

Appendix A – Community Needs Assessment Documents

Two comprehensive community need's assessments for the Monadnock Region are available at:

Monadnock United Way. (2003). *Community Assessment 2003*. Retrieved from <http://www.muw.org/CommunityConnections/Assesment.asp>

New Hampshire Department of Health and Human Services. (2003). *Emergency Shelter and Homeless Coordination Commission Annual Report, July, 2002-June, 2003*. <http://www.dhhs.state.nh.us/DHHS/HOMELESSHOUSING/LIBRARY/Program+Report-Plan/ann-rpts.htm>

Appendix B - Staff Job Descriptions

Position: Project Manager, James Key-Wallace

Responsibilities:

- Identify property for transitional housing
- Obtain financing for property
- Establish project budgets with MATS treasurer
- Work with fundraising committee to acquire needed funds
- Analyze best practices in field
- Work with case manager to expand and formalize partnerships with other agencies
- Regularly report project status to board
- Main point of contact for all items related to project
- Ensure project is completed on-time and within project parameters

Position: Case Manger, Mary Drew

Responsibilities:

- Identify appropriate programs for residents
- Assist residents with program applications
- Provide referrals for residents into other agency programs
- Establish savings accounts for residents
- Monitor program results
- Advocate on residents' behalf when necessary
- Provide guidance for residents
- Report to the MATS board on a monthly basis

Position: MATS, Board of Directors

Responsibilities:

- Provide organizational support for project
 - Treasurer, fund-raising committee, executive committee
- Provide funds for project
- Vote on important decisions related to the project
- Ensure project meets organizational needs

Appendix C - Program Budget and detailed Pro Formas

MATS 2006 BUDGET	2005 totals	Proposed Budget
Ordinary Income/Expenses		
Donations	\$ 45,392	\$ 49,800
Town Fees	\$ 3,335	\$ 4,000
Rental Income (Duplex)		\$ 2,400
Rental Income (Office)		\$ 780
TOTAL REVENUES	\$ 48,727	\$ 56,980
EXPENSES		
Administration		
Board of Director Expense		
Board Education	\$ 325	\$ 500
Dues and Membership Fees	\$ 257	\$ 150
Board Mtg. Expenses	\$ -	\$ -
Total Board of Director Expense	\$ 582	\$ 650
Fundraising Expense	\$ 2,796	\$ 1,500
Fees		
Tax Preparation	\$ 250	\$ 250
State Fees	\$ 165	\$ 200
Professional Fees	\$ 575	\$ 150
Bank Service Charges	\$ 1	\$ 10
Total Fees	\$ 991	\$ 610
Insurance	\$ 2,346	\$ 2,500
Office Supplies	\$ 324	\$ 350
Postage	\$ 189	\$ 200
Printing	\$ 130	\$ 150
Telephone - Office	\$ 200	\$ 374
Miscellaneous	\$ 50	\$ 50
Total Administration	\$ 7,408	\$ 6,384
Program Expenses		
Duplex		
Mortgage		\$ 6,525
Maintenance		\$ 2,700
Property Tax		\$ 1,283
Electricity		\$ 1,167
Heat		\$ 1,167
Insurance		\$ 788
Water/Sewer		\$ 615
Telephone		\$ 406
Total Duplex		\$ 14,650

Guest Expenses			
Guest Car Fund Expense	\$	1,133	\$ 1,500
Guest Education Fund Expense			\$200.00
Guest Rental Guarantee Fund Expense			\$2,000.00
Guest Expense	\$	516	\$ 500
Total Guest Expenses	\$	1,649	\$ 2,000
Housekeeping Expenses			
Housekeeping Exp.	\$	440	\$ 500
Repairs/Replacements			\$ 500
Total Housekeeping Expenses	\$	440	\$ 1,000
Rent			
Shadow Lane	\$	12,350	\$ 9,275
Office rent	\$	1,110	\$ 2,160
Total Rent	\$	13,460	\$ 11,435
Utilities - Shadow Lane			
Electricity			\$ 1,360
Telephone			\$ 486
Total Utilities	\$	2,858	\$ 1,846
Case worker	\$	14,220	\$ 19,500
Total Program Expenses	\$	32,627	\$ 50,431
Total Expenses	\$	40,035	\$ 56,815
Net Ordinary Income	\$	8,692	\$ 165
Other Income/Expenses			
Other Income			
Interest	\$	-	\$ 200
Total Other Income	\$	-	\$ 200
Net Income	\$	8,692	\$ 365

