

Rapid Rehousing Phone Script

Hi, my name is _____ from (agency). I am calling because you were matched to our Rapid Rehousing program through the Chicago Coordinated Entry System. I would like to chat with you about our program. Do you have a few minutes to talk now?

If yes, continue. If not, find a time to connect.

Rapid Rehousing is a time limited program that includes short-term rental assistance and case management supports. We first help you find and move into an apartment. We provide services so that you can maintain responsibility for your apartment and pay rent. Does this housing program interest you?

If yes, please continue.

If no, please find out why to inform the updated HMIS Referral Needs Status.

I have a few questions to ask to verify that you qualify for this housing program.

All Programs

Housing Status

1. Where did you sleep last night? Where have you been staying? How long have you been staying there?
 - a. If they answer within a category of homelessness that your program accepts, please move on.
 - b. If they are sleeping outside, please ask if you can help offer directions to access shelter such as visiting Salvation Army Shield of Hope at 924 N. Christiana (only for households with children) or going to the nearest hospital or police station, call 311, and ask for transportation to shelter.
 - c. If the person is age 18-24, please refer to *Youth Diversion by contacting Catholic Charities at 312-655-7165 or diversion@catholiccharities.net*
 - d. If the person does not meet the homeless criteria of your program and is older than 24, please learn more about their housed experience to update the HMIS Referral Needs Status note section so that their assessment can be updated. If they are in need of homelessness prevention, please direct the household to call 311 and ask for short-term help.

Household Size

The Rapid Rehousing program can serve singles and families, and different agencies serve different populations. My program serves _____ so I want to understand your household size to know if our program is the right match for you or if you need a different housing match.

1. How many people will live with you? This should include all of the adults and children who will live with you.
2. Are you currently pregnant? (If speaking with a woman)
(Pregnant woman who plan to raise their child should have the baby count as one member of the household.)

If the household size matches your program, please move on to the next step.

If the household size does not meet your program:

Since our program is for (individuals or families), I will share with the Coordinated Entry System what your current household size is, so you can be matched again to an appropriate housing program when a RRRH program has an opening.

Only If Applicable

If Age Range Required

1. Are you between the ages of 18 and 24?
 - a. If not between 18-24:
 - i. Share that the household is not eligible for this program but may be eligible for another match so they should keep in touch with their Skilled Assessor or any Skilled Assessor to update contact information as needed
 - ii. Please update the HMIS Referral Needs Status Note and request a re-match

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If Income Verification Required

2. What is your current household income?
 - a. If income exceeds 50% AMI:
 - i. Share that the household is not eligible for the SSVF program but may be eligible for another match so they should keep in touch with their Skilled Assessor or any Skilled Assessor to update contact information as needed
 - ii. Please update the HMIS Referral Needs Status Note and request a re-match

If Veteran Status Required

3. Did you serve in the United States Military?
 - a. What was your discharge status?
 - i. If Dishonorable, please explain that they do not qualify for SSVF though they may but may be eligible for another match so they should keep in touch with their Skilled Assessor or any Skilled Assessor to update contact information as needed
 - ii. Please update the HMIS Referral Needs Status Note and request a re-match

If HIV/AIDS Status Required

Our program is for people who are impacted by HIV or AIDS. This information is kept confidential and only recorded for eligibility into our project.

4. Would you be able to verify that you are impacted by HIV/AIDS?

Offer Intake Appointment

I would like to schedule an intake appointment with you to discuss our housing program and see if this will be a good fit for you. This appointment may take up to two hours. *(Find a time that works for this intake appointment. Provide address and check-in instructions.)*

I'd like for you to bring some documents with you to this intake appointment. Do you have a way to write this down? If not, can I e-mail this list to you? If you do not have any of the documents, I would still like for you to come in and meet with me. This is the list:

- a. ID
- b. Social Security Card
- c. Birth certificates for children
- d. Proof of income
- e. Veteran documentation (for SSVF)
- f. HIV or AIDS status verification (for Heartland Alliance Health)
- g. Homeless documentation (if not already provided in the CES matching e-mail)

Contact Information

5. What is the best way to reach you?
Do you have another phone number, or would you like to update your alternate contact person in case I call again and cannot reach you?
If applicable to agency: May I send you a text message?

6. What is your current e-mail address?

Closing

As a friendly reminder, my name is _____ from (agency) and my phone number is _____. If you have any questions before you come in or need to change your intake appointment day or time, please give me a call.

I look forward to meeting with you. Thanks for talking with me today.