




Missouri Department of Economic Development

NEIGHBORHOOD ASSISTANCE PROGRAM BIANNUAL REPORT

Bi-Annual Reports are due on the 15th of the month following the end of the six (6) month reporting period.

| | | | | |
|---|--------------------------------------|--|--|-------------------------|
| ORGANIZATION NAME The Gathering Tree DBA Eden Village | | NAP PROJECT NUMBER 2020-119222 | | |
| PROJECT PERIOD BEGINNING 01-01-20 ENDING 12-31-22 | | SIX (6) MONTH REPORTING PERIOD BEGINNING 01-01-21 ENDING 6/30/21 | | |
| NAP BUDGET IN DOLLARS 369,100 | AUTHORIZED CREDITS 184,550 | TOTAL NAP CONTRIBUTIONS RECEIVED TO DATE 117,500 | TOTAL NAP CONTRIBUTIONS SPENT TO DATE 110,557.69 | |
| OUTCOMES – AS LISTED IN THE NAP AGREEMENT, APPENDIX A. | | | NUMBER SUCCESSFUL TO DATE | NUMBER SERVED TO DATE |
| During the project period 70 new individuals will obtain permanent housing. | | | 16 | 20 |
| During the project period, 70 new residents will receive case management, behavioral health services, and support and demonstrate improved functioning. | | | 8 | 10 |
| | | | | |
| | | | | |
| | | | | |
| <p>NOTES: SUCCESSES, PROBLEMS OR QUESTIONS. FOR CAPITAL PROJECTS, PROVIDE AN UPDATE ON PROGRESS. REQUESTS TO MAKE CHANGES TO THE PROJECT (EXTENSION, BUDGET AMENDMENT, GOALS/OUTCOMES) MUST BE SUBMITTED IN WRITING VIA A SEPARATE EMAIL OR LETTER.</p> <p>Homes continue to fill at Eden Village 2. Challenges presented by COVID-19 have delayed getting permanent residents into their spaces because we are offering the city space for those without housing to quarantine.</p> <p>10 new permanent residents have been moved into Eden Village 2 with the expectation to have 10 more by the end of 2021.</p> <p>4 residents have chosen to obtain case management and behavioral health services.</p> <p>Construction begins on Eden Village 3, estimated on January 2022.</p> | | | | |
| PROJECT DIRECTOR NAME (PRINTED/TYPED) Chief Visionary Officer | | PROJECT DIRECTOR SIGNATURE  | | DATE 08/19/21 |



EDEN VILLAGE

a program of The Gathering Tree

APPLICATION PACKET

Included

- Application
- Qualifying Disability and Homelessness Verification
- Statement of Independence
- Favorites

Please include the following with this application

- A copy of a photo ID
- Income verification
- Insurance verification
- Pet documentation (*if applicable*)
- Vehicle documentation (*if applicable*)

APPLICATION

Complete Legal Name _____
First *Middle* *Last*

Nickname or other names used _____

Date of Birth _____ Proof of age document _____

Place of Birth _____

Social Security # _____ - _____ - _____

Driver's License/State ID # _____ State of Issuance _____

Email Address _____

Cell Phone # _____ Work Phone # _____

Do you currently have a case manager? Yes (*list name below*) No

Name _____

Agency _____

Phone # _____

Date of application ____ / ____ / ____

Income

List all sources of income and expenses. Sources of Income must be verifiable. Please attach copies of documentation (*i.e., pay stubs*) that will assist us in verifying a stable source of income.

| | |
|---|----|
| Earned Income (Job) | \$ |
| Unemployment Insurance | \$ |
| Supplemental Security Insurance (551) | \$ |
| Social Security Disability Insurance (5501) | \$ |
| VA (Service Connected Disability) | \$ |
| VA (Non-service Connected Disability) | \$ |
| Private Disability Insurance | \$ |
| Worker's Compensation | \$ |
| General Assistance | \$ |
| Social Security Retirement | \$ |
| Pension/Retirement from job | \$ |
| Child Support | \$ |
| Alimony/Spousal Support | \$ |
| Other _____ | \$ |
| Other _____ | \$ |
| SNAP (Food Stamps) | \$ |
| WIC | \$ |
| Section 8, Public Housing or other on-going rental assistance | \$ |
| Other Source _____ | |
| Temporary Assistance | \$ |
| TOTAL | \$ |

If you are employed, please list where you work, how long you have worked there, and your employment status (*full time, part time*)