MATS 2007 BUDGET		Proposed Budget
Ordinary Income/Expenses		
Donations	\$	57,000
Town Fees	\$	4,000
Rental Income (Office)	\$	900
TOTAL REVENUES	\$	61,900
EXPENSES		
Administration		
Board of Director Expense		
Board Education	\$	500
Dues and Membership Fees	\$	175
Board Mtg. Expenses	\$	-
Total Board of Director Expense	\$	675
Fundraising Expense	\$	1,500
Fees		
Tax Preparation	\$	250
State Fees	\$	200
Professional Fees	\$	150
Bank Service Charges	\$	10
Total Fees	\$	610
Insurance	\$	2,500
Office Supplies	\$	350
Postage	\$	200
Printing	\$	150
Telephone - Office	\$	374
Miscellaneous	\$	50
Total Administration	\$	6,409
Program Expenses		
Duplex		
Mortgage	\$	8,400
Maintenance	\$	3,600
Property Tax	\$	1,300
Electricity	\$	2,000
Heat	\$	1,600
Insurance	\$	1,080
Water/Sewer	\$	820
Telephone	\$	700
Total Duplex	\$	19,500
Guest Expenses		
Guest Rental Guarantee Fund Expense	\$	2,000
Guest Car Fund Expense	\$	1,500

Guest Expense	\$	500
Guest Education Fund Expense	\$	200
Total Guest Expenses	\$	4,200
Housekeeping Expenses		
Housekeeping Exp.	\$	500
Repairs/Replacements	\$	500
Total Housekeeping Expenses	\$	1,000
Rent		
Shadow Lane	\$	7,200
Office rent	\$	2,280
Total Rent	\$	9,480
Utilities - Shadow Lane		
Electricity	\$	960
Telephone	\$	342
Total Utilities	\$	1,302
Case worker	\$	19,500
Total Program Expenses	\$	54,982
Total Expenses	\$	61,391
Net Ordinary Income	\$	509
Other Income/Expenses		
Other Income		
Interest	\$	200
Total Other Income	\$	200
Net Income	\$	709

As indicated by the budget, 2006 revenue was increased by \$4,500 to meet 2006 expenses. These expenses reflect 7 months of costs for the new property since the project will not be scheduled to launch until June. However due to project delays, the increase in costs began later in the year, reducing the demands for increased revenue until full annual costs began in 2007.

For 2007 revenues need to increase to \$62,000, well within reach. If a Peterborough resident occupies the housing, a full tax exemption will decrease expenses by an additional \$1,300 each year. However, we are not relying on that to occur and are budgeting for the more conservative outcome. There is an increase in the case manager salary as she is now working additional hours to meet the needs of an increased caseload, and being “on-call” for minor property issues.

Our fundraising efforts were more than successful, allowing MATS to put \$100,000 towards the down payment on the property. This was in excess of goal, paying for additional renovations ahead of schedule and reducing annual debt service.

Appendix D: Stakeholder & community analysis:

Name of stakeholder group/organization ¹	Involvement level	Potential benefits/costs	Project discussed with this group/organization?	What is their opinion of the project & its goals?	What is their opinion of the project design?
MATS	High	(+)Fulfill mission.	They are the sponsors	Positive	Positive
Homeless	High	(+)Obtain temporary housing, receive education, job training and placement, financial counseling, links to affordable housing.	Yes	Current residents are happy with the program, often writing back to say how MATS has helped them.	Positive
Government	Med	(+/-)Could cost them money and resources. However, they could also have a new partner in battling homelessness.	Several times, discussions have been difficult.	Property Tax Exemption granted. Initially supportive, but are increasingly wary of potential costs.	Negative, worried about costs to town government.
Local Businesses	Med	(+/-) We are hoping to get financial support from businesses via a reduction in service/material costs. While it is a cost to them, they can benefit from the positive PR	Yes.	Supportive, have received many in-kind donations of services, as well as financial support.	Not involved on that level.
Broader Population	Med	(+)Benefit from seeing a reduction in homelessness in their area. However, since the problem is not widely known, some may feel that a transitional shelter is inviting homeless to the area, not knowing they are already present.	No—Community outreach will be coming down the road to build awareness.		
Other Agencies— Especially SCS and NH State	High	(+)The agencies involved in temporary housing will benefit from the additional capacity MATS will be able to provide. Also, they will receive referrals for their programs, while entailing costs, the costs will be lower since MATS will be shouldering some of the responsibility.	Yes	Very supportive, and are happy to receive MATS’ residents as referrals for appropriate programs. Also are happy to have a partner active in this locality.	Very positive, providing services including a 3:1 IDA program.
Schools	Med	(+/-)May face financial costs and higher burden on educators since	Yes	Very supportive, want to host a “homeless awareness day” with	Supportive, provides referrals and works with

		extra attention will be needed for children in homeless families. However, this will illustrate the problem that in fact already exists, even if the awareness of it does not.		MATS.	Case Manager to assist residents.
Donors	Med	(+/-)Will need to supply additional funds to cover operations.	Yes	Very supportive—Raised over \$100,000 during capital campaign	Curious, would like to know more about how MATS operates. Will be done in conduction with community awareness activities.

