIONS WHICH DID NOT CHANGE WRITE N/A**

### ➤SECTION 1: CHANGE IN RESIDENCY

Has client's place of residency changed since entry or since last completed Change of Circumstance?  YES  NO

If YES: New Address \_\_\_\_\_ Zip \_\_\_\_\_

**If YES, in HMIS, you must create an "interim update" assessment. Date of change = interim assessment date**

City Council District \_\_\_\_\_ <http://www.austintexas.gov/GIS/CouncilDistrictMap/> [Districts 1 – 10 or outside city limits]

Is new place of residence within Austin/Travis County?  YES  NO **Move-in Date** \_\_\_\_\_

**Note:** Verify residence is in Austin/Travis County. If residence is outside Austin/Travis County, **end services immediately.**

*Interim Assessment Required [HMIS] - "Move-in Date" in HMIS interim must remain as the original date homelessness ended; date client physically inhabited unit*

### SECTION 2: CHANGE IN HOUSEHOLD COMPOSITION

Has household GAINED any members since entry to program?  YES  NO

If YES, list names of new members \_\_\_\_\_

Has it been at least 12 months since new members received BSS+ services from any BSS+ partner?  YES  NO

Has a minor in the household turned 18 since entry to program?  YES  NO Name \_\_\_\_\_

If YES, collect and attach basic eligibility documents for this hh member to CoC (ID, income, HMIS ROI, residency)

Has household LOST any members since entry to program?  YES  NO Date of Change: \_\_\_\_\_

If YES, list member names \_\_\_\_\_

Is the household still under the 200% FPL eligibility requirement?  YES  NO Current % FPL: \_\_\_\_\_

### SECTION 3: CHANGE IN HOUSEHOLD INCOME

Has household income significantly increased since time of entry?  YES  NO

If YES, please list the changes (e.g. new job at \$15/hour approved for SSI at \$710/month)

Unless the household is at 1-year recertification, household does not have to comply with income at 30% AMI or less requirement to remain in the program.  YES  NO Current % AMI: \_\_\_\_\_

*Interim Assessment Required [HMIS]*

### ➤SECTION 4: EXTENDING PROGRAM PARTICIPATION BEYOND 12 MONTHS [FOR ALL ADULT HOUSEHOLD MEMBERS]

Is place of current residency within Austin/Travis County?  YES  NO (If NO, end services immediately)

Is the household under the 30% AMI recertification requirement?  YES  NO (If NO, end services immediately)

**Note:** Proof of residency and proof of income for all adult household members **must** be placed directly behind this document at time of extending program participation past 12 months of service; documents must be collected 30 days **prior** \* 12 month exit date.

*Interim Assessment Required [HMIS]*

I certify that the answers above are true for this client/household and that I must obtain proof of all changes within 30 days of form completion\*

Case Manager Signature (Required): \_\_\_\_\_ Date Notified of Change: \_\_\_\_\_

Program Manager Signature (Required When Extending Program Participation) \_\_\_\_\_ Date: \_\_\_\_\_

- If any new household members are ineligible due to receiving or having received services from another BSS Plus ESG CARES partner, BSS Plus ESG CARES **services must end immediately** (if this situation occurs, contact BSS Plus ESG CARES Admin Staff for guidance).
- **Provide all required documentation for all new household members** (separate ROI, proof of residency, ID, and income; addition to existing ROI for new minors, additional household member form for all and enter new household member in HMIS). If Member leaves HH remove member from HH in HMIS.