Expenses

| | |
|---------------------------------------|----|
| Phone | \$ |
| Car Payment/Insurance/Maintenance | \$ |
| Food | \$ |
| Transportation/Gasoline | \$ |
| Medical (Doctor, prescriptions, etc.) | \$ |
| Other - | \$ |
| Other - | \$ |
| TOTAL | \$ |

1. Are you currently covered by health insurance? _____ Yes _____ No

If so, which program(s):

_____ Medicaid

_____ VA Medical Services

_____ Medicare

_____ Employer Provided

_____ Private Pay

2. Do you have a primary care provider? _____ Yes _____ No

If so, who (*include location*) _____

3. Do you have a mental healthcare provider? _____ Yes _____ No

If so, who (*include location*) _____

4. Are you a victim or survivor of domestic violence? _____ Yes _____ No

If so, when? _____ By whom? _____

5. Are you at least 18 years of age? _____

6. Do you currently have any outstanding warrants for your arrest?

_____ Yes _____ No

If yes, please explain: _____

7. Have you ever been convicted of a felony? _____Yes _____No

If yes, please explain: _____

8. Have you ever been arrested and/or convicted of domestic violence?

_____Yes _____No

If yes, please explain: _____

9. Are you a registered sex offender? _____

10. Are you currently on probation? _____

11. Have you been evicted from housing in the past? _____Yes _____No

If yes, please explain: _____

12. Do you currently have any drug or alcohol addiction issues?

_____Yes _____No

13. Would you be willing to submit to a drug test? _____Yes _____No

14. Do you own any animals? _____Yes _____No

If so, what type and breed? _____

How much do they weigh? _____ lbs

15. Are you a smoker? _____Yes _____No

16. What is the highest level of education you have completed? _____

17. Do you have difficulty with reading or writing? _____Yes _____No

If yes, please explain: _____

18. Have you had an incident of bed bugs in the last 12 months?

_____Yes _____No

19. Do you own a car that will be parked on property? _____Yes _____No
*If you answered yes, you are required to show proof that your car's registration is up-to-date. Please note that vehicles are prohibited from parking on the premises if they are inoperable, have no license plate, no current registration, or no current registration sticker. **This application is not complete without attached proper documentation for any cars you own.***

20. Are you currently receiving community services? If so, What are they?

If not, are you willing to receive services while living at Eden Village?

21. Do you have health insurance? _____Yes _____No

If so, what type of health insurance do you have? _____

If you have health insurance, you are required to attach a copy of your health insurance card.

This application is not complete without the proper documentation of health insurance.

22. Any prior military service? _____Yes _____No

Branch: _____

Veteran Status: _____

Do you have a copy of your DD-214? _____

23. Do you have a medical marijuana license or do you take any controlled substances that are prescribed to you? _____Yes _____No

24. Do you have children that are minors? _____Yes _____No

25. Do you have the following End of Life Documents? Check all that apply

_____ Declaration of Guardian

_____ Directive to Physicians

_____ Durable Power of Attorney

_____ HIPAA Release

_____ Death Certificate Information Sheet

References - List 3 people *who are NOT family members* and can serve as personal references.

| |
|--|
| First Name _____ Last Name _____ |
| Relationship _____ Phone (_____) - _____ - _____ |
| Address _____ |
| City/State/Zip _____ |
| First Name _____ Last Name _____ |
| Relationship _____ Phone (_____) - _____ - _____ |
| Address _____ |
| City/State/Zip _____ |
| First Name _____ Last Name _____ |
| Relationship _____ Phone (_____) - _____ - _____ |
| Address _____ |
| City/State/Zip _____ |

Emergency Contacts - List 3 people to contact in case of an emergency, if different than above

| |
|--|
| First Name _____ Last Name _____ |
| Relationship _____ Phone (_____) - _____ - _____ |
| Address _____ |
| City/State/Zip _____ |
| First Name _____ Last Name _____ |
| Relationship _____ Phone (_____) - _____ - _____ |
| Address _____ |
| City/State/Zip _____ |
| First Name _____ Last Name _____ |
| Relationship _____ Phone (_____) - _____ - _____ |
| Address _____ |
| City/State/Zip _____ |

By signing this application, I guarantee the accuracy and completeness of the information provided. I also give The Gathering Tree permission to have a Public Data Search and a criminal background check conducted on me.