Appendix E – Intake Assessment Form

INTAKE ASSESSMENT APPLICATION MATERIALS

NAME OF INTERVIEWEE: _____

LEVEL I: Interview

- Admission Intake Form _____
- Preliminary Questions _____
- Criminal Records Check _____
- Income and Expense Form _____
- Authorization of Release of Information _____

LEVEL II: Completion of Intake

- Sign Contract _____
- Sign House Rules _____
- Distribute Community Resource Book _____
- Distribute Affordable Housing / Apt List _____

FIRST CASE MANAGEMENT

- Complete Weekly Action Plan _____
- Complete Job Search Form _____
- Complete Apartment Search Form _____
- Distribute First Time Buyer Seminar List _____

DECISION (circle one)

ACCEPTED

DECLINED

Reason: _____

Signature Of Interviewer

Date

ADMISSION INTAKE FORM

NAME: _____ Social Security # _____

Are You: Married Single Divorced Separated Birthday: _____

Who referred you to MATS? _____

Names and ages of family members who will be staying at MATS:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Last FIVE years address: _____ From _____ To _____

Reason for needing shelter: _____

Emergency Contact: _____ Phone #: _____

What areas do you need help in?

Housing _____ Childcare _____

Employment _____ Transportation _____

Financial _____ Food _____

Counseling _____ Medical _____

Mental _____ Spiritual _____

Signature: _____ Date: _____

Intake Assessor _____ Date: _____

PRELIMINARY QUESTIONNAIRE

NAME: _____ Telephone #: _____

Have you ever been a guest at MATS before? Yes ___ No ___ If yes, when? _____

How did you learn about MATS?: _____

Have you contacted the Welfare Officer in your town? Yes ___ No ___ If yes, who? _____

Are you employed? Yes ___ No ___ If yes, where? _____

Last year of school attended? _____ School name/town: _____

Please rate your financial / credit history: Poor ___ Fair ___ Good ___ Excellent ___

What is your criminal record history? Please explain: _____

Do you have any current or pending legal matters? Yes ___ No ___ If yes, indicate below:

<input type="checkbox"/> Sexual Offenses	<input type="checkbox"/> Parole / Probation	<input type="checkbox"/> Child Support
<input type="checkbox"/> Child Custody	<input type="checkbox"/> Divorce / Separation	<input type="checkbox"/> DCYF
<input type="checkbox"/> Criminal Charges	<input type="checkbox"/> Assault Charges	<input type="checkbox"/> Other charges

If Other, please explain / date: _____

Relationship with your parents? Supportive ___ Non-supportive ___ Don't speak ___

Do you have a registered / inspected car? Yes ___ No ___ Do you have a license? Yes ___ No ___

Do you have storage for your belongings? Yes ___ No ___

Will you need childcare? Yes ___ No ___

Do you or other members of the family smoke? Yes ___ No ___

What is your level of alcohol use? 1-2 a day ___ 3+ a day ___ 1-2/wk ___ None ___

Current or past use of illegal substances? Yes ___ No ___ If yes, please explain: _____

MEDICAL INFORMATION

NAME: _____ **Date of Birth:** _____

Current medical or physical conditions or food allergies for each member: _____

Diabetes? Yes__ No__ Seizure Disorders? Yes__ No__ Heart Condition? Yes__ No__

Any medical / food allergies? Yes__ No__ If Yes, to what? _____

Names of Medications / frequency, that you or other family members are currently taking:

Name of physician (s) and phone number(s):

**AUTHORIZATION TO DISCLOSE OR OBTAIN
CONFIDENTIAL INFORMATION**

I, _____, Date of Birth: _____

authorize MATS to disclose, obtain, or exchange verbal and written information from:

(Name of Person, Facility, or Organization)

Information pertaining to:

- Intake and assessment, including medical and psychiatric history
- Service Plan / Other Case Management
- Education or Occupational information
- Substance Abuse assessment or treatment information
- Legal Information

This information is needed for participation in MATS services program.

- History / Assessment
- Ongoing treatment / care
- Family Communication
- Insurance, Employment, or other governmental benefits
- Development of treatment/service plan
- Coordination of care
- Other: _____

I understand the information disclosed will be keep confidential and cannot be used without my consent unless otherwise required by law.

A copy of this release shall have the same validity as the original.

This consent may be revoked at any time by my written request and will expire in 30 days from termination of MATS services unless an earlier date is specified. To my knowledge, all information is correct and I give my consent to MATS to verify an confirm all information I have provided.