Applicant signature

_____/_____/_____

Date

QUALIFYING DISABILITY AND HOMELESSNESS VERIFICATION

Chronically Homeless Qualification Checklist

Eden Village defines a chronically homeless person as - ***an unaccompanied homeless person*** (a single homeless person who is alone and is not part of a homeless family and not accompanied by children) with the following

Part I - A disabling condition. Check the appropriate box(es)

Do you have any disabilities? _____ Yes _____ No

| | | | | |
|----------------------|--|------------------------|--|-------------------|
| Alcohol Abuse | | Hearing | | Physical/Medical |
| Alzheimer's/Dementia | | HIV/AIDS | | Physical/Mobility |
| Cognitive | | Learning | | Visual |
| Developmental | | Mental Handicap/Injury | | Speech |
| Drug Abuse | | Mental Illness | | Other: _____ |

What medical or mental diagnoses do you have? _____

Are each of the disabilities listed above expected to be of a long, continued and indefinite duration and substantially impair your daily life? If no, please list which do not.

Which of the above disabilities are you currently receiving treatment for?

Part II - How long have you lived in the Springfield metropolitan area?

Part III - Chronically Homelessness Status. Check ONE

Yes No Have you been continuously homeless for a year or more. HUD defines "homeless" as "a person sleeping in a place not meant for human habitation e.g. living on the streets for example OR living in a homeless emergency shelter.

Yes No Have you had four (4) episodes of homelessness in the last three (3) years. HUD defines "homelessness" as "sleeping in a place not meant for human habitation e.g. living on the streets for example OR living in a homeless emergency shelter.

Part III is supported by Third Party Certification, which includes dates and locations of homelessness, from one or more of the following. Check ALL that apply

Certification letter(s) from an emergency shelter for the homeless.

Certification letter(s) from a homeless service provider or outreach worker.

Certification letter(s) from any other health or human service provider.

Certification self-statement signed by the client.

THIRD PARTY CHRONIC HOMELESSNESS VERIFICATION

*Make every effort to complete BOTH sections of the **Third Party** and the **Self-certification***

Name of person being verified as homeless _____

NOTE - Because third party verification is the preferred method of certifying chronic homelessness or risk for an individual who is applying for housing, all efforts to obtain third party verification should be exhausted before relying on the self-certification of housing.

WHEN to use this: When HMIS records or other objective documentation is not available for any period of homelessness of 30 days or more.

Examples of third party verifiers: Business owner, past case manager, fellow homeless individual, other service provider, etc.

THIRD PARTY VERIFICATION

Name _____ Date ____/____/____

What is your relation to the person being verified as homeless

Where have you witnessed the client to be homeless (*specific location*)

When have you witnessed the client to be homeless list dates [MM/YYYY] to [MM/YYYY]

SELF-CERTIFICATION of Chronic Homelessness

Please make every effort to complete BOTH this form and the third party certification on the previous page.

Have you been continuously homeless for the last 12 months? ____ Yes ____ No

Describe homelessness over the past 12 months. Include all dates and locations (i.e. [month/year] to [month/year] at [location]):

Knowing that . . .

- Episodes (“occasions”) of homelessness are broken up by any period of time where the client was housed for 7 days or more

- Transitional housing and hotels or motels paid for by the client are classified as housing for those eligibility purposes
- The following are classified as emergency shelters: HCHV contract beds and hotels or motel is paid for by charitable organizations or by federal, state, and local government programs (TDCJ, HOPWA, etc.)
- Institution stays of less than 90 days are considered a continuation of homelessness, if the client entered from a place not meant for human habitation, emergency shelter, or safe haven; if the institution stay is greater than 90 days, this constitutes a break in homelessness.

In the last three (3) years, have you been literally homeless on four (4) or more separate occasions, which total at least 12 months?

- If YES, document all episodes of homelessness in the last three (3) years below
- If NO, client is not currently chronic

Sum of Homeless Occasions (in months): _____

Note - CHRONIC = sum of 12 months or more

Oral Statement - I self-certify that I . . .

By signing below I certify that the information presented in this application is true to the best of my knowledge. I understand that false or misleading information may result in termination of housing.

Applicant Signature

____/____/____
Date

Favorites

As a neighbor of Eden Village we want to get to know you better! Please fill out the following survey and let us know some fun facts about yourself.

1. Do you have any hobbies? What are you interested in? _____

2. What is your favorite color? _____
3. What is your favorite movie? _____
4. What is your favorite book? _____
5. If you have a favorite flower, what is it? _____
6. What are your favorite foods? _____
7. What kind of music do you like to listen to? _____
8. Do you have a pet? If so, what kind? _____