Signature

Date

Signature of Case Manger / Witness

Date

INCOME & EXPENSE SUMMARY REPORT

<u>SOURCE OF INCOME</u>	<u>AMOUNT</u>	<u>MONTHLY / WEEKLY</u>
Wages	\$ _____	_____
TANF	\$ _____	_____
Food Stamps	\$ _____	_____
Child Support	\$ _____	_____
Self-employment	\$ _____	_____
Social Security	\$ _____	_____
Disability	\$ _____	_____
Alimony	\$ _____	_____
Other	\$ _____	_____

<u>SOURCE OF DEBT</u>	<u>AMOUNT</u>	<u>MONTHLY / WEEKLY</u>
Vehicle payment	\$ _____	_____
Vehicle insurance	\$ _____	_____
Childcare	\$ _____	_____
Past utility bills	\$ _____	_____
Medical bills	\$ _____	_____
Prescriptions	\$ _____	_____
Credit Cards	\$ _____	_____
Fines / Penalties	\$ _____	_____
Other	\$ _____	_____

CONTRACT

1. I understand and agree that my length of stay will be determined by the Board of Monadnock Area Transitional Shelter (MATS). The initial emergency shelter period will be 3 months, after which a longer stay may be allowed if determined necessary and approved by the board.
2. I understand and agree that my stay at the shelter is solely contingent upon my meeting and COMPLYING with the WEEKLY GOALS PLANS and other requests of my Case Manager.
3. I understand and agree that I must be working if physically able to do so. If I am not working, I agree to be actively looking for employment. I will fill out an employment search log.
4. I understand and agree to give permission for my doctor and children's doctor to be contacted in any emergency. I have signed an Authorization for Release of Information.
5. I understand and agree to follow up with any referrals my Case Manger gives me to other agencies for expanded social services.
6. I understand any and all identifying information I give here will remain confidential. I understand monthly reports are provided to the MATS Board showing my progress with finding permanent housing and employment.
7. I agree to keep nothing in front of the EMERGENCY door. Immediate entry must be able to be made at all times.
8. I agree to call the case manager if an appliance does not work, or if there is any water leakage from a utility, (toilet, shower, sink). I agree to keep strainers in kitchen sink and shower in place to prevent blockages.
9. I understand and agree I will not have any UNREGISTERED or UNINSPECTED vehicle on the property at any time. If such occurs, it will be towed at my expense.
10. I understand and agree that MATS is not in any way liable for theft or damage of items in the apartment that belong to me.

I have read, understand, and agree to the terms and conditions here within this contract. I have read the MATS Rules and Agreement and will abide by all house rules.

Signature

Date

AGREEMENT AND HOUSE RULES

We are providing you with a temporary, safe place to stay. For everyone's safety, we require that you abide by the following rules:

- 1. There is no smoking inside the apartment and the use of alcohol or illegal drugs is not permitted. Allegations will be investigated with local police. Weapons are not permitted and violence of any sort will be ground for immediate eviction. There is no smoking INSIDE the building, please us smoking receptacle outside of building. No pets are allowed.**
- 2. All-non-contracted guests are to leave the apartment by 9:30pm. ABSOLUTELY NO overnight guests without prior approval from the case manager for fire and safety compliance issues. Please do not interfere with the rights and comfort of other guests with noise or parties.**
- 3. Parents are to supervise their children at all times. Children are not to be left alone in the apartment. We are required by law to report child endangerment suspicions. Guests may not provide childcare services to other tenants children or other children.**
- 4. Guests are to keep ALL personal belongings in their rooms, not in the common area. Do not enter the bedroom of another guest without permission.**
- 5. Please keep the apartment clean. Garbage is to be taken to the Peterborough dump at your own expense. Do not leave garbage outside of your apartment. Put trash in containers in the garage until dump is open.**
- 6. Please be aware of water usage by turning off faucets and showers tightly.**
- 7. Guests are limited to two cars per apartment, parking on the right side of the house. Car repairs including oil changes, are not permitted on the grounds. No unregistered or un-inspected vehicles on the property.**
- 8. All furnishings in the apartment belongs to MATS and must remain for others after you leave. You are responsible for removing your own property, notifying the case manager, and leaving the keys with the case manager. You will be charged to have locks changed if keys are not returned.**
- 9. Candles are NOT to be used in the apartment for safety issues. Artificial Christmas trees are ok to use.**
- 10. Guests will meet with their case manager once weekly to review goals and progress. Three broken appointments with no notice is viewed as non-compliance and is grounds for eviction.**
- 11. Guests are to open a savings account and a post office box if they have not yet done so.**
- 12. Guests are expected to comply with all the requests of the Board and the case manager. Non-compliance is grounds for eviction.**

MATS reserves the right to terminate this agreement for any reason including violation of any rules. At the discretion of the Board, a notice of termination may be given verbally or in writing, with no notice.

Signature

Date

MATS Representative

Date

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